Evaluation of Border Regions in the European Union (EUREGIO)

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Preface

Cross-border cooperation in the health sector has considerably gained in importance over the last years. Patient mobility in Europe as well as cross-border use of health services has long since become reality. It has to be expected that with the enlargement of the European Union (EU) the mobility of the people and thus also of the patients will further increase. In addition, increasing migration movements of the members of the health professions have to be expected. On the whole, the health systems in Europe are thus facing new challenges.

In particular border regions in which citizens of different countries live in close neighbourhood to each other require a joint course of action to solve existing problems in the health sector. In Europe, quite a number of cross-border projects in health have already been initiated. These projects as well as their experiences are up to now, however, hardly known by the broader public. The final report submitted at the end of 2003 by the “High-Level Process of Reflection on Patient Mobility and Healthcare Developments in the EU” therefore recommended the evaluation of cross-border projects in the health sector. In accordance with this recommendation the project "EUREGIO - Evaluation of border regions in the European Union" – co-funded by the Public Health Programme of the European Union – started in June 2004.

This publication summarizes the results of the “EUREGIO” project in six chapters. The publication

- gives an overview of the present discussion processes and activities concerning the provision of health care at the European level, of published documents giving an insight into cross-border projects and activities as well as of the “EUREGIO” project activities (chapter 1)
- describes the “Interreg” and “Euregio” instruments and the results of the surveys carried out in the Interreg IIIA secretariats, in the Euregios and similar structures (chapter 2)
- gives an insight into promoting and hindering factors and describes possibilities to strengthen promoting and to diminish hindering factors (chapter 3)
- provides an overview of hitherto conducted cross-border projects in the health sector, the experiences made under these projects und shows areas with need for improvements and support (chapter 4)
- gives a conclusion and recommendations for action with regard to quality development and the strengthening of cross-border cooperation (chapter 5) and
- finally gives detailed information about eight selected “good practice models” (chapter 6).

Projects might benefit from each other’s experience. Thus the “EUREGIO” activities and products which support networking and an exchange of views between projects all over

Europe could contribute to facilitate the initiation and implementation of new cross-border activities and thus to their successful realisation.

The role of the European Union, of the Euregios and other organisations and institutions at different levels is to facilitate this co-operation and to help to overcome still existing obstacles. For these actors, the results might be interesting too, as they provide a contribution to the debate of patient mobility and facilitation of cooperation in cross-border care.

Here, we would like to thank all members of the EUREGIO project group for their good cooperation. Our special thanks go to Prof. Angela Brand (University of Applied Sciences, Bielefeld), Dr. Karl-Heinz Feldhoff (District of Heinsberg), Jens Gabbe (Association of European Border Regions), Pascal Garel (European Hospital and Healthcare Federation), Dr. Wolfgang Klitzsch (European Public Health Centre North Rhine-Westphalia), Detlef Lischka (German Polish Health Academy), Peter Schäfer (Ministry of Employment, Health and Social Affairs of the State of North Rhine-Westphalia), Hans-Willi Schemken, Heike Au and Julia Schröder (Health Insurance Company AOK Rheinland/Hamburg) and Prof. Jacques Scheres (University Hospital Maastricht). Our thanks go to all persons and organisations who have taken part in the written and oral surveys and who have supported our events and other activities of our work through their active contributions. For the Institute of Public Health, we would like to mention Berutha Bentlage, Mirko Kösterke, Solveig Lipka, Annegret Rehkämper, Martina Wellenkötter, the printing and technical teams as well as Nina Rüttgen from the North Rhine Chamber of Physicians. Without the willingness of all the representatives of the cross-border regions to cooperate in this project, its realisation would not have been possible. The presentations and lively discussions contributed considerably to the success of the project.

1. Introduction

Summary

This chapter first gives an overview of present discussion processes and activities on the provision of health care at the European level and on topical information on cross-border projects and activities in the health sector. In addition, the development, methods and products of the "EUREGIO" project will be presented.

In the border regions of the 25 Member States of the European Union (EU), about 46% of the area is inhabited by about 32% of the population [1]. Border regions are often economically underdeveloped areas receiving "Objective 1 Support" from the EU structural funds. The individual border regions differ in terms of their population density, their socio-economic development as well as their economic characteristics. Irrespective of these features, border regions face special problems due to their geographical border location in an EU Member State.

In border regions, a joint course of action to solve existing problems in the health sector is required. This applies for example to the prevention of communicable diseases or to the field of disaster control. Using medical services in the neighbouring country where the next health care facilities might be easier to reach for the patients than facilities in their own country has in some border regions almost become self-evident for the local population. In other border regions, this is still a major challenge.

Quite a number of projects have already been initiated under which practical solutions for cross-border cooperation in the health sector are being tested and implemented. These projects are first and foremost intended to serve the benefit of the citizens living in the border regions. However, they can also be beneficial to health professionals, health politicians, institutions of the health care system as well as to the health system on the whole. The objectives of these projects are among other things

- provision of health care close to the patient's place of residence
- reduction of waiting times
- improving the quality of medical care
- joint use of existing resources
- balanced use of existing capacities
- provision of immediate care in emergencies
- reduction of health risks or
- avoiding health-risking behaviours such as tobacco and alcohol consumption as well as abuse of illegal drugs.

Accordingly, the projects deal with a wide range of topics. They cover joint training and further training courses for doctors and nursing staff, the establishment of joint institutions or the use of joint facilities up to activities in the field of health promotion among children and

adolescents as well as other target groups. A large number of these projects is being sponsored via the Interreg Community initiative (see chapter 2).

1.1 Cooperation between health systems: Discussion processes and activities at the European level

On the political agenda, the issue of cross-border cooperation in the health sector has become more and more important during recent years. The main triggers for this development were the regulations of the European Court of Justice (EUCJ) such as for example the Kohll/Decker case, followed by a number of further regulations on the simplification of patient mobility. These have launched a process at EU level dealing with the consequences of the EUCJ regulations as well as with the related health policy problems.

A conference in Gent (December 2001) as well as meetings of the health ministers in Malaga (February 2002) and Menorca (May 2002) led to a “high-level process of reflection on patient mobility and health care developments in the European Union”. This reflection process which started in 2003 was intended to help provide a framework for developing cooperation between health systems. At the end of 2003, the high-profile actors participating in the process submitted 19 recommendations for the following five thematic areas [2]:

- European cooperation to allow a better use of resources (e.g. through developing a better understanding of the rights and duties of patients, activities to facilitate the sharing of potential spare capacity; support cooperation in border regions and the creation of European centres of reference)
- Information requirements for patients, professionals and policy-makers (development of a strategic framework for information initiatives covering issues such as health policies, health systems, health surveillance, technological solutions, quality assurance, privacy, records management, freedom of information and data protection)
- Issues related to access to and quality of care (e.g. improving knowledge on access and quality issues and analysing the impact of European activities on access and quality)
- Reconciling national objectives with European obligations (e.g. improving legal certainty and establishment of a permanent mechanism to support European cooperation in the field of health care and to monitor the impact of the EU on health systems)
- Health-related issues and the EU's Cohesion and Structural Funds (to find ways how to facilitate the inclusion of investment in health, health infrastructure development and skills development as priority areas for funding under Community financial instruments).

Among other things, the reflection process recommended "evaluating existing cross-border health projects, in particular Euregio projects, and developing networking between projects in order to share best practice" [3: page 9].

Many of these recommendations were considered in the Commission's reaction to the reflection process in April 2004. To push the announced work ahead and "to help those responsible for health systems to work together at the European level" [3: page 3], the Commission decided to establish a "High Level Group on Health Services and Medical Care". This High Level Group, also known as "Madelin Group", started to work mid 2004. It works on the following seven main issues: cross-border healthcare purchasing and provision, health professionals, centres of reference, health technology assessment, information and e-health, health impact assessment and health systems as well as patient safety.

Cross-border health care provision is in particular being dealt with by the working group on "Cross-border healthcare purchasing and provision". In 2006, it mainly concentrated on the following two main areas of work:

- A mapping exercise on information for patients on quality, safety and continuity of care and on patient rights and responsibilities. The exercise showed "that there is a wide variety between mechanisms in place in the Member States, and scope for cooperation at EU level to enable this information to be available also to patients from other Member States" [4: page 1].
- A collection of data on the trends and effects of cross-border health care provision. Here – as repeatedly found out in other publications [see for example 5-8] – a considerable lack of these data was revealed. The group therefore recommended "that consideration be given to how to collect complete and comparable data regarding cross-border healthcare" [4: page 1].

Moreover, a planned analysis of the financial consequences of patient mobility could not be carried out due to lacking data material. Detailed information about the activities of the "High Level Group on Health Services and Medical Care" is available at http://ec.europa.eu/health/ph_overview/co_operation/mobility/high_level_hsmc_en.htm.

David Byrne, the former European Commissioner for Health and Consumer Protection, described the role of the EU in cross-border cooperation as follows: "[…] practical co-operation between the systems, especially in border regions, will grow and develop through contacts at regional and local level. The role of the European Union is to facilitate this co-operation and to help to overcome obstacles which may remain" [9: page 3]. These obstacles among other things include (legal) uncertainties and information needs existing among patients, service providers, funding agencies and other relevant actors. In its strategy plans for the year 2007, the Commission therefore stipulated the following measure: "Develop a Community framework for safe, high quality and efficient health services, by reinforcing cooperation between Member States and providing clarity and certainty over the application of Community law to health services and healthcare" [10: page 11]. At the beginning of September 2006, the European Commission decided to initiate a public hearing process by

the end of January 2007 [11]. Based on the responses received, the Commission will now submit corresponding proposals in the course of the year 2007.

1.2 Information about cross-border activities in health

Both at the European and national level as well as among the project actors at the regional and local level there is increasing demand for information about models of good practice and about experiences and problems which (could) arise in connection with cross-border projects in the health sector. This was also revealed by the "EUREGIO" workshop entitled "Cross-border activities – good practice for better health" held in January 2006 [12].

Most of the publications and (Internet) sources up to now available provide information on individual border regions or projects. These are, however, no more than elements of the European overall picture. So for example on cross-border cooperation between Germany and its neighbouring countries, various reports have been published over the last years giving an overview of health-relevant activities in the individual border regions and/or Euregios [13-15]. Also the other European border regions have submitted reports on cross-border cooperation in the health sector. These include for example the report "Health care without borders in the Öresund region" from the year 2003 [16] or the action reports of the organisation "Cooperation and Working Together" founded in 1992 (URL1), which for more than a decade has been responsible for the carrying out of a number of cross-border projects in the fields of health and social care along the border between Ireland and Northern Ireland.

During recent years, studies have, however, been carried out whose results offer deeper insight into the cross-border health activities at the European level. So for example at a conference in Luxembourg, the European Hospital and Health Care Federation (HOPE) presented the results of a survey of more than 150 cross-border health care projects from 28 countries [9]. This presentation is, however, limited to activities in which at least one hospital is involved. In 2006, the European Representation of the German Social Insurance System published the documentation "EUREGIOsocial – Euregional cooperation in the health sector" which describes corresponding activities in the German border region [17]. Deeper insight into selected European areas particularly on the patient mobility issue is provided by the study "Patient Mobility in the European Union: Learning from Experience" which was published by the EU funded research project "Europe for Patients" [8].

1.3 The Project "EUREGIO" – Evaluation of border regions in the European Union"

As already mentioned, the working group responsible for the reflection process in December 2003 recommended the evaluation of cross-border health projects. In accordance with this recommendation, the project "EUREGIO – Evaluation of border regions in the European Union" started in June 2004.

The three-year project EUREGIO was funded by the European Union under the Public Health Programme. The objectives of the project are among other things:

- to give an overview of cross-border activities in the field of health in Europe,
- to evaluate existing cross-border health-related projects and to identify models of good practice,
- to support co-operation among projects and
- to examine promoting and hindering factors.

A total of nine institutions and/or organisations were involved in the implementation of these objectives. These include the Institute of Public Health (lögd) NRW which is responsible for the management and coordination of the project. Further project partners are the Ministry of Employment, Health and Social Affairs NRW (MAGS), AOK Rheinland, the health department of the Heinsberg district, the University of Applied Sciences of Bielefeld, the Association of European Border Regions (AEBR), the European Hospital and Healthcare Federation (HOPE), the European Public Health Centre (EPHC) as well as the German-Polish Health Academy. The steering group of the "EUREGIO" project comprised respresentatives of these institutions/organisations.

1.3.1 Project steps

The "EUREGIO" project is divided into seven phases (s. illustration 1) which are further explained in the following.

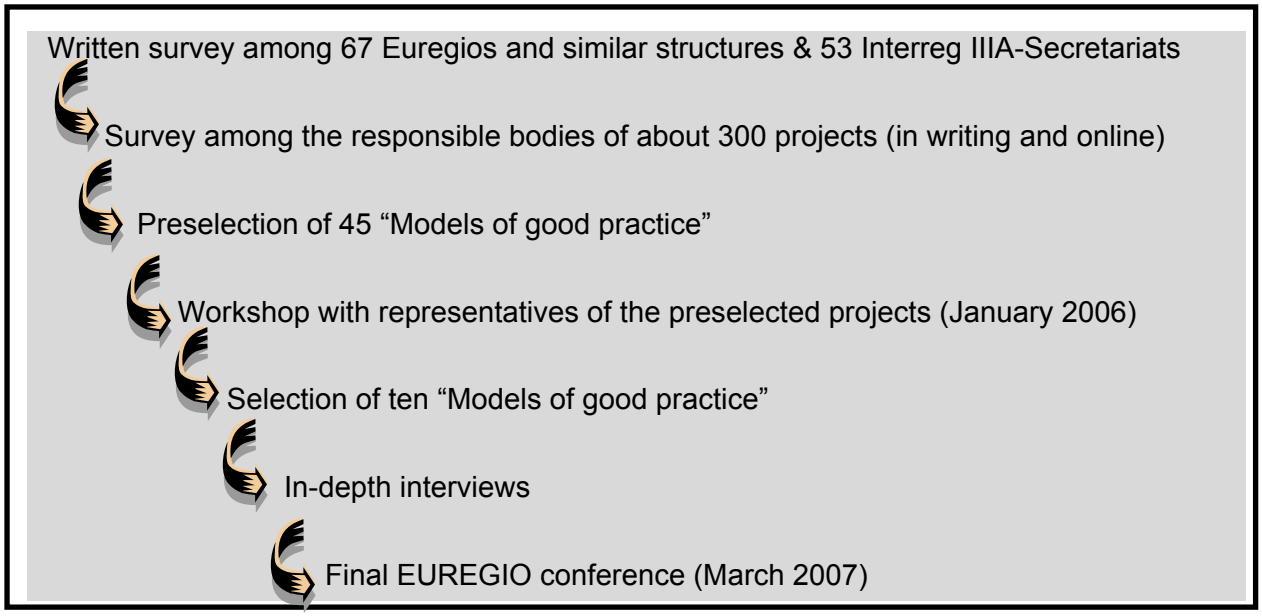


Illustration 1: Methods and project development of the "EUREGIO" project

Under the “EUREGIO” project, a written survey was conducted in 53 Interreg IIIA secretariats and in more than 60 Euregios[1] and working associations along the internal and external borders of the 15 old EU Member States. The objective of this first survey (November 2004 – March 2005) was to gain a comprehensive overview of the health activities in the cross-border regions. Altogether more than 300 cross-border health-related projects as well as information on working groups, events and existing cooperation agreements were reported back to us.

In a complementary survey at the end of March 2005, a questionnaire was sent to the responsible bodies of these projects. The results of this survey are presented in chapter 4. To comply with the demand for an exchange of experiences and information, detailed descriptions of more than 100 health projects are given in a project information portal on the website of the “EUREGIO” project (www.euregio.nrw.de). Actors of already existing projects as well as actors who are planning new projects thus have the possibility to inform themselves about similar projects, to enter into an exchange of views with the actors of these projects and to learn from the experiences already made by other projects.

Under the “EUREGIO” project, a number of “good practice models” were identified whose representatives were invited to the two-day workshop “Cross-Border Activities – Good Practice for Better Health” in January 2006. The workshop was held in Bielefeld, Germany. About 100 representatives from 15 European countries attended the event. During the conference, plenum sessions as well as five parallel working groups were convened. At this event, almost 40 projects were presented and first proposals for the strengthening of cross-border cooperation in the health sector developed. The results of the workshop have been documented [12].

From the projects presented at the workshop, ten particularly interesting “good practice models” were selected in a further selection round. Representatives of these projects were interviewed. The objective of these interviews was to gain further information on the projects themselves and about the experiences which the project actors had made during the initiation and implementation periods of the projects. The reports about the experiences made in connection with the projects have also been included in chapter 3 of this documentation.

In March 2007, the “European Health Policy” conference was held in Düsseldorf under the German presidency of the EU Council [URL 2]. All in all, more than 200 international guests participated in the event. The final conference of the “EUREGIO” project was part of this event. On this occasion, the results of the project were presented and eight selected “good practice models” dealing with issues such as prevention, rescue services and patient mobility particularly honoured. A detailed description of these pilot projects is given in chapter 6 of

[1] Both along the internal and external borders of the new EU Member States as well as in the English-speaking literature, the term “Euroregion“ is mostly used whereas the term “Euregio“ (abbreviation for “**Eu**ropean **Regio**n“) is derived from the first Euregio established along the German-Dutch-(Belgian) border. In the following, the term “Euregio” will be used but, however, also include the interviewed Euroregions and similar structures.

this documentation. Moreover, the participants of the conference adopted recommendations for action concerning quality development and the strengthening of cross-border cooperation (see chapter 5).

1.3.2 Networking, exchange of experiences and dissemination of project results

Various activities of the “EUREGIO” project have contributed to the setting up of networks as well as to a direct transfer of know-how among the actors in cross-border health care. The highlights were the following two conferences organised by the project: the two-day workshop “Cross-Border Activities – Good Practice for Better Health” in January 2006 as well as the “European Health Policy” conference in March 2007 [URL 2]. The events carried out under the “EUREGIO” project as well as a questionnaire-based survey conducted among the workshop participants in the run-up to the January 2006 workshop have shown that there is a great need to learn more about other projects and to exchange experiences.

As part of the project work, various documents have been drawn up providing detailed information on the activities and results of the “EUREGIO“ project. These documents include the documentation of the international workshop “Crossborder Activities – Good Practice for Better Health“ [12] held in Bielefeld in January 2006, interim reports of the project [18-19] as well as the present final project report. The workshop documentation has been published as part of the “lögd Wissenschaftliche Reihe”. It can be ordered and obtained free of charge by all those who are interested in the project. Up to now, about 2,000 print-versions have been distributed. A similar distribution is intented for the final report of the “EUREGIO” project.

The project has its own website (www.euregio.nrw.de) providing project information and results of the project for the general public. The above-mentioned documents, an internet-based project information pool as well as further products of the project are available for download from the project website. The “EUREGIO” project was also presented at various international congresses and other events (see enclosure 1).

A publication entitled “Grenzübergreifende Zusammenarbeit in Europa: Was sind Euregios?” (“Cross-border cooperation in Europe: What are Euregios?”) was published in the magazine “Das Gesundheitswesen” [20]. The German magazine “Blickpunkt öffentliche Gesundheit” (”Focus Public Health”) reported twice about the project, its activities and results [21-22] and the Association of European Border Regions (AEBR) integrated results of the “EUREGIO” project in the position paper “Cross-border health care” [30]. Additionally, the “EUREGIO” project was mentioned in several press articles and learned journals (see enclosure 2).

2. Cross-Border Cooperation in Health – Framework Conditions for Taking Measures: Community Initiative "Interreg" and Cross-Border Structures

Summary
This chapter describes two instruments of cross-border cooperation: (a) the Interreg Community initiative as well as (b) cross-border structures such as Euregios, Euroregions and working groups. These instruments serve to create framework conditions which considerably contribute to the promotion of cross-border cooperation in the health sector and other thematic areas. The chapter moreover includes the results of the questionnaire-based surveys carried out on the "health" issue in Interreg IIIA secretariats and in more than 60 Euregios and similar structures.

2.1 The Interreg Community initiative

2.1.1 Background

The Interreg Community initiative was introduced in 1990 to promote cross-border cooperation. The third phase (Interreg III) which had been started in the year 2000 expired at the end of 2006. The Community initiative has up to now been implemented in the following three areas: Strand A was focussed on cross-border cooperation between neighbouring border regions, strand B on trans-national cooperation and strand C on inter-regional cooperation. The initiative was mainly aimed at promoting cooperation between neighbouring border regions (strand A), for which during the 2000-2006 project period more than two thirds of the Interreg budget of 5.8 billion Euros was made available. Under strand A, cross-border projects were promoted with the intention of abolishing existing structural weaknesses in the border regions. Prior to the enlargement of the European Union in May 2004, a total of 53 Interreg IIIA programme areas existed. With the enlargement of the European Union, further programme areas along the internal and external borders of the new Member States were added so that their number was increased to a total of 64 IIIA programme areas (as of April 2006).

Strand A (2007-2013) of the present Interreg Community initiative will be continued within the framework of objective 3 "European Territorial Cooperation". The new cooperation programmes will be related to changes. Future projects will have to fulfil new criteria in order to be eligible for funding. These include criteria referring to real cross-border partnerships[2] as well as supporting evidence for "Cross-border impact/true added value for cooperation". Moreover, the "lead partner principle" shall be applied in future to avoid so-called mirror

[2] These include the joint development and realisation of a project, joint management (incl. conclusion of cooperation treaties between the partners) as well as the joint project funding. At least two of these criteria will have to be fulfilled by projects in the new funding period.

projects[3]. This principle shall help to focus more on the neighbouring region on the other side of the border and thus on the added value for the entire cross-border region [23].

2.1.2 The role of the Euregios and similar structures under the Interreg initiative

The Interreg Community initiative has on the one hand contributed to implementing a large number of cross-border projects. It has on the other hand to be assumed that the introduction of EU grant programmes such as Interreg has considerably contributed to the setting up of Euregios [24-26].

The Euregio and Interreg programme areas of strand A are related to each other in different ways. Euregio and Interreg programme areas may for example be identical (e.g. Meuse-Rhine Euregio), several Euregios may join together to form an Interreg programme area (e.g. "EUREGIO", Euregio Rhine-Waal, euregio rhine-meuse-north and Ems Dollart Region form the Interreg IV A programme "Germany-Netherlands"), or they may cover only a part of the Interreg programme area or form part of two Interreg programme areas.

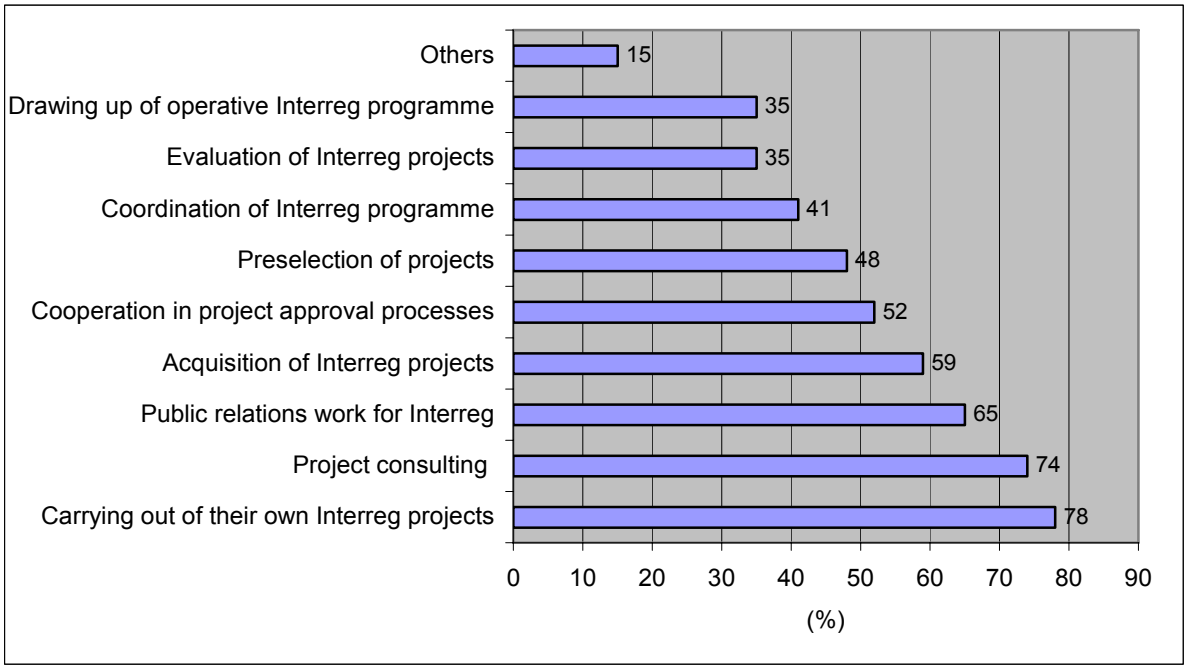


Illustration 2: Results of the survey conducted in Euregios, Euroregions and similar structures – Tasks under the Interreg IIIA programme (out of 43 Euregios and similar structures)

The Euregios and/or their representatives may hold various functions or be involved in these functions within the framework of the Interreg initiative (Strand A). These functions could for

[3] Mirror projects are two separate projects which although being implemented in different Member States have identical contents. Each project has its own project management and funding. Such mirror projects can for example be identified along the borders between Germany and Poland and the Czech Republic.

example include the counselling of project bodies during the project application phase, the management of Interreg funds, the realisation of Interreg projects or involvement in public relations work (see illustration 2).

The role of the Euregios in the development and implementation of Interreg programmes is seen under different aspects. According to some authors, Euregios play an important or even central role in this field whereas others refer to a more unimportant role [25]. It has to be assumed that in this respect no generally accepted statements can be made but that Euregios are in different ways involved in the drawing up and implementation of Interreg programmes. This is confirmed by a study by Perkmann [27] in which selected Euregios are compared with each other. According to this study, the “EUREGIO” is to a considerable extent involved in Interreg implementation, whereas the role of the German-Polish Euroregion “Pro Europe Viadrina” is mainly restricted to Interreg administration. Comprehensive studies on the role of Euregios and/or Euroregions under Interreg are up to now hardly available.

2.1.3 Survey conducted in Interreg IIIA secretariats

In November 2004, a questionnaire survey on "Cross-border health-related activities in Europe" was carried out under the Euregio project in 53 Interreg IIIA secretariats which had already existed before the accession of the new EU Member States in May 2004 (enclosure 3).

Method

The so-called "Interreg Questionnaire" was developed together with the EUREGIO steering group and other experts. The main objective of this questionnaire” was to identify contact persons of cross-border projects. The “Interreg Questionnaire” contained questions concerning

- context variables such as size of area, unemployment rate
- general project data (project title, project term, responsible body of project) and
- promoting and hindering factors.

Together with a covering letter, the questionnaire was sent out by post at the beginning of November 2004. To increase the response rate, the recipients of the questionnaire were reminded again of the survey by e-mail one week after the deadline had expired and in a second wave once again contacted by telephone.

Response rate

Of the total number of 53 interviewed Interreg IIIA secretariats, a total of 31 (61%) returned a questionnaire of which one was however incomplete. Moreover, five Interreg IIIA secretariats

informed us that they were not carrying out any cross-border health-related activities/projects in their border region or sent us addresses of contact partners of health projects.

The following Interreg IIIA secretariats did not react to the ”Interreg-Questionnaire“ (i.e. did not fill in the questionnaire or sent us other information such as for example ”negative reports“ or addresses of contact partners of health projects): Skärgarden, Sonderjylland/Schleswig, Saxony/Poland, Saxony /Czech Republic, Ireland/Northern Ireland, Grensregio Vlaanderen-Nederland, Bavaria/Austria, Spain/Portugal, Spain/Morocco, Gibraltar/Morocco, Italy/Albania, Greece/Italy, Greece/Albania, Greece/Former Yugoslav Republic of Macedonia, Greece/Bulgaria, Greece/Cyprus, Greece/Turkey.

Results

A number of cross-border projects are co-funded by the Interreg Community initiative (strand A). This also concerns cross-border projects in the health sector which can only be funded in programme areas with defined programme priorities and measures allowing corresponding projects. Therefore it was of interest to analyse:

- In which Interreg programme areas priorities and measures were defined which allow the funding of health-relevant projects
- Which priorities and measures there are exactly in the field of health
- How many health-relevant projects were implemented in each programme area
- Whether a trend between Interreg IIA and Interreg IIIA is visible.

Enclosure 4 gives an overview of the programmes and measures in which health-related projects (incl. projects in the field of rescue services and disaster management) are being or were carried out. The information in enclosure 4 is primarily based on the results of the “Interreg-Questionnaire”. A complementary analysis of Interreg IIIA documents was conducted for information about the programmes whose secretariats had not filled in the questionnaire.[4]

Enclosure 4 shows that a multitude of Interreg IIIA programmes set up measures allowing the implementation of health-related projects. There are only two programme areas (Skärgarden, Greece/Italy) in which the acquisition of funding for health-related projects seems to be impossible. For six other programmes (Grensregio Vlaanderen-Nederland, Spain/Portugal, Spain/Morocco, Gibraltar/Morocco, Italy/Albania, Greece/Cyprus) no conclusions could be drawn.

The number of health-related projects reported by each of the secretariats is given in enclosure 4. The enclosure shows that in some Interreg IIIA programme areas a great

[4] The document analysis gives an overview of measures in which health-related projects could be implemented, whereas in the questionnaire the Interreg IIIA Programme-secretariats only mentioned priorities and measures belonging to health-related projects which had already been started or finished.

number of health-related activities is being or was conducted (e.g. Finland/Estonia, Euregio Karelia, EUREGIO/Euregio Rhein-Waal/euregio rhein-maas-nord), whereas other programme secretariats reported only one or two health-related projects (e.g. Fyn/K.E.R.N., Ireland/Wales, Ems Dollart Region). Nine Interreg secretariats reported that further projects in the health sector were planned under Interreg IIIA[5].

Two programmes (Bavaria/Czech Republic, Germany/Luxembourg/Germanophone Belgium) reported that at the moment of the survey they were not carrying out any health-related projects. But the document analysis shows that health-related projects are intended in both programmes. So it can be assumed that such projects will have been implemented by the end of the programme period.

In some cases, programme areas as well as the personnel of the secretariats had changed between the period of Interreg IIA and IIIA. Therefore information about Interreg IIA programmes was often not available in the interviewed Interreg IIIA secretariats. Thus an appropriate and almost complete overview of the Interreg IIA programmes – as given for the Interreg IIIA programmes – could not be compiled. Nevertheless, the comparison of the two programme periods indicates:

- that under Interreg IIA, a greater number of programmes did not conduct health-related projects (Fyn/K.E.R.N., Storstrom/Ostholstein-Lübeck, Ireland/Wales, Alcotra, Islands, Italy/Slovenia)
- that some programmes which had not conducted health-related Interreg IIA projects became active in this field under Interreg IIIA (e.g. Fyn/K.E.R.N., Storstrom/Ostholstein-Lübeck)
- that other programme areas still conducting health-related projects under Interreg IIA had become more active in that field under Interreg IIIA.

The Interreg secretariats which answered the questionnaire reported a great number of health-related projects which were subjected to a second survey (see chapter 4).

2.2 Euroregions and similar structures

2.2.1 Background

In the European border regions, primarily regional and local authorities have joined to form cross-border structures. These are of major importance for cross-border cooperation. Two different types can be distinguished [24, 28]:

(a) “Euregios” for which synonymously also the term “Euroregions” is used as well as

(b) “working communities” and similar associations.

[5] Euregio Meuse-Rhine, Euregio Karelia, Franco-British programme, Wallonia/Lorraine/Luxemburg, K.E.R.N./Fyn, Mecklenburg-West Pomerania/Poland, Finland/Estonia, Storstrøm/Ostholstein-Lübeck, France/Spain

Cross-border cooperation between partners involved in the working communities (and similar associations) is based on protocols or working agreements which in most cases have no international legal basis [28]. Compared to the Euregios, working communities mostly have limited administrative, technological and financial resources [28] and are characterised by low cooperation intensity within large geographic areas [24]. Their activities are often limited to the exchange of information and general declarations, with some working communities also receiving EU grants [24]. Examples are the Working Community of Alpine Countries (ARGE ALP) or the Communauté de Travail des Alpes Occidentales (COTRAO).

The term "Euregio" stands for "**Eu**ropean **Regio**n". It is derived from the first Euregios established on the German-Dutch border. Along the internal and external borders of the new EU Member States as well as in English-speaking literature, the term "Euroregion" is however mostly used. Euregios are cross-border structures with their own legal identity, a variety of tasks and comprehensive resources which often play a central role for the development and management of the Interreg Community Initiative [28]. Compared to working communities, Euregios are rather small geographic areas [24].

Box 1 gives some "Euregio" definitions. There is, however, as yet no formal and binding definition of a "Euregio".

Box 1: Euregio "definitions"

"Even today Euroregions and other forms of transfrontier co-operation structures do not create a new type of government at transfrontier level. They do not have political powers and their work is limited to the competences of the local and regional authorities which constitute them. Within the limits of the geographical scope of co-operation (the "Regio"), the transfrontier structures are arrangements for co-operation between units of local or regional government across the border in order to promote common interests and enhance the living standards of the border populations." [URL 4]

"The classical form of a Euroregion is the 'twin association': On each side of the border, municipalities and districts form an association according to a legal form suitable within their own national legal systems. In a second step, the associations then join each other on the basis of a cross-border agreement to establish the Euroregion." [24: page 3]

"A *Euroregion* is a form of transborder cooperation structure between two (or more) European countries. It usually does not correspond to any legislative or governmental institution, does not have political power and its work is limited to the competences of the local and regional authorities, which constitute them. Euroregions are usually arranged to promote common interests across the border and cooperate for the common good of border populations." [29: page 9f.]

The Association of European Border Regions stipulates the following criteria for the identification of Euregios [28: page A1-

9]http://www.coe.int/T/E/Legal_Affairs/Local_and_regional_Democracy/Transfrontier_co-operation/Euroregions/2Definition.asp:

- “amalgamation of regional and local authorities from both sides of the national border, sometimes with a parliamentary assembly;
- cross-border organisations with a permanent secretariat and experts and administrative staff;
- according to private law, based on national associations or foundations from both sides of the border according to the respective public law.
- according to public law, based on international treaties which also regulate the membership of regional authorities.”

There are no uniform data available on the number of Euroregions presently existing. According to estimates, there are more than 70 Euregios and similar structures [24, 26]. Under the “EUREGIO” project, almost 110 Euregios and similar structures along the internal and external borders of the 27 EU Member States were identified [URL 3].

A number of Euregios and similar structures support cross-border activities and projects in the health sector. This may be financial support so that access to Interreg or other grants is facilitated or made possible. Euregios can moreover also provide support when it comes to finding project partners or in public relations work. Some Euregios and similar structures have set up working groups dealing with subjects such as public health, prevention and/or rescue services.

Many Euregios and similar structures have joined to form the ”Association of European Border Regions“ (AEBR). In March 2006, the AEBR published a policy document entitled “Cross-border health care“ in which the role of the Euroregions and similar structures in the field of health care is summarised as follows [30: page 9]:

- “It is a service provider, partner and initiator of activities in cross-border health care provision;
- it undertakes cross-border planning and runs cross-border programmes, arranges their financing, seeks out common partners and identifies sound joint projects in the health care sector;
- it has the job of safeguarding cross-border cooperation in the context of health care provision and doing its best to solve any problems arising to the benefit of the respective health care actors.“

The role of cross-border regions in health care was also emphasized by the secretary general of AEBR, Mr Gabbe, at the EUREGIO workshop in January 2006 [51] and by his successor Mr Guillermo at the final congress of the “EUREGIO” project [URL 2].

Under the “EUREGIO” project, an article entitled “Cross-border cooperation in Europe: what are Euregios?” (available only in German language) was written which gives further information on the issue [20].

2.2.2 Survey conducted in Euregios, Euroregions and similar structures

In November 2004, a questionnaire survey on "Cross-border health-related activities in Europe" was carried out in the Euregios/Euroregions and similar cross-border structures. A total of 67 cross-border structures was interviewed (see enclosure 5). The survey was limited to the internal and external borders of the 15 old EU Member States (Belgium, Denmark, Germany, Finland, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Austria, Portugal, Sweden, Spain and Great Britain) which in the following are referred to as the EU-15.

The objective of the survey was to give an overview of the scope and type of cross-border health activities and projects in the cross-border structures, to identify contact persons of cross-border projects and to gain information about further cross-border health-related activities.

Method

The first step was to select the cross-border structures to be interviewed. This selection procedure was based on a list of Euroregions and Euregio-similar structures published by the Association of European Border Regions [28]. This list was compared with further information sources [e.g. 24, URL 4], completed and updated.

The Euregio construct cannot be found in all EU Member States. Scandinavia for example has set up cross-border structures referred to as “Euregio-similar structures [28] or as “Scandinavian Groupings” [24]. Compared to most traditional Euregios, these structures cover considerably larger areas. Other border regions such as for example the border region between Ireland and Northern Ireland only have working communities or similar cross-border structures. To get an idea about cross-border structures and their health activities in as many EU Member States as possible, the survey included (a) the Scandinavian structures, (b) some structures classified by AEBR as “large-area structures” as well as (c) working communities or similar cross-border structures in border areas which have no Euregios. A total of 67 cross-border structures on the internal and external borders of the EU-15 was interviewed. Further information on the interviewed cross-border structures can be taken from box 2.

The so-called "Euregio-Questionnaire" was developed together with the project group and other experts. The “Euregio-Questionnaire” contained 45 questions concerning:

- context variables such as size of area, unemployment rate
- general project data (project title, project term, responsible body of project)
- promoting and hindering factors
- questions concerning further cross-border health-related activities (e.g. working groups, events and cross-border cooperation agreements) as well as

- questions concerning their tasks in the Interreg IIIA programme.

Both questionnaires, together with a covering letter, were sent out by normal mail at the beginning of November 2004. They were sent to the offices and/or secretariats of the structures. In Euregios and similar structures with more than one secretariat, only one of the secretariats was written to. To increase the response rate, the recipients of the questionnaire were reminded again of the survey by e-mail one week after the deadline had expired and in a second wave once again contacted by telephone.

Box 2: Further information on the interviewed Euregios and similar structures

Altogether 67 cross-border structures were interviewed. These included 27 structures between the 15 “old” Member States of the European Union, 19 structures between old and new Member States as well as 21 structures in which also Non-EU Member States are involved. Illustration 3 shows the frequency with which the countries are involved in these 67 structures. Structures with German participation take the first place, followed by structures with French as well as structures with Austrian participation. In 16 of the 67 interviewed structures, three or more countries are involved.

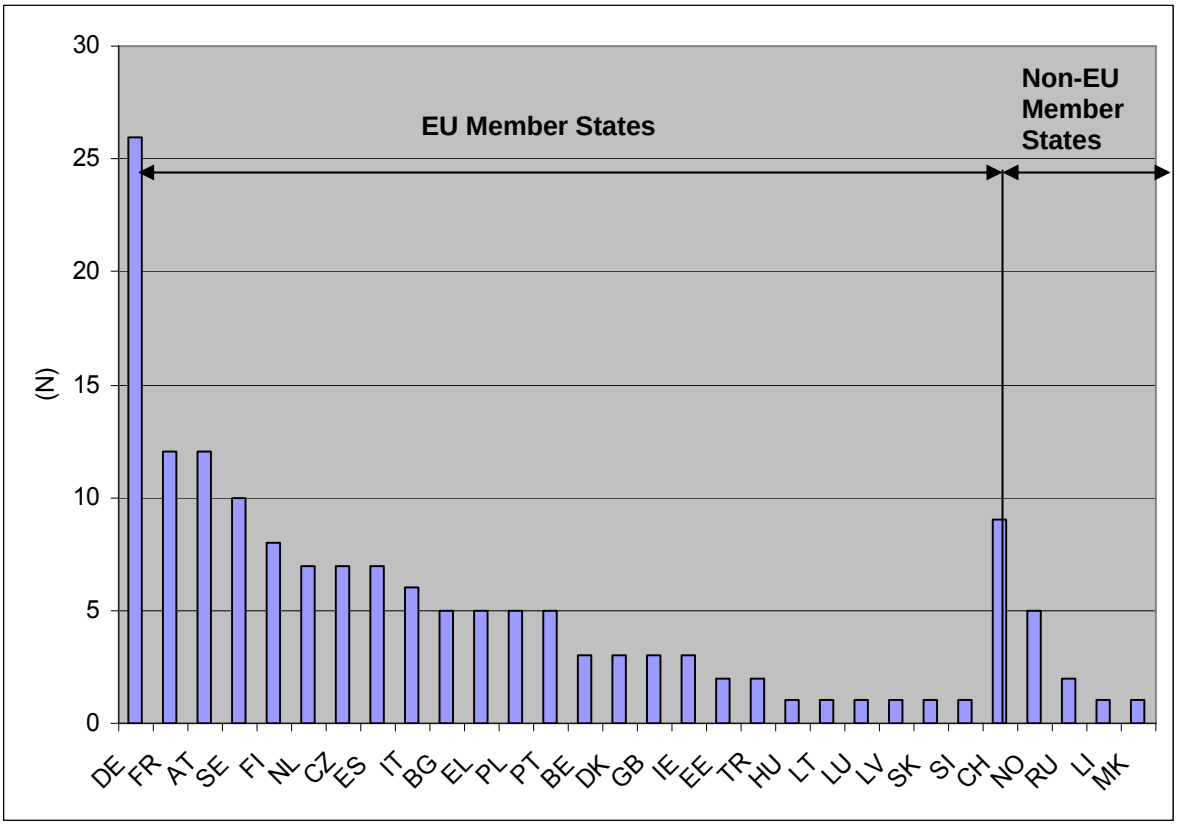


Illustration 3: Participation of EU Member States and EU Non-Member States in the interviewed 67 Euregios and similar structures.

Response rate

A total of 67 Euregios and similar structures was contacted. By March 2005, a total number of 47[6] filled-in questionnaires of which one was relatively incomplete had been returned.

Moreover, seven cross-border structures informed us that there were no cross-border health-related activities/projects carried out in their border region or sent us information about activities in health or referred to their answers given in the "Interreg Questionnaire". Two further structures (EuRegio SaarLorLuxRhin, Centre), classified as Euregios by AEBR and EC [28], reported that they had no projects concerning the coordination of cross-border cooperation or that they did not have the corresponding data. The questionnaire was not filled in by these nine structures.

The following cross-border structures did not react to the "Euregio-Questionnaire" (i.e. did not fill out the questionnaire or sent us other information such as for example "negative reports"): Skärgarden, Irish Central Border Area Network (ICBAN), Euregio Benelux Middengebied (BENEGO), Regio Sempione, Euregio Tirol-Südtirol/Alto Adige Trentino, Communaute de Travail de Pyrénées, Communidade de Trabalho Algarve Andalucia, Euroregion Delta-Rhodopi, Euroregion Evros-Meric-Matisa.

Results

The following pages give a comprehensive overview of the results of the Euregio survey. Descriptions of individual projects can be taken from the documentation of the EUREGIO workshop [12], the project information portal at www.euregio.nrw.de or from chapter 6 of this documentation.

General characteristics

A number of factors such as geographical, economic and demographic determinants as well as the available infrastructural capacities have an impact on the kind and extent of cross-border cooperation in the health sector in the various European regions.

Appendix 6 gives an overview of some general characteristics (founding year, size of the area, population figures, population density, unemployment rate) of the 46 Euregios and similar structures which returned a(n almost) complete questionnaire. These questionnaires revealed a very heterogeneous picture. The oldest structure, the German-Dutch "EUREGIO", was founded as early as in 1958 and thus has many years of experience in cross-border cooperation. The youngest of the interviewed structures is the Spanish-French Euroregion Pirineus-Mediterránia which was founded in 2004. Also in terms of the size of the region

[6] Two structures (Castilla y León – Regiáo Norte and Castilla y León – Regiáo Centro) filled out one questionnaire for both cross-border regions. Two structures contacted had passed the questionnaire on to a third cross-border organisation which had not been contacted and which comprises the areas of both structures. This organisation sent us a completed questionnaire.

(between 570 and 332,530 km^2), population density (between 1.9 and 581.6 inhabitants/km^2) and unemployment rates, large “Euregional” differences became apparent.

Importance of the “health” issue

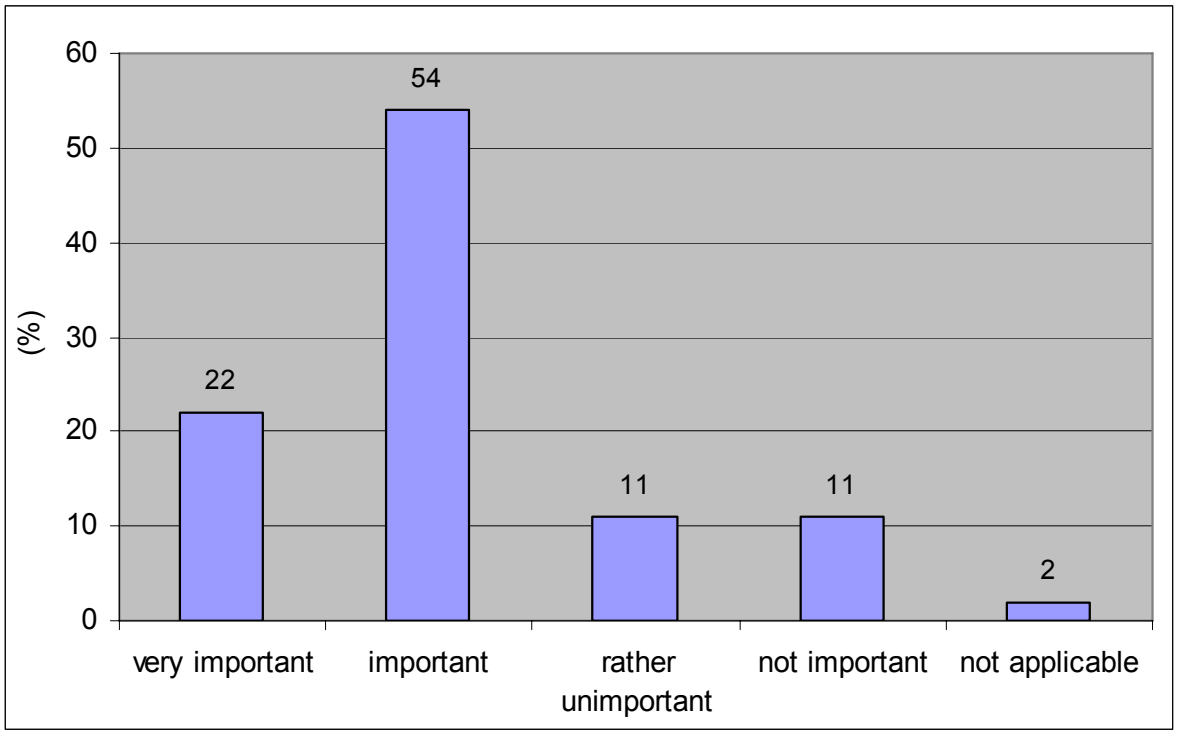


Illustration 4: Importance of the “health“ issue (data in %, out of 46 Euregios or similar structures.

The introductory question in the Euregio questionnaire on ”health“ was the following: “How important is the health issue in cross-border cooperation in your Euregio/Euroregion/Working Association?” In answer to this question, almost three quarters (n=35; 76%) of those who had completed a questionnaire said that this issue was “very important” or “important” to them. A fifth (n=10, 22%) on the other hand said that the “health” issue was rather unimportant to them or no issue at all (see illustration 4).

From the answers given to the question about the importance of the health issue, no conclusions can, however, be drawn with regard to the extent of health-relevant activities carried out in these border regions. Some cross-border structures considered this issue important but were hardly or not at all active in this field when the survey was conducted. The information given by these regions can instead be interpreted as interest in wanting to deal with this issue in greater detail in future.

Working Groups

Some Euregios have established health-relevant working groups, working circles, forums or similar bodies. The survey has resulted in 26 or rather 27[7] Euregios or similar cross-border structures which established health-relevant working groups, working circles, forums or similar bodies[8] (illustration 5). The survey has shown that in 21 of these 26 or rather 27 cross-border structures, two and more health-relevant working groups or similar committees have been set up. A more detailed overview can be taken from appendix 7.

These groups often have very general names such as “Working Group Social Services” or “Sectoral Committee on Health and Social Affairs”. From these titles no conclusions can be drawn with regard to the kind of issues treated by these expert groups. In addition, also working groups dealing with “specific topics” were mentioned. So, 17 working groups alone which are dealing with the issues of rescue services, disaster control and order and security were mentioned by 15 different Euregios. Further “specific issues” are “health insurance funds”, “hospital cooperations”, “health reporting”, “addiction and drugs”, “environment and health” or “health policy”.

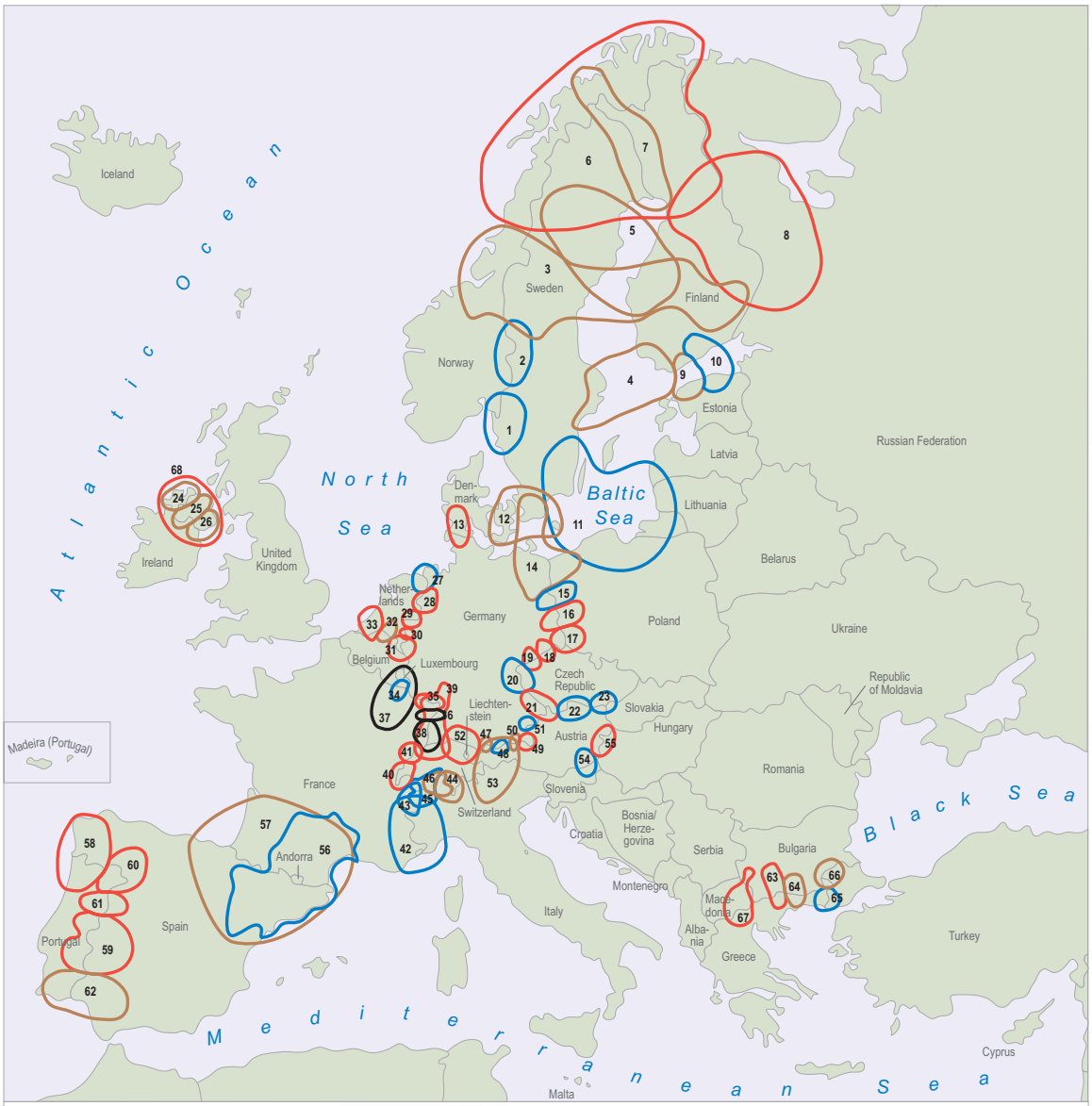
These working groups are in a position to perform a variety of functions. The three most frequently performed functions by these working groups are:

- information exchange between members,
- implementation of cross-border projects as well as
- development of project proposals by the groups themselves.

The involvement in decisions about project acceptance as well as the development of health targets are in contrast functions less frequently performed by these working groups (see illus. 6). Further tasks mentioned were among other things the setting up of networks as well as the provision of information for the public.

[7] Due to the fact that two structures (Castilla y León – Regiáo Norte and Castilla y León – Regiáo Centro) filled out one questionnaire for both cross-border regions, it cannot be recognised if each of them has one or more health-relevant working groups.

[8] The Tri-Rhena Regio which mentioned the working groups of the Upper Rhine Conference has not been included in our calculations but regarded as a special case (see illus. 5). Special cases are moreover “Centre“ and the “EuRegio Saar-lor Lux Rhin“ which are classified as Euregios by the AEBR (2000) but which reported that they did not have any projects in the field of cross-border cooperation and/or no corresponding data.



1. Gränskommitten Östfold-Bohuslän/Dalsland
2. ARKO
3. Mid Nordic Committee
4. Skärgarden
5. Kvarken
6. North Calotte Council
7. Council of Torne Valley
8. Euregio Karjala – Karelia
9. Euregio Helsinki – Tallinn
10. Estonia – Finnish 3 + 3 Regional Cooperation
11. Euroregion Baltic
12. Öresundregion
13. Region Sønderjylland/Schleswig
14. EUROREGION POMERANIA
15. Euroregion PRO EUROPA VIADRIENA
16. Euroregion Spree-Neiße-Bober
17. Euroregion Neiße – Nisa – Nysa
18. Euroregion ELBE/LABE
19. Euroregion Erzgebirge – Krušnoho•í
20. Euregio Egrensis
21. EUREGIO Bayerischer Wald / Böhmerwald / Unterer Inn
22. Euregio Silva Nortica
23. Euroregion Weinviertel – Jižní Morava – Záhorie
24. North West Region Cross Border Group
25. Irish Central Border Area Network - ICBAN
26. East Border Region Ltd.
27. Ems – Dollart – Region
28. EUREGIO
29. Euregio Rein – Waal
30. euregio rhein-maas-nord
31. Euregio Maas-Rhein
32. Euregio Benelux Miiddengebied (BENEGO)
33. FB: Euregio Scheldemond
34. Zukunft Saar Moselle Avenir
35. Regio PAMINA
36. CENTRE
37. EuRegio SaarLorLuxRhin
38. RegioTriRhena
39. Oberrheinkonferenz - EuroRegion Oberrhein
40. CONSEIL DU LEMAN
41. Conference TransJurassiene (CTJ)
42. CAFI
43. ESPACE MONT-BLANC
44. Regio Insubrica
45. Conseil Valois-Valleé d´Aoste du Gd St.Bernard
46. Regio Sempione
47. Euregio Via Salina
48. EUREGIO Zugspitze-Wetterstein-Karwendel
49. EuRegio Salzburg-Berchtesgardener Land-Traunstein
50. EuRegio Inntal
51. Inn-Salzach-Euregio
52. Internationale Bodenseekonferenz - Euregio Bodensee
53. Euregio Tirol - Südtirol/Alto Adige - Trentino
54. Euregio Steiermark - Nordostslowenien
55. EUREGIO West/Nyugat Pannonia
56. Euroregion Pyrenees-Mediterranean
57. Communauté de Travail des Pyrénées
58. Galicia - North Portugal Euroregion
59. Working Community Centro-Extremadura
60. Working Community Castilla and Leon - Northern Portugal
61. Working Communitiy Castilla and Leon - Central Portugal
62. Working Communitiy Algarve-Andaluzia
63. Euroregion Nestos - Mesta
64. Euroregion Delta - Rhodopi
65. Euroregion Network Polis - Kent
66. Euroregion Evros - Meric - Maritsa
67. Euroregion "Belasica-Beles"
68. CAWT

Working group in health

No working group in health

No information available

Special Case

Cartography: lögd

Illustration 5: Geographical overview of health-relevant working groups in Euregios and similar structures along the internal and external borders of the EU-15 (lögd illustration based on the results of the Euregio survey; further inform. on special cases is given in footnote 8).

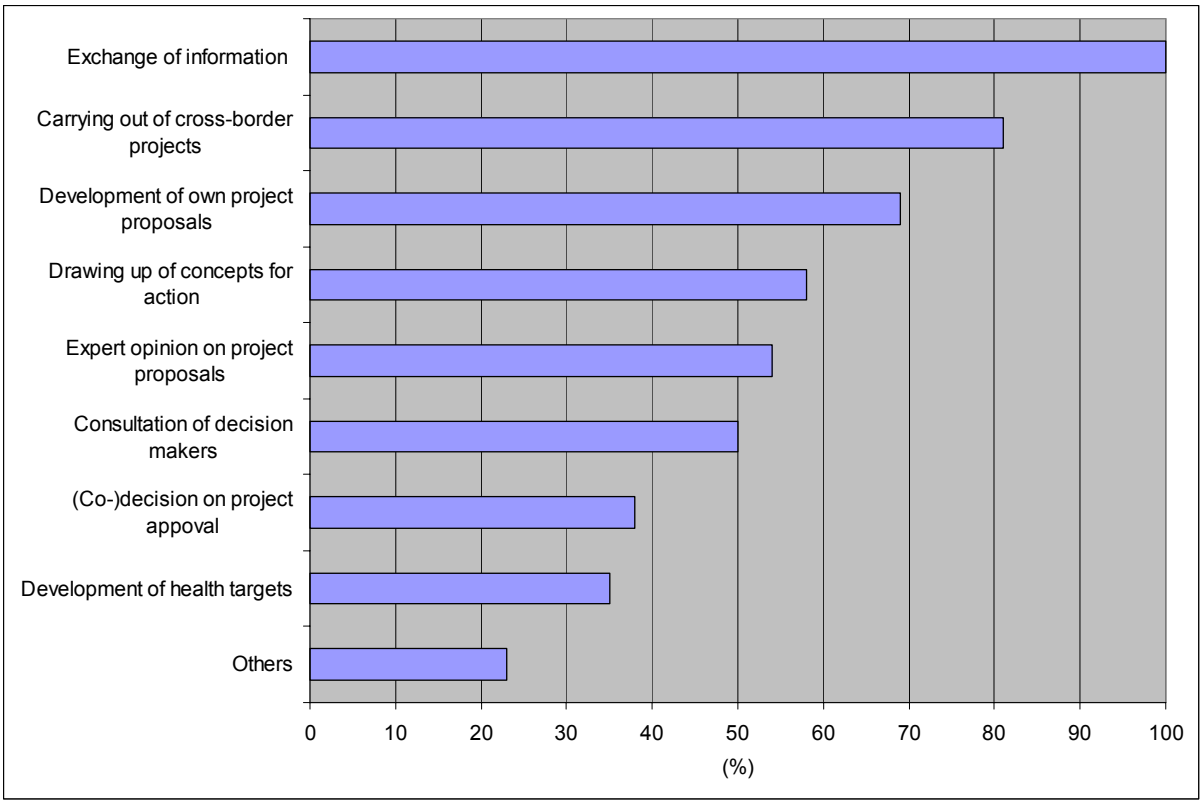


Illustration 6: Euregios and similar structures – tasks of health-relevant working groups (data in %, of 26 Euregios or similar structures)

"Health-active" Euregios and similar structures

A total of 37[9] cross-border structures which are or were active in the health sector (at least one working group or one project) could be identified. A distinction should however be made between Euregios with only isolated activities and other Euregios putting the major focus on the health issue. Euregios which are very active in the health sector are in North-West Europe the Rhine-Waal and Meuse-Rhine Euregios as well as the EUREGIO located on the German-Dutch and/or on the German-Dutch-Belgian border with many years of experience in cross-border cooperation. On the border between Ireland and Northern Ireland, the organization "Cooperation and Working Together" has been set up which initiates and carries out a great number of health-relevant projects. In Northern Europe, the Finnish-Russian Karelia Euregio, the Danish-Swedish Öresund Committee as well as the Finnish-Swedish-Norwegian North Kalotten Council are active cross-border structures. In Southern Europe on the other hand, a great number of health-related cross-border activities are for example recorded along the border between Spain and Portugal.

Not all of the Euregios are active in the health sector. Ten cross-border structures which returned their questionnaire informed us that in their cross-border region no health-relevant projects were being carried out and that there were no corresponding working groups in the

[9] Based on the assumption that both structures (Castilla y León – Regiáo Norte and Castilla y León – Regiáo Centro), which filled out one questionnaire for both cross-border regions, are active in health. The TriRhena Regio which by its own account does not carry out any projects of its own but is related to the health-active Upper Rhine Conference has been included in this number.

Euregio either. Moreover, five structures we had contacted and which had not filled in the questionnaire or in one case only in an incomplete way reported that they did not carry out any health projects at all and/or were not active in the health sector.[10] In these "Euregios", health is mostly "a rather unimportant issue" or "no topic" at all. Instead they focus more on other issues or problems such as for example the economy, traffic or on the environment. Other Euregios informed us that they would like to deal with the health issue but refrain from doing so because they consider it too difficult. It can, however, not be excluded that in the regions of the "health-active" cross-border structures the actors of neighbouring countries carry out health projects which are however not known to these structures.

Further health-relevant activities: events and cross-border agreements

Furthermore, a number of health-relevant events (workshops, congresses etc) are being carried out in the border regions. The Euregio survey has shown that over the last five years about two thirds of the 46 Euregios which answered the questionnaire carried out at least one, in about one quarter of the cases (28%) even seven or more events. The titles of the events given in the questionnaire, however, show that the term "event" has been interpreted in the broadest sense of the word. So for example disaster control exercises as well as meetings of project actors and working groups were in some cases also subsumed under this term. Furthermore, events were mentioned which more or less belong to the "social" sector such as for example "social work conference".

The figures given above might therefore be an overestimate of the real facts. Nevertheless, enquiries show that a multitude of events has been and is being carried out in the border regions. In addition to events primarily serving the exchange of information and experiences within the corresponding Euregios, events are being carried out which are focused on the exchange of health actors from various border regions in the EU. Examples are the event called "European co-operations in the health sector - Added value for people, economy and regions" (27 September 2005 in Basel, Switzerland) [URL5], the workshop "Healthcare cross-border co-operation in border regions" (25 October 2005 in Venice, Italy) [URL 6], as well as the events organized by the EUREGIO project (20-21 January 2006 in Bielefeld, Germany and 5-6 March 2007 in Düsseldorf, Germany) [12, URL 2].

A number of cooperation agreements have already been concluded between neighbouring border areas (also) concerning the health sector. So for example under the project "Mapping Health Services Access: National and Cross-Border Issues" which was completed at the end of 2006, altogether 132 agreements were identified which had been concluded between 10 examined EU Member States [31]. Here agreements between direct neighbour countries as

[10] One of them reported that projects were being carried out in its region but that it could not provide any information about them.

well as between non-neighbouring countries were considered. The results of the project showed that:

- Belgium was involved in most agreements,
- most cooperation agreements were agreements concluded between health insurance funds and service providers,
- the agreements had partly been concluded for a limited period of time.

The “EUREGIO” project also dealt with these issues. The “Euregio questionnaire” contained three questions concerning this matter. All in all, 23 of the 46 Euregios and similar structures which had answered the questionnaire said that during the last five years (since 1 Jan. 2000) they had concluded cooperation agreements in the fields of health, rescue services and/or disaster control. From 18 structures we received very detailed data on a total of 41 agreements. These were agreements which had exclusively been struck at the local or regional levels. Of these 41 agreements, 17 are related to the field of rescue services/disaster control, nine to the field of health care provision (e.g. agreements between hospitals), three to the exchange of epidemiological data and three agreements had been concluded in the field of prevention. The “Miscellaneous” category was covered by nine further agreements, including those which are only in a very remote sense related to the health sector and/or whose relation to health cannot clearly be recognised from the data given. Further agreements have presumably been concluded since 1 Jan. 2000 which are, however, not known by the Euregios. The survey therefore does not claim to be complete. The question as to whether these agreements are temporary or permanent cooperation agreements could not be clarified from the results obtained. It has also not become clear if and/or to which extent the interviewed Euregios and similar structures were involved in these cooperation agreements.

2.2.3 Cross-border structures: Case studies

The Euregios and similar structures located along the internal and external borders of the EU can learn from each other. Some Euregios and similar structures have already been dealing with the “health” issue for many years and have thus gained comprehensive experiences. An exchange of views and opinions between the actors of the various border regions, however, still seems to be rather unusual – as was also revealed by the January 2006 EUREGIO workshop [12]. New Euregios as well as existing Euregios which have up to now not been active in the health sector are now given the chance to use the experiences already made by health-active Euregios and to establish the “health” issue in a systematic and target-oriented way.

At the final conference of the “EUREGIO” project in March 2007, the Meuse-Rhine Euregio, the Pomerania Euroregion, the Upper Rhine Conference as well as CAWT (Cooperation and Working Together) presented their present and future activities in cross-border cooperation in the health sector and reported about their experiences and problems. The corresponding slides can be downloaded from the project website at www.euregio.nrw.de.

The following boxes give a short description of the Euregios Upper Rhine Conference, the Meuse-Rhine Euregio and CAWT drawn up by the actors of these cross-border structures.

Euregio Meuse-Rhine: Promoting and hindering factors in cross-border cooperation

Johanna Schröder – Administrative Director, Head of Department in the Ministry of Employment, Health and Social Affairs of the German-Speaking Community, Belgium

The region between Aachen, Liège and Maastricht is considered a model-type region and microcosm for a really effective Europe without borders. Dismantling barriers, forging links between countries and opening up new ways – these are the tasks the EMR health commission has given itself to improve the provision of health care for its 3.7 million inhabitants in a bottom-up operation. With the support of EU-developed instruments, EMR has already been testing cooperation models in the health sector for 15 years. An important milestone has been the IZOM project allowing citizens living close to the border in the Netherlands, Germany and Belgium access to comprehensive medical care without bureaucratic obstacles.

Cooperation between hospital universities is based on an even longer tradition. Here highly-specialized health care services such as for example in the field of paediatric cardiology, child and youth psychiatry, etc. are increasingly being used in the neighbouring country, in addition to carrying out joint research projects.

In future, health reporting activities, the fighting of communicable diseases, prevention and health promotion will become more and more important. In this context, the fighting of overweight and obesity which have meanwhile become epidemic in Western Europe should above all be mentioned. For addressing this problem, city partnerships or regional networks either existing or still to be developed could be established as a model. What is important in this respect is the joint usage of new findings and results obtained from cross-setting intervention schemes and partnerships. In the field of nutrition and physical activity, bridges have to be built between producers and consumers, between providers and users, between families and business, associations and committees, health experts and laymen…….

With regard to health care provision, the planning of infrastructures and services at a level that goes beyond the regional level will increasingly prove to be useful. Here national dimensions have to be overcome.

In addition to the promoting factors, the indispensable political will of attaching high priority to the health sector has lost nothing of its validity. This means that alongside aspects which promote business activities, the people's quality of life should be given high priority. It will moreover be important that key positions in this field will be held by pro-European personalities who will not shy away from overcoming hindrances such as language, different social systems and structures by continuous trustful cooperation with the neighbours.

Co-operation and Working Together (CAWT)

Background

The border region of the island of Ireland shares common social and economic issues such as isolation, deprivation, weak infrastructure, unemployment, an aging population and peripherality. These difficulties that have been intensified by the consequences of 30 years plus of violence due to 'The Troubles.' Thus, it made sense for the Health Authorities in both jurisdictions to share ideas and experiences and to pool expertise in a more formal way.

Cooperation and Working Together (CAWT), was established with the aim of improving the health and social well being of the one million residents located along the Border Region of Northern Ireland and the Republic of Ireland. In July 2002 the Chief Executives of the NEHB and the NWHB (now known as the Health Service Executive) in the Republic of Ireland and the Southern Health and Social Services Board (SHSSB) and the Western Health and Social Services Board (WHSSB) in Northern Ireland, signed an accord known as the Ballyconnell Agreement which set the foundation for future collaboration and established CAWT as a cross border body.

In terms of the wider political context, the 'Belfast Agreement' in 1998 paved the way for the setting up of the North South Ministerial Council (NSMC) in which health was identified as one of six areas for cross border cooperation. Furthermore, both Departments of Health had recognised the importance of developing cross-border networks and services.

Funding and projects

Funding for CAWT's cross-border activities based on the 2002 – 2006 Business Plan has been provided by the 'European Union INTERREG IIIA Measure 3.2 Health and Well being.' CAWT currently manages over 40 cross-border health and social care projects funded mainly by the European Union INTERREG IIIA Programme. There are cross-border projects underway in such diverse areas as primary care, mental health and suicide, acute (hospital) services, learning and physical disability, older person's, children's services, public health, traveller health etc

Structures

There are four CAWT structures. Firstly there is the Management Board comprising the Chief Executives and Senior Managers from the SHSSB, the WHSSB, and the Health Service Executive Dublin North East and Health Service Executive West. There is also a representative from the Health and Social Care Trusts on the Management Board. The

'Secretariat' is comprised of four senior managers, one from each of the CAWT areas and serves as the link between the Management Board and the 15 cross-border Sub Groups. The Sub Groups are at the hub of CAWT activities. The Sub Groups develop and implement the CAWT projects detailed in the CAWT Business Plan. Lastly the CAWT Development Centre is the administrative centre and has full-time staff who provide ICT, Financial, Human Resources and Communications support.

Future

The recent independent evaluation of CAWT and its work provides the basis for the development of the next Strategy and Business Plan for the period 2007 to 2013. This strategic process which begun in early 2006, involved widespread consultation with key partners and stakeholders. This process has assisted CAWT to identify future priority areas for cross-border co-operation and also the key strategic business areas on which to focus. In addition to cross-border activity, all-island collaborative working and the management of commissioned projects on behalf of both Departments of Health are likely to feature in the future.

This is a time of huge change in the health and social care sector in both jurisdictions. Whilst the Health Service Executive in the Republic of Ireland is now firmly established, the reorganisation of Northern Ireland's health and social services is well underway. In Northern Ireland, the new Health and Social Services Authority will replace the four Health and Social Services Boards in April 2008. In addition, five new Health and Social Care Trusts will become operational by April 2007.

With this backdrop of great change, the challenge for CAWT is to try to address the range of constraints to true cross-border partnership in health and social care. In doing so CAWT will continue to develop the cross-border health and social agenda within the island of Ireland. CAWT also hopes to continue to influence the wider European cross-border health and social care agenda.

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The Upper Rhine Conference – Cross-border activities in health in the Upper Rhine Region

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The Franco-German-Swiss Upper Rhine Conference was set up in 1975 at state level as a transborder regional body. It comprises the French *départements* of Lower Rhine and Upper Rhine, parts of the German *Länder* of Baden-Württemberg and Rheinland-Pfalz, and the Swiss *cantons* of Basel-Stadt, Basel-Landschaft, Aargau, Jura and Solothurn. Main centers of the Upper Rhine region between the Vosges mountains to the west, the Black Forest to the east, and the Jura to the south are the cities of Basel, Strasbourg, and Karlsruhe. About 2.3 million of its 6 million inhabitants live in a three-nation conurbation around Basel, Mulhouse, Colmar and Freiburg i.Br. The economically active population of 2.7 million includes 90,000 transborder commuters (2006).

The Upper Rhine Conference is responsible for affairs of regional importance and cross-border interest. Nine working parties with about 40 expert groups are charged with facilitating the study and resolution of local problems in the area.

The working party on health was established in 1996. Its mission is to examine the different structures of the public health services in the three states, to foster cooperation, and to contribute to the solution of problems, i.e., to contribute to cost reduction by cooperation. Projects and activities of four current expert groups include, but are not limited to:

- The transborder cooperation in health insurance issues, with a focus on the flow of health-related services between patients, health care providers, and health insurances in the mandated area. Agreements cover the transborder operation of emergency medical rescue services (EMRS), the treatment of patients with severe burn injury from the Alsace in a specialised burn care unit in Ludwigshafen, and of dialysis patients in Baden-Württemberg. Differences in legislative, financial and software environments remain to be solved before a real time information system on hospital beds, capacities for emergency surgery and intensive care may become operational.
- The operational exercise "REGIO CAT 2006" tested the transborder cooperation of police, fire brigades, and EMRS in a scenario based on the assumed collision of a tanker with a passenger ship on the Rhine river near Basel.
- Health reports, with the elaboration of documents and posters with transborder comparisons of health-related data, i.e. on obesity, hearing impairments, and vaccination status in children. The group organizes trinational meetings. A workshop in November 2006 compared concepts and projects of prevention by nutrition and exercise.

- EPI-RHIN, a transborder early warning and information system on reportable infectious diseases, and other issues of potential relevance to public health in the mandated area. Recent workshops for public health physicians focused on the public health management of unusual infectious diseases (2004), influenza pandemic preparedness and infection protection at airports (2005).
- A comparison of illegal drug use policy in the mandated area.

Bilingual information and reports in German and French language concerning activities and projects of the Franco-German-Swiss Upper Rhine Conference are available for download at the internet sites www.oberrheinkonferenz.org and www.http://www.euroinstitut.org/epirhin/.

3. Cross-Border Cooperation in Health - Promoting and Hindering Factors

Summary

Chapter three describes various factors promoting or hindering cross-border cooperation in the health sector. Here a distinction is mainly made between so-called "internal factors" and/or hindrances in the direct project environment as well as "external factors" and/or hindrances in the general environment of the projects. The results are primarily based on written surveys and interviews carried out under the EUREGIO project.

3.1 Introduction

A number of factors promote or hinder cross-border cooperation in the health sector [see e.g. 8, 30, 32]. In cross-border cooperation, a distinction can be made between [32-33]:

(a) "internal factors" or hindrances in the direct project environment (micro level) on which the actors at the local or regional level themselves may have influence, and

(b) "external factors" or hindrances in the general environment of the project (macro level) on which the project actors themselves have no influence.

Harant [35: page 175] states: "While local partners can only try to resolve difficulties at micro level, national governments can have an impact on both micro and macro levels." Similarities e.g. in language, culture, structure and organization or common problems facilitate cross-border cooperation.

The following chapter 3.1 first deals with some major promoting and hindering internal factors in the direct environment of the projects. The so-called external factors (macro level) are described in chapter 3.2. These two chapters contain the results of following activities carried out under the "EUREGIO" project:

- surveys carried out in writing in the Euregios, Euroregions and similar structures as well as in Interreg secretariats and among the responsible bodies of cross-border projects (see chapters 2 and 4)
- discussion results of the workshop "Cross-border activities – Good practice for better health" carried out in January 2006 as part of the "EUREGIO" project [12] as well as
- expert interviews carried out with the actors from ten selected cross-border health projects.

In addition, materials and pieces of literature gathered on other experiences as well as the experiences of the EUREGIO steering group members were considered.

The following compilation gives a comprehensive overview of factors promoting or hindering cross-border cooperation in the health sector. It makes no claim for completeness. Some of the factors listed also occur in the context of cross-border cooperation in other thematic

areas [see e.g. 33]. In general, the factors mentioned are not unknown. Various factors promoting or hindering cross-border cooperation in the health sector as well as the use of health services in the neighbouring country or abroad are described in literature (key word: patient mobility) [see e.g. 7-8, 16, 35-36]. The results of the "EUREGIO" project confirm the findings made up to now.

The compilation serves to derive recommendations for actors who are active or want to be active in future forms of cross-border cooperation in the health sector at the local, regional, national and/or European level. These recommendations are given in chapter 5.

3.2 Internal promoting and hindering factors

3.2.1 Setting up adequate partnerships

Cooperation between partners can lead to a number of problems such as for example language problems, cultural differences as well as differences with regard to expectations, competencies, experiences or know-how.

A similar background, joint problem situation, joint interests and benefit for the partners in all participating regions ("win-win-situation") make sure that all partners are committed to the project in the same way.

Searching for partners

All partners who could be important for the success of the project should be considered for cooperation. It is therefore important to identify all relevant partners before the start of the project. Problems in the search for partners might delay the start of the project or even lead to the fact that the projects will not be carried out at all. In the "EUREGIO" survey, only 9% of the projects reported about problems in the search for partners. Here it should be mentioned that only those projects which had already been completed or were still going on were interviewed. Projects which due to difficulties in the search for partners were probably not started have thus not been included in the survey.

There are a number of possibilities which can be used for the search of the right partners. Greece for example has set up a website at www.interreg.gr/partner/search_results.asp intended to bring potential project partners together. A useful instrument are moreover existing contacts or networks. Such networks have for example been set up in Euregios with many years of experiences in cross-border cooperation in the health sector. Some Euregios have also set up health-relevant working groups or similar committees (see chapter 2) which might help to establish contacts.

Demands on partners

The importance of having reliable partners has been underlined by the project actors from the very beginning. The partners should know how to implement the project (incl. knowledge in project-management), should have decision-making powers, time to work for the project and the will to achieve the project target(s). Experiences already made in cross-border cooperation often facilitate the initiation and implementation of new projects since the project partners for example know each other from earlier projects or because due to previous experiences the actors are already familiar with the structures and institutions in the neighbouring country.

The survey among the responsible project bodies revealed that two thirds (66%) of the total number of 122 analysed projects and their actors had already gathered experiences in cross-border cooperation previously.

Setting up of a constructive partnership

At the beginning of the projects, the partners normally get to know each other. It takes some time till the partners know what they can expect from each other, how the others work, to understand the problems of the partner(s) and to build up confidence and thus slowly learn to trust each other. Therefore project actors recommend starting with small project tasks to become acquainted with the way the partner works.

Meetings with the project partners – particularly at the beginning of the project – may considerably contribute to establishing a constructive partnership. Frequent meetings are particularly required at the beginning of a project. They serve to:

- get to know each other personally,
- build up trust
- agree on a common working language
- become acquainted with the structures, procedures etc. in the neighbouring country,
- learn about problems and/or hindrances and develop joint solutions and
- fix first objectives and policies.

Joint partnership

Close cooperation with the partners of all countries involved in a project contributes to the fact that also the neighbouring region on the other side of the border and thus the added value for the entire cross-border region will attract increasing attention. Cross-border cooperation between project partners may be implemented in the fields of project development, realization and management as well as project funding. The earlier cooperation begins, the easier it is to respond to the needs and ideas of the actors from the neighbouring regions.

The new European Regional Development Fund regulation (Regulation (EC) No 1080/2006) [36] fixes standards for projects which will be sponsored in future. Cooperation among partners will also have to meet certain requirements in future. Article 19 of the regulation says: "Operations selected for operational programmes aimed at developing cross-border activities […] and at establishing and developing transnational cooperation […] shall include beneficiaries from at least two countries, of which at least one shall be a Member State, which shall cooperate in at least two of the following ways for each operation: joint development, joint implementation, joint staffing and joint financing." [11]

Almost all projects interviewed under the EUREGIO project were already fulfilling the above-mentioned "partnership criteria" (see chapter 4.3.6).

3.2.2 Staff resources and commitment of the actors

Getting to know each other personally as well as becoming acquainted with the structures of the neighbouring country, the precise setting of objectives, the dismantling of language, cultural, legal and other barriers will take time and require staff resources. This in particular applies to the planning and starting phase of a project. Interviews with project actors show that only a small number of them was granted a leave of absence from their normal work to deal with the project or had specific time contingencies for this work. A number of actors perform these functions in addition to their normal work. Cooperation projects thus mean an additional workload for the project actors. Cross-border projects, however, require an enormous amount of commitment from all projects so that in several cases the actors said that they also invested their personal leisure time into these projects.

In the opinion of the Euregios, Interreg secretariats and responsible project bodies, the commitment of the project actors is the most important factor for the success of cross-border health projects. The significance of this commitment was also emphasized in many interviews with the project actors. As long as the activities, however, depend on the commitment of individual persons, the continuation of these projects is – as was also stated by Philippe Harant [34: page 175] – jeopardized as soon as these persons leave. "Because of their limited institutionalization, there are many examples of initiatives relying on the personal initiatives of individuals (doctors, managers, administrators), which go downhill if not carried on by their successors." Staff changes in the project management or the shift of important key positions can thus delay or even jeopardize the continuation of a project. The fact that staff changes are not unusual was shown by the interview among the responsible project bodies according to which in about one third of the projects (38%) staff changes in the project management had occurred.

[11] The operations may be implemented in a single country provided that they have been presented by entities belonging to at least two countries (see article 19 of the above-mentioned regulation).

3.2.3 Cooperation agreement at project level

There are a number of reasons supporting the conclusion of agreements between the project partners [38: page 5].

- "By clearly defining project responsibilities and procedures, Partnership Agreements should make it easier to implement projects.
- The legally binding nature of Partnership Agreements means that if problems arise that cannot be resolved by the partners themselves, procedures can be enforced to arrive at a solution.
- Generally, the use of Partnership Agreements is a prudential measure, which provides a way of minimising the various types of risks involved in carrying out Interreg III projects."

According to the survey carried out among the project bodies, almost two thirds of the projects (70%) had concluded corresponding agreements at the time of the survey (see chapter 4.3.6). From the information available, no statements can however be made on the contents and quality of these agreements.

The INTERACT Point Tool Box in Valencia and Maastricht, in collaboration with the Centre for Strategy & Evaluation Services (CSES) and supported by the Community Initiative Programme INTERACT, elaborated a tool concerning partnership agreements for Interreg projects [38]. It contains a Partnership Agreement Template, which suggests a complete set of provisions a Good Practice Partnership Agreement should contain. This template could also be very helpful for the development of partnership agreements in health-related projects. Also helpful would be the provision of still existing "good models" of partnership agreements.

3.2.4 Public relations work

Public relations work was on the whole regarded as important by the project actors. The projects were to some extent supported in this by their Euregios. Some project actors reported that the media attached great interest to the projects.

The external presentation and knowledge about the projects are in many ways important for the projects. Public relations work contributes to winning financial as well as political and institutional support and acceptance for the project in public. It is therefore recommendable to distribute information on the project while the project is being implemented and to plan corresponding activities before the project starts. For this purpose, the project should be of noticeable benefit to the population as was confirmed to be the case by the responsible project bodies in 89% of the 122 health projects carried out under the EUREGIO project.

There are various methods of public relations work which are being or were used by the cross-border projects (see chapter 4.3.9). These methods include:

- using local, regional, national or international media

- distributing materials such as leaflets, brochures, CD-ROMs
- using the Internet for project presentation or providing information on the websites of others or
- implementing project events or presenting the projects at other events.

However, in the course of the EUREGIO project it was repeatedly noticed that on a number of projects hardly any or no information at all was available to the public (see chapter 4.3.9). It takes time to make a project well known. According to the actors, lack of time is an important obstacle to comprehensive public relations work. Furthermore, not all projects seem to prioritise communication and publicity activities or know how to carry them out as effectively as possible. Some project actors, however, took a critical stance towards public relations work since it may contribute to active opposition against the project or individual project elements on the part of project enemies.

3.2.5 Language barriers

In some cross-border regions such as for example in Ireland-Northern Ireland or Germany-Austria, the same language is spoken. This is an advantage which could encourage the implementation of cross-border projects in health. In many border regions, “language” is however a barrier making cross-border cooperation more difficult. On this aspect, Bassi and colleagues [36] stated: “Lack of proficiency in the language is in effect a major obstacle which explains why many initiatives never transcend the stage of intentions or have trouble becoming fact or lasting.“ Almost half (48%) of the analysed 122 projects reported language problems. Special challenges are projects in which representatives of more than two neighbouring countries are involved.

Some projects have been carried out to develop various solutions for the dismantling of language barriers. These include:

- employment of interpreters
- agreement on a third language such as for example English as joint working language
- employment of project coordinators with corresponding foreign language knowledge
- implementation of language courses.

Technical terms are a specific problem. To avoid possible misunderstandings, these terms should be clarified at an early stage of the project. In some projects, corresponding glossaries or technical term dictionaries are or were drawn up or existing technical term dictionaries used for easier understanding. A further problem are important documents such as for example contracts for which correct translations into the national language of the countries involved are required. For this job, interpreters are generally required whose employment will involve costs and time delays.

Special problems occur in connection with the medical treatment of patients from a neighbouring country. Due to language barriers, communication problems may for example arise when informing patients. The treatment of patients from a neighbouring country with no or only poor knowledge of the national language requires corresponding solutions on the part of the service providers. Corresponding problems are also revealed in connection with the provision of emergency care. Here various solutions have been developed:

- knowledge of the foreign language as a criterion for employing new staff members
- language courses for trainees or staff members
- development of technical term dictionaries, glossaries
- drawing up of multi-language working materials (e.g. for rescue services)
- hiring of an employee working as a translator locally
- recruitment of an employee who will accompany the patients across the border and work as a translator (case manager)
- hiring of external translators
- support through employees who speak the language.

3.2.6 Project evaluation

The structure, process as well as objectives and outcomes of the projects should be appropriately evaluated because an effective evaluation can contribute to improving the quality of the project.

Up to now, however, not all projects have evaluated their cross-border health activities (see chapter 4.3.8). The reasons given were amongst other things lack of time and personnel, lacking financial resources as well as project-related difficulties such as operationalisation of suitable indicators for the implementation of evaluation activities. The project actors will to some extent probably also lack the required know-how.

3.2.7 Exchange of experiences and information with other projects

Despite their regional differences, cross-border regions in Europe often share similar problems and needs in the health sector. New projects can learn from the experiences of projects still being carried out or already completed. Before starting a new project, it is therefore reasonable to meet with the actors of similar projects for an exchange of experiences and information.

The workshop carried out under the “EUREGIO” project in January 2006 as well as a questionnaire-based survey conducted among the workshop participants in the run-up to the workshop have shown that there is a great need to learn more about other projects and to exchange experiences [12]. To facilitate a more intensified exchange in future, the

participants of the EUREGIO workshop submitted the following proposals: continuation of similar events, construction of a website giving an overview of cross-border health-related projects as well as the setting up of an electronic discussion forum [12].

3.3 External promoting and hindering factors

3.3.1 Financing problems

The survey carried out among the responsible project bodies as part of the "EUREGIO" project has shown that almost one third of the projects (29%) met with financial problems. These might be related to Interreg funding. The financial problems mentioned at the EUREGIO workshop as well as in interviews include among other things:

- time delays between approval of the proposals and payment of the first instalment
- insecurities about the point in time of paying the grants and
- insecurities as to whether expenses already made will be approved.

Only a certain percentage of the total costs of the individual Interreg projects will be covered by the European Community. In addition, the projects may apply for national or regional grants. The acquisition of these additional grants constitutes an additional challenge for the projects. Projects should therefore be formulated in a way outlining the benefit to those parties which are to be won over to co-financing and largely correspond to their objectives (see box 3). Moreover, a part of the costs has to be borne by the project actors themselves. In particular smaller organisations/institutions and NGOs have problems to pay this portion of project costs.

Box 3: Visibility as a vital component for co-financing parties

"Visibility is of course a vital component for all co-financing parties. Financial as well as 'in-kind' contributions can best be justified by the results of the projects. Co-financing will be easier to attain when the projects support the aims and goals of all participants. It is therefore necessary to define programme goals that are close to those of the intended national co-financers, i.e. the national, regional and local governments or other important financial players in the regions in question. This will become increasingly important at a time when public budgets are coming under ever more pressure and indeed are likely to become even more constrained in the foreseeable future." [39: page 33f.]

According to the participants of the EUREGIO workshop, it is not easy to find out which grant programmes can be used apart from Interreg. There was overall consent that there is need for information about the possibilities of existing programmes, a need for "specialists" who can guide and coach the applicants through the funding process/system and for more transparency in the application processes and decisions about grants [12].

3.3.2 Bureaucratic problems concerning (Interreg-)funding

The EUREGIO survey has shown that more than 90% of the interviewed projects are being or were funded through the Interreg Community initiative. A number of the bureaucratic problems mentioned by the project actors are therefore related to Interreg funding.

Most of the problems mentioned are problems at the programme level. More than half of the analysed 122 projects (53%) consider the project application procedure very bureaucratic. Moreover, 68% of the 122 projects said the administrative amount of work in the course of the project was high. Hindrances mentioned are:

- complicated application and billing forms
- too extensive application forms
- changes to the forms during the project period
- insecurities with regard to the terms used in the forms
- short deadlines for handing in the documents as well as
- lengthy decision-making processes which might jeopardize the start and/or development of the projects.

According to the project actors, these hindrances have also led to the fact that in the run-up to the project potential partners were not prepared to participate in projects or that after completion of a project, the actors were no longer prepared to participate in future Interreg projects.

For the future programme period, the EU Commission intends to make corresponding improvements. The administrative management of the projects is to be simplified and funding processes are to be made more transparent.

3.3.3 Willingness and unwillingness of actors

The goodwill from all actors (e.g. GP´s, health insurances, politicians) is important for cross-border cooperation in health care [40]. Factors such as misgivings or fear, the absence or existence of incentives or the cost of services in the neighbouring country have an influence on the willingness or unwillingness to cooperate or to support cross-border activities.

Misgivings and fears

Foreign providers could be seen as competitors. This could lead to the possibility that patient files are not handed over to the service provider or that patients are not transferred [40]. Corresponding indications are also given in the final report of the German-Dutch project “Patient treatment without borders” [41] in which German patients could use a limited number of institutions of the Academic Hospital in Nijmegen. According to this report, the missing

mutuality aspect of this project (which can probably be explained by fears of reduced income) seems to have had a hindering impact on cross-border treatment.

Fears and misgivings which may frustrate corresponding activities are not only to be found among service providers but also in politics. Some project actors for example report that in politics fears were uttered that patients from neighbouring countries might be given preferential treatment if these services were better paid, leading to waiting lists for patients from their own country.

Incentives for cross-border cooperation

The incentive to treat (more) patients from neighbouring countries depends on whether this will lead to an increase of income for the doctors or hospitals themselves. As shown by the case studies contained in the publication “Patient Mobility in the European Union – Learning from Experience”, it is necessary that “Providers treating foreign patients [….] be reimbursed appropriately, where relevant, taking account of any extra workload and costs involved.” [42: page 283].

One obstacle are the national hospital budgeting rules. Due to these rules, the treatment of patients from abroad does not lead to any or only little extra profit for the hospitals involved or even – if the budget has been exhausted – to the fact that the budget will be reduced to up to 25% of the regular budget [35]. Under these conditions, the treatment of patients from abroad is therefore not “attractive” to service providers.

A solution to this problem would be to pay doctors on a “fee-for-service basis” [40] or to conclude (direct) contracts between health insurance funds and service providers, stipulating that these payments are not included in the budget.

Further incentives for the involvement of actors could for example consist in minimizing bureaucratic procedures or in a quicker reimbursement of costs [43]. Activities such as for example the conclusion of agreements between Belgian, Dutch and German insurance companies, between these insurers and selected hospitals in Belgium and the Netherlands [43] or the “Health Card international” project (see chapter 6.3.2) which is being implemented in the Euregios Meuse-Rhine, rhine-meuse-north and Rhine-Waal contribute to these incentives.

Differences in tariffs

Tariffs vary considerably between Member States. Experiences from the Meuse-Rhine Euregio show that “every new item must be extensively discussed and negotiated with the insurances before they give their permission for an arrangement.” [35: page 43]. Especially if the costs for the services provided in the neighbouring country are very high, the willingness to support cross-border care is low.

Transparent frameworks for tariffs and price setting at the European level [44] or the setting up of reference prices for each cross-border region could be a solution.

Differences in compensation systems: Diagnosis versus treatment-based billing (DRG, DBC)

Hospitals in the Netherlands are paid in accordance with a new form of “Diagnose Behandeling Combinatie” (DBC). It covers all costs expected to be incurred by a case. In Germany, on the other hand, billing is based on the DRG system (DRG = Diagnosis Related Groups). Dutch health insurance funds thus have the problem that in the case of treating a Dutch patient in Germany, the provision of services might be paid twice. Dutch health insurance funds therefore take a sceptical stance towards the treatment of Dutch patients in Germany. Up to now, no general agreement has been achieved with the health insurance funds. For isolated patients, exceptions have therefore been made in each individual case. Should the number of patients grow, there would be urgent need for regulations here. In one of its working groups, the Enschede-based Interreg project “Euregional Service Centre for Health” (ESG) has dealt with a comparison between the two systems [35].

3.3.4 Need for information and coordination

One problem often mentioned is the need for adequate, validated information for patients, service providers as well as policy-makers for example about the way the health system in the neighbouring country works, about entitlements to services and about how to use these services when need arises etc. For example, patients need information on [46]:

- available possibilities for treatment
- prerequisites for treatment in other Member States
- financial consequences, i.e. how much is reimbursed
- their rights (e.g. quality and safety issues, continuity of care, rules of liability of care providers).

In the border regions, corresponding activities have been started in isolated cases. For example, a multi-lingual internet platform has been established for the citizens in the euregio rhine-meuse-north, Euregio Rhine-Waal and the Euregio Meuse-Rhine allowing them to inform themselves easily and quickly about issues of cross-border health care provision in the three Euregios.

Examples of coordinating structures already exist at various levels (regional, Euregional, national, European level). At the European level, these are the High Level Group on Health Services and Medical Care, European umbrella organizations in the health care sector (e.g. HOPE or AEBR) as well as certain institutes (e.g. Observatoire Sociale Européenne, Institute of Public Health in North Rhine-Westphalia) [52]. Nevertheless there is still need for ”a more structural and permanent line of coordination and communication [...] between the various policy levels and actors“ [52: page 50].

3.3.5 Political support

The support for activities through the political level as well as the political will were generally regarded as important and useful for the projects. The results of the EUREGIO survey conducted in writing among the responsible project bodies showed that almost two thirds of the projects had received political support from the regional and/or local level. 53% of the projects reported about political support at the national level.

In some cases, however, political decision-makers seem to lack understanding for the concerns of the project actors. This can probably be explained by existing information deficits. Problems are also caused by different competences in the health care systems of the individual countries.

Agreement processes with political decision making bodies may be lengthy and complicated. This may also contribute to the fact that project actors are partly reserved about including them in the project activities. Interview partners reported that in a number of cases political actors had quite deliberately not been included for fears that they might hinder project activities. Contacts with political actors are moreover complicated by lacking knowledge and insecurities on the part of the project actors. So for example some project bodies are not sure about the level at which the right contact partners are to be found (e.g. national or regional level) and which methods have to be applied to reach an agreement.

3.3.6 Need for legal certainty

Legal problems are often mentioned as an obstacle to cross-border health care provision. In the EUREGIO survey, 24% of the 122 examined projects said that legal problems had occurred. Even if existing regulations at the European level provide solutions to a number of problems in cross-border cooperation in health care, some areas still suffer from legal uncertainty and require regulations.

This will be further explained with the help of the following four examples:

- Liability must always be precisely defined, for instance when a specialist operates on his own patient in a hospital abroad. In some projects, it was tried to find corresponding solutions. So as part of the cooperation between the University Hospitals in Aachen and Maastricht, an agreement was signed which to a large

extent covers the liability problem. In addition, for each area of activity separate contracts were concluded, stipulating that the law of the country providing the treatment has to be applied and that the insurance of the service provider will be held liable. Up to now, there is however uncertainty among the actors as to whether these agreements can be applied if required. Up to now, no legal basis or legal framework regulating the liability problem in cross-border cooperation has been established.

- Contracts have been concluded between Dutch insurance companies and various Belgian hospitals [40] (see also chapter 6). Glinos and colleagues [40: page 115) state that "a concern for actors involved in cross-border contracting between Dutch insurers and Belgian hospitals is that the arrangements are taking place in a legal no-man's-land. There is a clear demand from all involved stakeholders for more clarity and legal certainty about the practices in which they are involved."
- Along the Spanish-French border, efforts have for some years been made to build a joint hospital in Puigcerda (Spain) [34] (see also chapter 6). The realization of this project calls for an appropriate legal structure. To this end, an intergovernmental framework agreement is being prepared at the moment. This agreement provides for a suitable legal structure to implement the project and to approve general decisions pertaining to financial and medical matters as well as to project realization (URL 5).
- Lacking regulations in cross-border rescue operations are also a problem in the field of rescue services. This concerns for example regulations pertaining to the use of optical and acoustic signals or to narcotics.

Bilateral agreements at the national level, which could help to remove obstacles of national competence in health care, could be an adequate instrument to increase legal certainty for all the players involved [34, 40]. These bilateral agreements could then be "implemented" through regional cooperation agreements. Particularly for the health care sector, corresponding framework agreements on cross-border cooperation between France and Germany and between France and Belgium were signed.

Mention should also be made in this context of the "Guidelines for the Purchase of Treatment Abroad" (URL 6) which were developed by the high-level group for health care and medical treatment and which offer the providers of health care services practical support for the development and scrutiny of cross-border contracts.

In September 2006, the European Commission initiated a public hearing intended to clarify how under Community Law legal safety can be ensured for cross-border health care provision. Specific proposals are to be submitted in 2007.

3.4 Further hindering and promoting factors

In the following, further factors are mentioned which could hinder or promote cross-border cooperation. The hindering factors among other things include [5, 8, 30, 47-49]:

- mentality and cultural differences
- conflict of interests
- the simultaneous use of different EU grant programmes
- large differences in the organisation and administration between the states in which the project is carried out
- data protection problems[12]
- continuity of care and quality of after care
- different employment conditions for medical personnel
- elaborate administrative and financial procedures for patients, healthcare professionals and healthcare establishments
- geographical distance between project partner(s)
- drugs e.g. large diversity or different trademarks for identical products
- interoperable information and communication technologies (eHealth systems) between different countries
- differences in professional training and competences, standards, radio frequencies etc. in civil protection and rescue services differences in clinical standards, medical protocols and guidelines.

Promoting factors include [49]:

- real need for a project
- joint benefit of the projects for the actors involved
- support through the Euregios as well as Interreg secretariats.

Moreover, a number of further factors not yet mentioned have a positive impact on the willingness of patients to use health care services abroad or in the neighbouring country. These include familiarity with the health system of the country where the health services are used, low treatment costs as well as low out-of-pocket contributions, an assumed better quality, proximity to the institution where the services are provided and/or to the physician, the availability of services (quantity and type) as well as the provision of health care through medical staff speaking the patients' own native language [8, 40, 48].

3.5 Evaluation of promoting and hindering factors from the point of view of the responsible project bodies

Between April and June 2005, a written survey was conducted among the responsible bodies of cross-border health projects as part of the "EUREGIO" project (for further details about the

[12] "Moreover, although Directive 95/46/EC15 on the protection of individuals with regard to the processing of personal data and on the free movement of such data includes specific provisions on health data, awareness of these provisions may not be sufficient in the health sector." (Comission of the European Communities 2006: 6).

survey see chapter 4). The objective of the survey also was to identify promoting and hindering factors of cross-border cooperation in the health sector. The so-called "project questionnaire" therefore contained a number of factors (see table 1), the promoting and hindering effects of which were to be evaluated by the interviewees on a scale ranging between "very hindering" respectively "very promoting" (value of 4) and "non hindering" respectively "non promoting" (value of 1).[13]

Table 1: Specified hindering or promoting factors which were to be evaluated in the survey by the responsible project bodies

Promoting factors
• Public knowledge about the projects • Political support at the local level • Political support at the regional level • Political support at the national level • Border proximity of the partners • Experiences of the partners in cross-border cooperation • Recognisable benefit of the projects for the population • Personal commitment of the project actors involved • Same benefit for all countries involved • Familiarity of the partners with the structures on the other side of the border • Support through the Euregio offices or similar cross-border structures • Support through Interreg secretariats
Hindering factors
• Lacking cooperation agreements • Mentality differences • Difficulties in the search for project partners • Financial problems • High administrative amount of work during project implementation • Interest conflicts between project partners • Staff changes in the project management • Simultaneous use of different funding programmes • Legal problems • Very bureaucratic project application procedure • Language barriers • Very large differences in organisation and administration • Data protection problems

According to the responsible project bodies, factors with the most hindering effects include financial problems (mean score 3.3), bureaucratic project application procedures (mean score 3.2) as well as the high amount of administrative work during the project implementation phase (mean score 3.1). Data protection problems as well as mentality differences were on the other hand regarded as "hardly hindering". The most promoting factors include the personal commitment of the project actors (mean score 3.8) as well as the experiences of the partners in cross-border cooperation (mean score 3.5).

[13] The question reads as follows: "To which extent, in your opinion, is work in cross-border health-related projects (incl. projects in the fields of rescue services, disaster control) in general hindered (respectively in general promoted) by the following factors?"

In particular the results achieved for factors regarded as “hardly hindering” should however be seen against the background of the projects surveyed. Data protection problems are for example only relevant in those projects dealing with data/information. This, however, does not apply to most of the projects. Here a more detailed analysis of the corresponding projects would be required for a statement on the significance of the factor “data protection problems”.

4. Cross-Border Health Projects: Analysis of the Project Landscape

Summary

This chapter describes the main priorities, documentation and evaluation tasks as well as quality assurance in the implementation of cross-border health care projects. For this purpose, the questionnaires of 122 cross-border health projects have been evaluated. From the results achieved, recommendations can be derived for the further development of cross-border cooperation in the health sector (see chapter 5).

4.1 Introduction

The following is a description of the results achieved in the survey carried out among the responsible project bodies of cross-border health-related projects. As defined by the survey, "cross-border health-related projects" referred to all those activities in the health sector in which partners from two or more countries with a joint border were working together. Activities of relevance to health were for example all activities in the fields of health care, rescue services, disaster control, health reporting, epidemiology, health monitoring, health promotion, prevention as well as activities for the training and further education of all those employed in the health sector (e.g. physicians).

This chapter gives an overview of the project landscape and shows areas in which improvements are needed. A comprehensive description of individual projects cannot be given in this context.

4.2 Method

The results presented in this chapter are based on two subsequent surveys which are described in the following:

a) a written survey carried out among Interreg secretariats as well as Euregios and similar structures as well as

b) a written follow-up survey carried out among the responsible bodies of cross-border health projects.

4.2.1 Identification of contact partners of cross-border projects in health

One objective of the survey started at the end of 2004 in the Interreg secretariats as well as Euregios, Euroregions and working communities was to identify contact partners of ongoing and completed cross-border projects in the health sector along the internal and external border of the EU (for further details about the surveys see chapter 2.1.2 and 2.2.2). The surveys were restricted to projects of the last ten years. Projects started before the year 1994 were thus not taken into consideration. Here also those activities were captured for which at

the time of the survey no completion date had been fixed or was foreseeable and which were thus no “project” in the true sense of the word. These were in general activities which had already been implemented on a permanent basis.

Since cross-border structures are located in areas covered by Interreg programmes and/or are partly identical with these areas (e.g. Euregio Meuse-Rhine), in some cases the same projects were reported by different sources. All in all, at the end of the first survey wave we had been given the addresses of more than 300 projects. Enclosure 8 gives an overview of the projects reported back to us as health-related projects, ordered by cross-border regions.[14]

4.2.2 Survey among the responsible project bodies of cross-border health-related projects

In a complementary survey, a so-called “project questionnaire“ was sent to the responsible bodies of those projects which had been reported back to us. The objective of this survey was to gain detailed information about the individual projects.

Development of the questionnaires and conduct of the survey

The draft of the project questionnaire was developed by the Institute of Public Health NRW (lögd), commented on by members of the project group and other experts and several times revised in the further course of the project.

The final version of the project questionnaire contained a total of 67 questions concerning:

- general information on the project (e.g. project title, state of project development, duration of the project),
- target groups,
- project description (e.g. main subjects, starting situation or problem background, main objectives, process and content of the project),
- project partners,
- project conditions,
- public relations work/interest of the public,
- project evaluation,
- continuation of project activities,
- promoting and hindering factors,
- project financing and
- health targets.

[14] Here it should be noted that the list might also include projects in which health is only a subordinate issue. This could only be verified for sure for projects which had sent back the project questionnaire. For most of the other projects, no other information than the project title was available. Activities which had not been started at the time of our survey or single events, e.g. congresses are not listed.

Together with a covering letter, the questionnaire (German and English) was subsequently sent to the projects by normal mail by the end of March 2005. Alternatively, the questionnaire was also accessible online. After the first deadline had expired, a reminding letter was sent to all those who had not yet answered the questionnaire. The survey was concluded at the end of June.

Response rate

All in all, we sent out questionnaires to 328 different projects. Altogether we thus received 149 completed questionnaires about different projects, with one questionnaire having been filled out for three projects closely linked to each other. Therefore information about 151 (46%) of the 328 projects was available at the end of the survey. Moreover, 12 project bodies informed us that the project surveyed by us was not or hardly related to health, that contact persons were no longer available or that the concerning project was no cross-border project. The questionnaire was not filled in by these project bodies.

Table 2: Geographical distribution of the sent-out questionnaires which were answered by the responsible project bodies.*

	Number of sent-out questionnaires	Number of projects which have answered the questionnaire
Northern Europe and Baltic Sea region	72	30
Central and Eastern Europe	38	23
North-West Europe	130	61
Region of the Alps and the Danube	59	31
South-West Europe and Western Mediterranean	19	6
South East Europe and Eastern Mediterranean	1	0
Total	**319**	**151**

* Projects of which the responsible bodies reported back to us that they were not related to health or cross-border cooperation were not taken into account.

Table 2 gives an overview of the geographical distribution of the projects which were reported back to us (first column) as well as of the number of projects which answered the project questionnaire (second column). The figures show that most of the projects were reported back to us from border regions in North-West Europe.

Projects considered in the analysis

Projects to which at least one of the following criteria applied were not considered for the final analysis:

- The project had not been started yet.

- Only one country was involved in the project, i.e. the respective project was no cross-border project.
- Health was no more than a side issue.
- The activities mentioned had no project character (working group, event).
- The activities mentioned were a framework project.

One or more of the above-mentioned criteria applied to a total of 26 projects which had returned a filled-in questionnaire. Also not considered was a project dealing with the evaluation of cross-border projects. Altogether 122 of the 149 questionnaires were included in the final analysis.

4.3 Results

The following sections describe the results of the analysis carried out on 122 cross-border projects which were or are being carried out along the internal and external borders of the EU-15. More than 90% of the 122 analysed projects said that they received EU grants. These were in general funds from the Interreg Community initiative. The following illustrations also give an overview of Strand A Interreg health projects.

4.3.1 Project development state, project term and countries involved

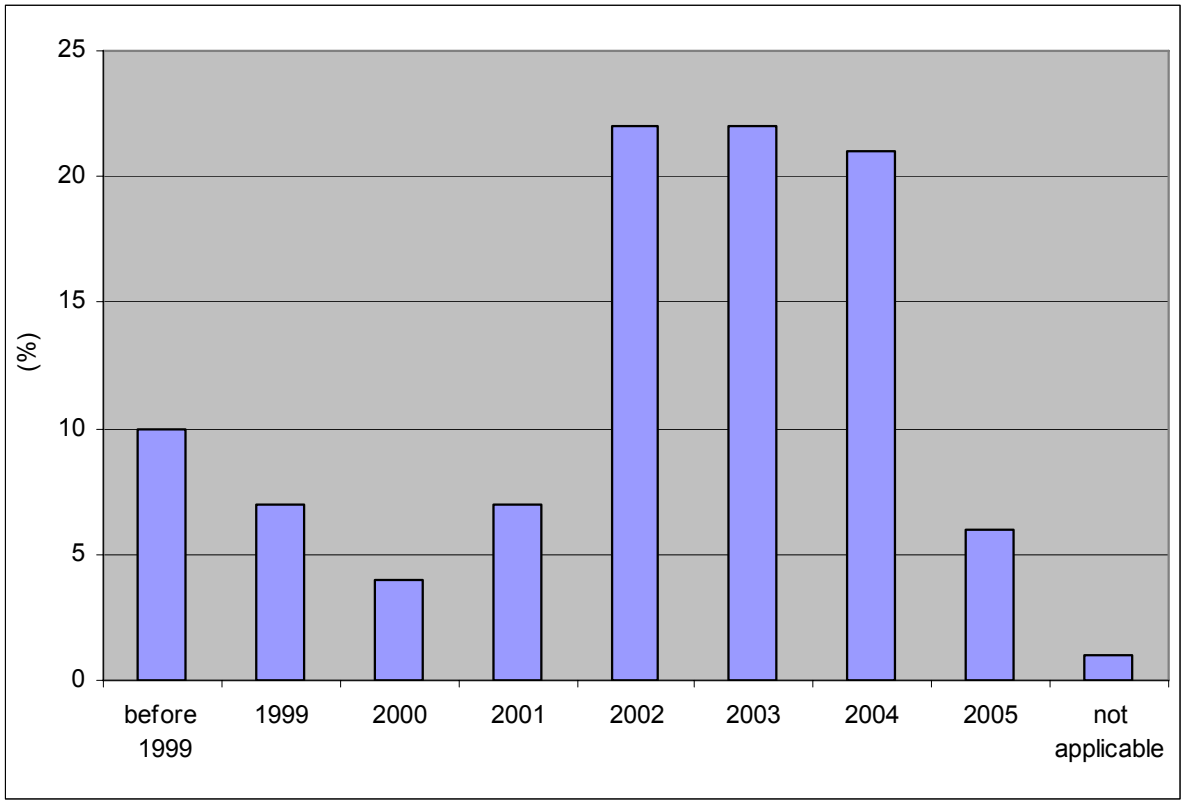


Illustration 7: Number of cross-border health projects by start of the project for the period before 1999 and for 1999 up to 2005 (N=122).

At the time of the survey, 38% of the total number of 122 projects had already been completed for some months, in some cases even for several years. The project terms varied between 4 months and more than 4 years. Some of the projects were intended as permanent activities. A great number of projects (30%) runs for a period of 2 up to 3 years. About two thirds of the 122 examined projects had been started between 2002 and 2004 (see illus. 7).

In most cases, two countries were involved in the project (77%). Only in one quarter of all cases were partners from three (19%) or four and more countries (4%) cooperating in the project. In 57% of the examined projects, only actors from the EU-15 were involved. Partners from the new EU Member States were involved in 23% and actors from non-EU Member States in 20% of the 122 projects. An analysis of the countries involved in the projects shows that projects with German participation take first place, followed by projects with Dutch and projects with French participation (see illustration 8).

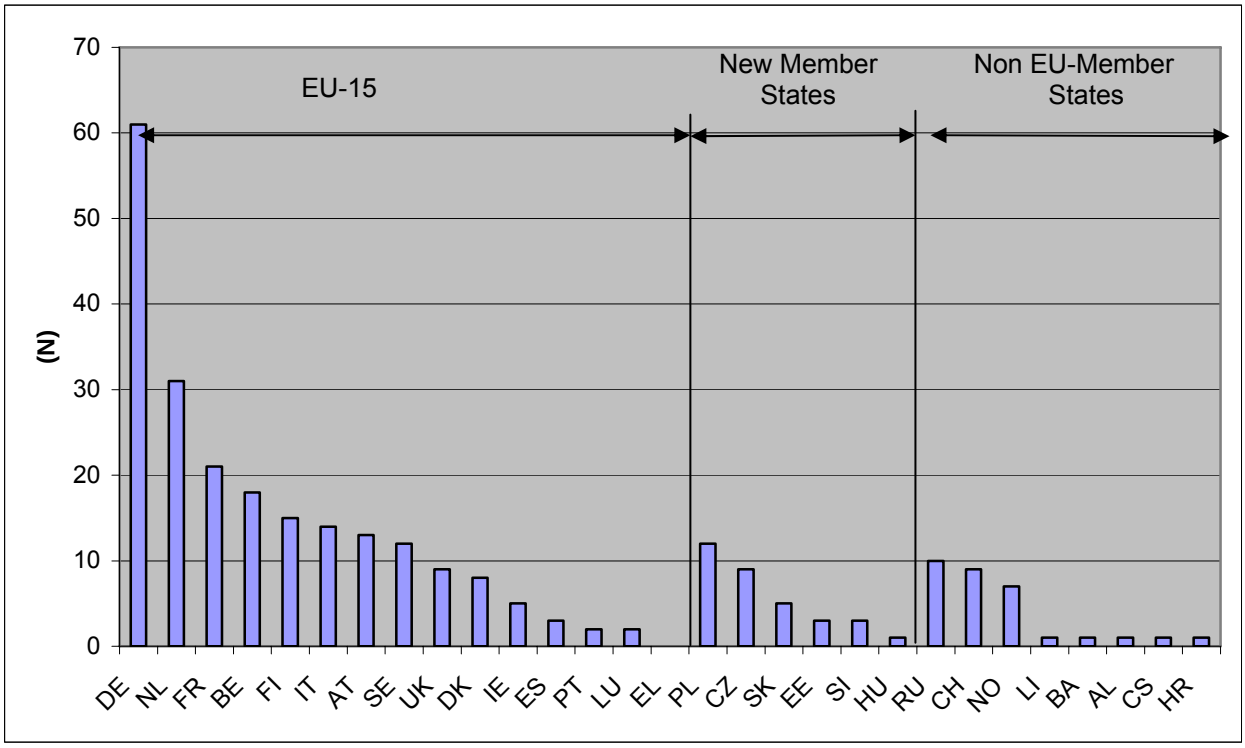


Illustration 8: Number of cross-border health projects by participating states (N=122[1])

4.3.2 Priority issues

The analysis of the priority issues of the projects shows that they cover a very heterogeneous project landscape. In addition to the “Miscellaneous” category, the questionnaire listed a total of 19 priority issues of which, according to the project bodies, one or more issues applied to their project. The most frequently mentioned issues include education/training and further training, the joint use of resources, outpatient/inpatient hospital treatment as well as the field of prevention/health promotion. Other issues such as “self-help” or “telemedicine” were or are being treated relatively seldom (see illus. 9).

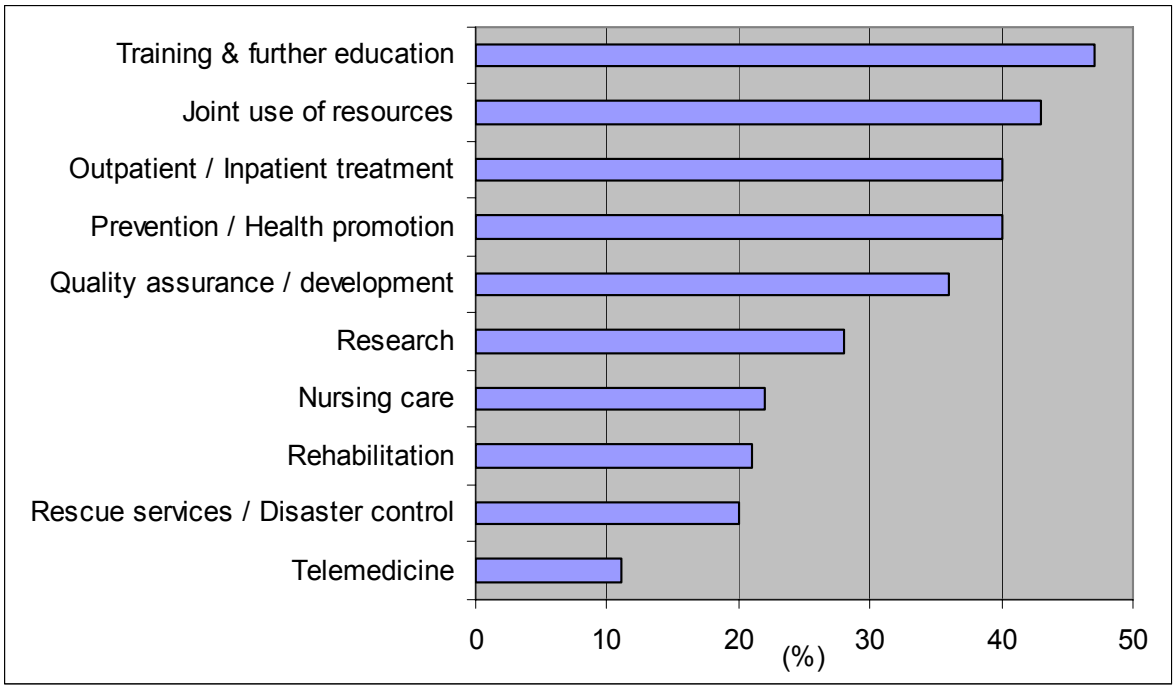


Illustration 9: Main issues of cross-border projects in the health sector (presentation of selected issues; multiple nominations are possible, N=122[1])

Table 3: Overview of the most frequently mentioned priority issues of cross-border health projects in the regions of Northern Europe and the Baltic Sea region, Central and Eastern Europe, North-West Europe as well region as of the Alps and the Danube.

Northern Europe and Baltic Sea region (n = 26)	Education/training and further training (n = 17) Research (n = 12) Care (n = 12)
Central and Eastern Europe (n =17)	Education/training and further training (n = 9) Rescue services/disaster control (n = 9) Joint use of resources (n = 9)
North-Western Europe (n = 53)	Outpatient/inpatient hospital treatment (n = 28) Joint use of resources (n = 26) Simplified accessibility/use (n = 23) Quality assurance/development (n = 23)
Region of the Alps and the Danube (n = 23)	Prevention/Health promotion (n = 10) Education/training and further training (n = 9) Outpatient/inpatient hospital treatment (n = 9) Simplified accessibility/use (n = 9) Research (n = 9)

Table 3 shows that the border regions of Northern Europe and the Baltic Sea region, Central and Eastern Europe, North-West Europe as well as the region of the Alps and the Danube favour a variety of different topics[15]. So for example the issue of "Education/training and further training" mentioned most frequently by almost 50% of the 122 projects ranks first only

[15] The regions of "South West Europe – Western Mediterranean" as well as "South East Europe – Eastern Mediterranean" are not mentioned here since from the region of "South West Europe – Western Mediterranean" information on only three projects was available and no information at all was given by the region of "South East Europe – Eastern Mediterranean".

in the border regions of Northern Europe and the Baltic Sea region and in Central and Eastern Europe. In North-West Europe, “outpatient and/or inpatient care” and in the region of the Alps and the Danube “Prevention and health promotion” were mentioned as the most frequent issues.

Clear regional differences in treating individual issues can also be taken from illus. 10. So for example the issue of “Rescue services/disaster control” is clearly more frequently dealt with by Central and East European projects or the issue of “care” by projects in Northern Europe and the Baltic Sea region than in the remaining regions.

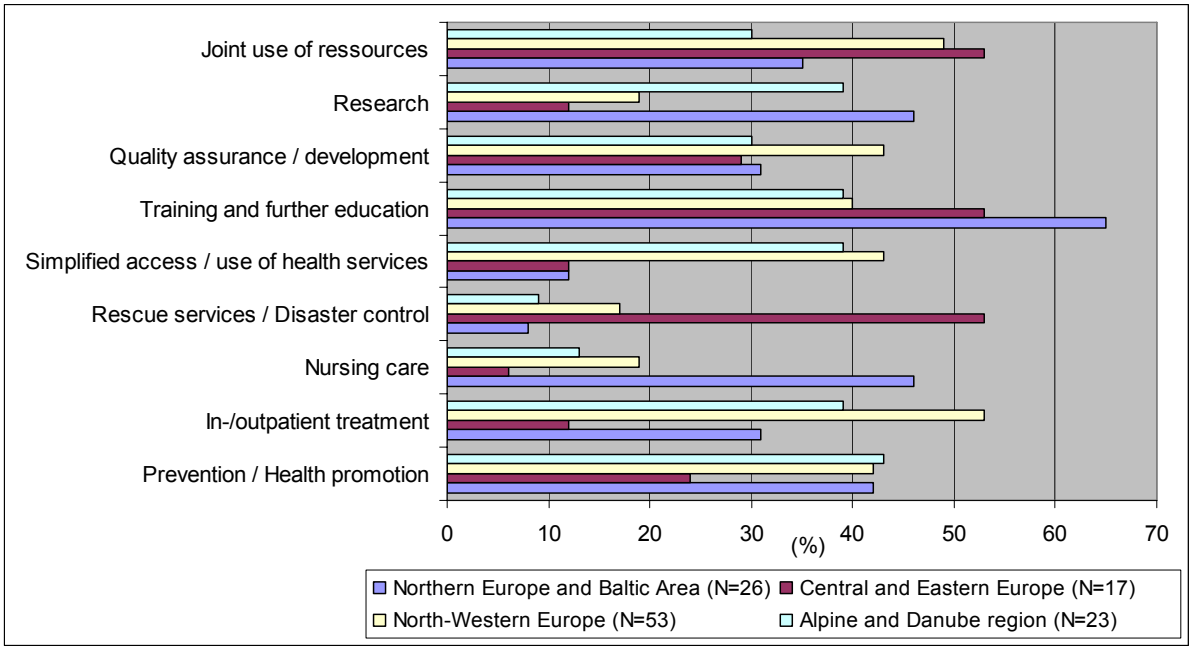


Illustration 10: Regional distribution of selected priority issues in the areas of Northern Europe and the Baltic Sea region, Central and Eastern Europe, North-West Europe as well as the region of the Alps and the Danube (proportion of total number of projects in the four geographic regions described in %).

Topics influencing patient mobility

Activities in the field of telemedicine as well as activities dealing with the issue of quality assurance and/or quality development, simplification of the use of or access to health care services in the neighbouring country or with information and transparency of counselling services could have an impact on the services provided abroad or in the neighbouring country and thus on patient mobility.

Illustration 11 shows the total number of projects which, by their own account, have dealt with the above-mentioned four issues as well as their regional distribution. Here only those projects which are dealing with the outpatient and/or inpatient sector (50 projects) have been taken into account. Projects in the field of prevention/health promotion, rescue services or disaster control have not been included. Altogether 42 of the 50 projects have, by their own account, dealt with one or several of the priority issues mentioned in illus. 11.

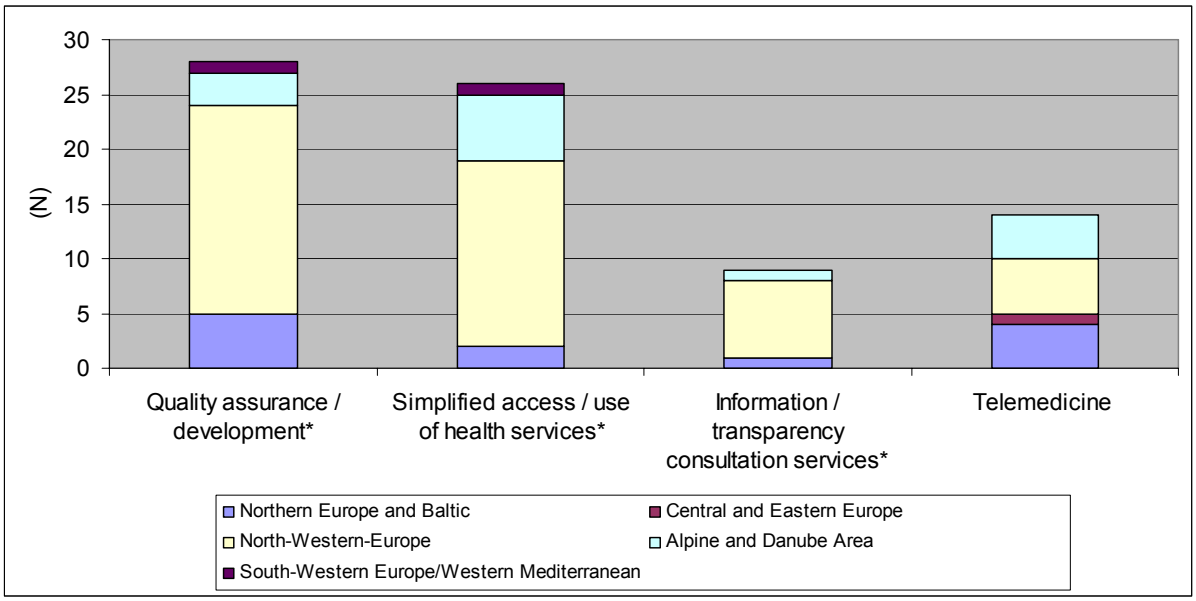


Illustration 11: Number and regional distribution of the projects which, by their own account, are dealing with the issue of quality assurance and/or quality development, simplified use or accessibility of health care services abroad, with information and transparency of counselling services or telemedicine.

* Projects with the main focus on outpatient/inpatient treatment only.

Illustration 11 shows that most of the projects dealing with the issue of quality assurance and/or quality development, simplified use of or access to health care services in the neighbouring country, with information and transparency of counselling services or telemedicine are to be found in the border regions of North-West Europe. These border regions often have many years of experiences in cross-border cooperation. The question as to whether compared with other issues such as prevention/health promotion these projects are more difficult projects primarily carried out by more “experienced” border regions or whether the need for corresponding projects is especially high in these regions remains to be answered.

4.3.3 Clarification of needs and requirements

Projects should be guided by the needs and requirements of the cross-border region. In order to be able to develop projects in accordance with real needs or requirements, a corresponding analysis of needs and requirements should be carried out before the project starts. This analysis can, however, be obsolete if for example due to long years of professional experiences in the project area, the project actors have already gathered corresponding comprehensive experiences or if evaluation reports on other projects carried out in the border region have confirmed relevant needs and requirements.

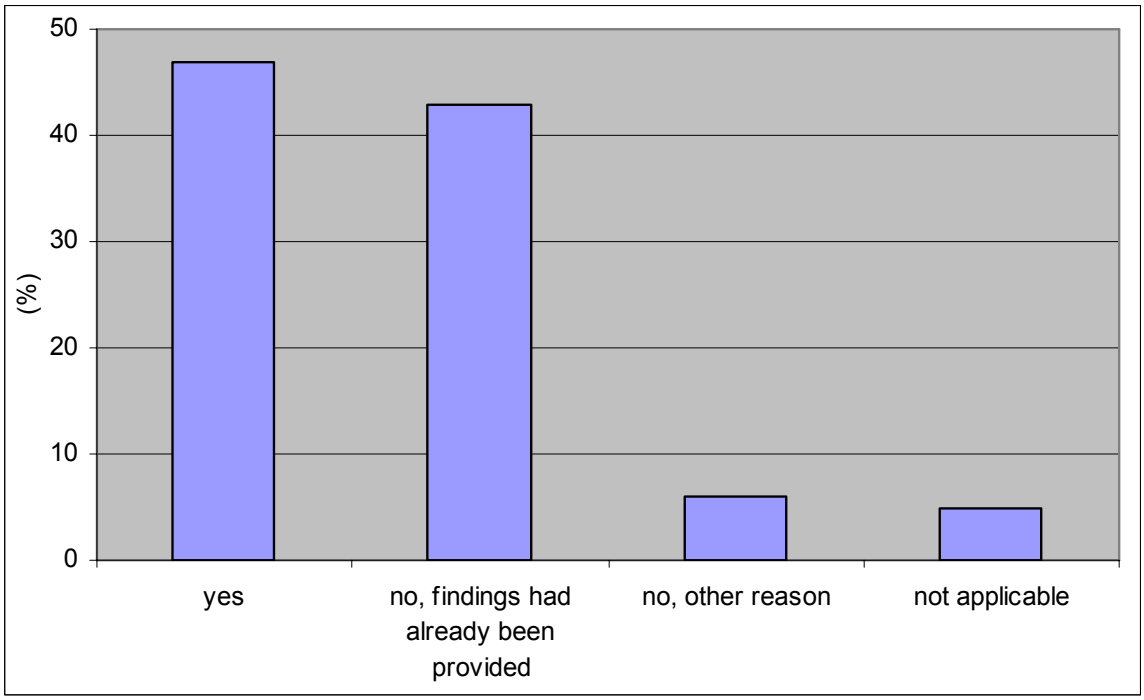


Illustration 12: Answers given by the projects (in %) in reaction to the question: "Was a clarification of needs/requirements carried out before the start of the project?" (N=122). Difference to 100 percent by rounding off.

The survey among the responsible project bodies shows that almost half of the projects (49%) had failed to clarify needs and requirements before starting the project, mostly for the reason that, by their own account, corresponding findings and data had already been available at the start of the project (illus. 12). In cases where a clarification of needs and requirements had been carried out (47% of the cases), this had mostly been done through discussions within the project group, discussions and interviews with external experts, written surveys in the target group(s), literature researches or analysis of secondary data.

4.3.4 Target criteria

At the start of the project, its aims and ambitions should be determined in greater detail. Ideally, they should satisfy the so-called "SMART criteria", i.e. they should be specific, measurable/checkable, ambitious, realistic, and be carried out according to schedule. The drawing up of corresponding target achievement criteria helps to check on whether the fixed objectives have been reached and whether and to which extent the project has been successful.

The questionnaire both dealt with the objectives of the project and with questions concerning the target criteria and the degree to which they had been achieved. In answer to the question "Are or were there measurable criteria or indicators to check as to whether the project objectives have been reached?" almost two thirds of the 122 projects (60%) answered with "yes". In the following question, these projects were asked to list a maximum of three target criteria which, from their point of view, were the most important. Our categorization of the

answers received has shown that one third of these 73 projects exclusively mentioned quantitative targets (e.g. number of further training courses, number of treated patients from the neighbouring country).

An astonishing phenomenon is the relatively great number of projects (36%) which, by their own account, have set themselves no measurable targets. For these projects, the question arises as to how they will measure the success or failure of their project.

4.3.5 Target group(s)

The target group should be selected in accordance with the objective of the project and be defined as precisely as possible. The project questionnaire altogether contained four questions on the target groups of the projects.

Almost half of the 122 analysed projects (48%) carried out projects which, by their own account, were or are not related to a specific age group. The remaining projects replied that their project was addressing one or several specific age groups (multiple options were possible). 44% of the 122 examined projects mentioned adults (18 up to 65 years) as target group, whereas the target group of children and/or young people (up to 18 years of age) was mentioned by about one third of the projects (35%). Almost a tenth of the projects (7%) was (also) aimed at persons over 65 years of age.

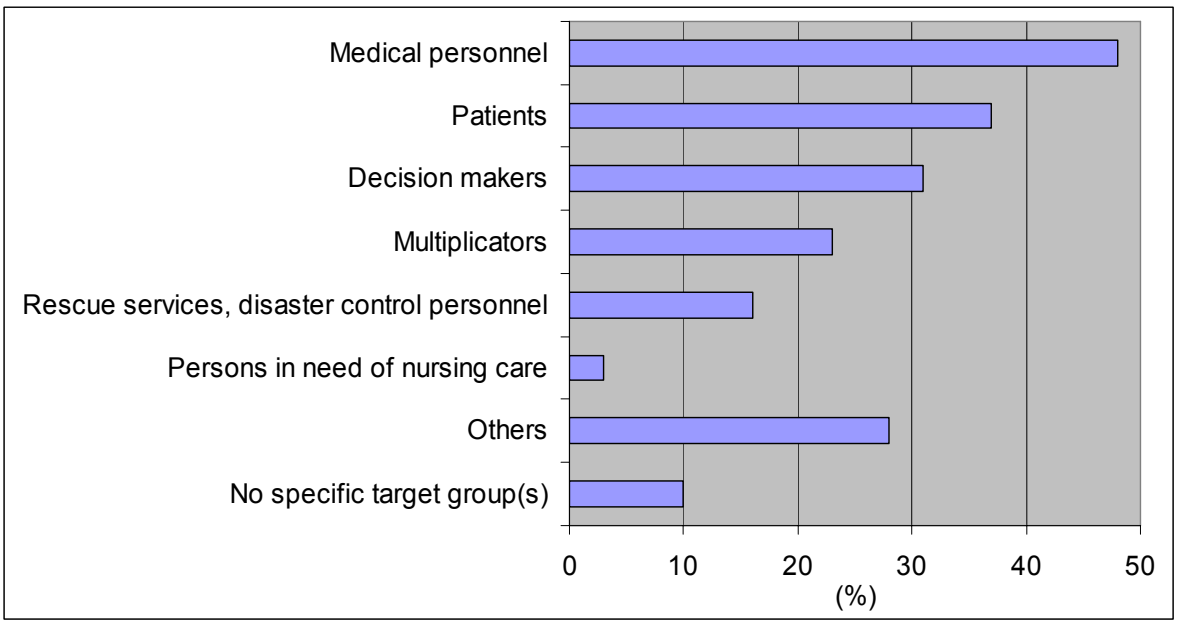


Illustration 13: Type of target group(s) addressed by the projects (N= 122; multiple options possible)

In answer to the question “which is/are the main target group(s) of the project?”, a tenth of the project replied that the project had no specific target group. The most frequently mentioned target group (multiple options were possible) were medical personnel, followed by the group of patients as well as group of decision-making bodies (illus. 13). For the

"Miscellaneous" group, NGOs, parents (-to-be) and health insurances were mentioned. Only two of the 122 projects were gender-specific.

The question as to whether the individual target groups mentioned by the projects were in fact reached and in how far these have been involved in the projects, cannot be answered from the written survey results.

4.3.6 Cooperation based on partnership

The number of partners participating in the projects varies considerably. In some projects, only two institutions were involved in cross-border cooperation, whereas in other projects ten or more institutions and/or organisations were or are presently engaged.

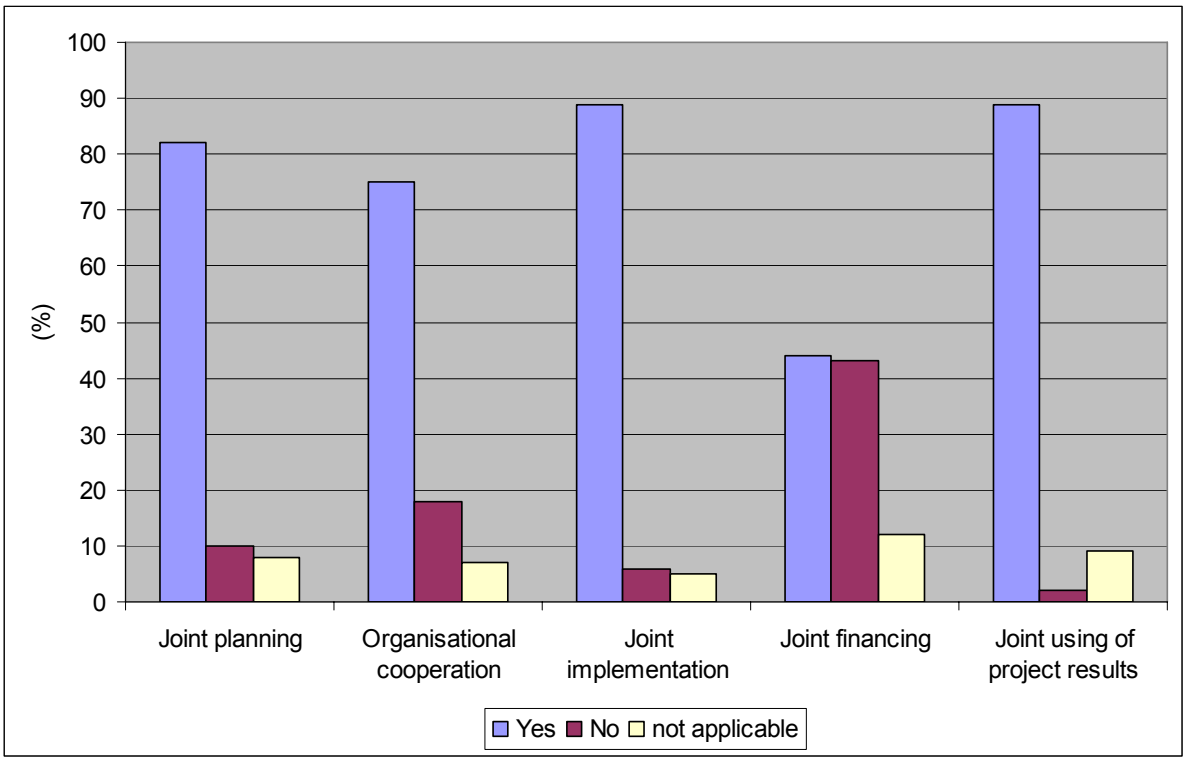


Illustration 14: Number of projects in different fields of partnership-based cooperation in percent (N=122)

In accordance with regulation (EC) No 1080/2006 of the European Parliament and of the Council of 5 July 2006 on the European Regional Development Fund and corresponding Regulation (EC) No 1783/1999, operations selected for operational programmes aimed at developing cross-border activities shall in future include at least two partners from different countries. [16] Each operation should fulfil at least two of the following criteria:

- joint project development, i.e. the project must be developed by representatives of both states

[16] The operations may be implemented in a single country provided that they have been presented by entities belonging to at least two countries (see article 19 of the above-mentioned regulation)

- joint project implementation, i.e. parallel activities in the neighbouring regions will not suffice
- joint staffing (e.g. a joint project manager) as well as
- joint financing, i.e. a joint budget and only one contract.

These items, including the item “joint use of project results”, were surveyed in the questionnaire. The analysis of the 122 project questionnaires shows that more than two-thirds of the projects answered the questions about joint planning, organisational cooperation, joint project implementation as well as joint use of project results in the affirmative. Joint financing, however, applied to no more than almost half of the projects (44%). (See illus. 14)

Illus. 15 shows that the by far greatest number of analysed projects fulfils the above-mentioned requirements of the Regulation on the European Fund for Regional Development (EFRE). One third of the projects even cooperated in all four areas mentioned in the EFRE regulation. In nine cases (7%), these questions could not be analysed due to lack of data.

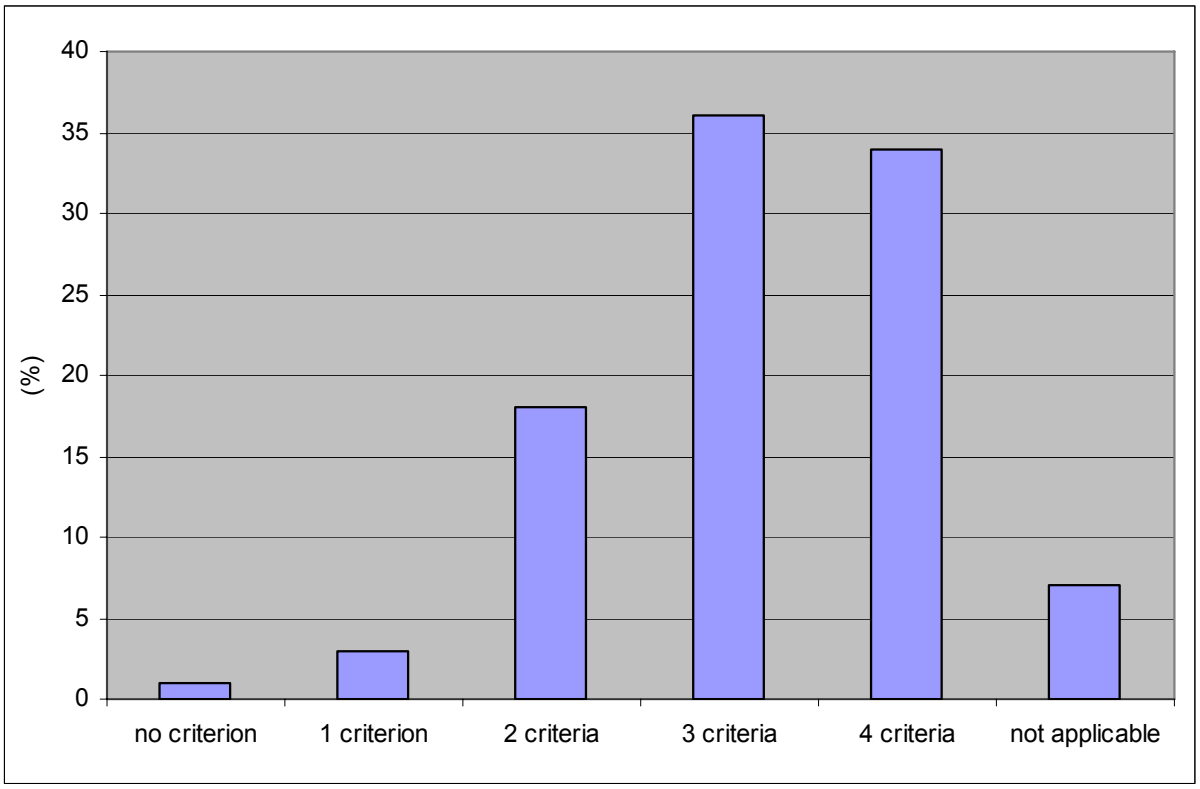


Illustration 15: Proportion of projects fulfilling no, one, two, three or four of the criteria of partnership-based cooperation of the new EFRE regulation (Regulation (EC) No 1080/2006): joint project development, joint project implementation, joint management as well as joint project funding (N = 122).

Between the project partners cooperation agreements can be concluded, stipulating the tasks and responsibilities of the individual partners (for further details about cooperation agreements, see paragraph 3.1.3). The survey showed that in about two thirds of the cases

(70%), corresponding cooperation agreements had been concluded at the time of the survey and that a further 10% of the projects intended to do so in future. To which extent these cooperation agreements have contributed or are contributing to facilitating and/or improving the quality of cooperation cannot be determined from the available information.

4.3.7 Sustainability

The sustainability aspect is another important aspect. In some Interreg programmes, the sustainability of a project is a necessary prerequisite for a successful project proposal.

Sustainability applies to the following projects and activities:

- Projects which after expiration of funding by third parties (in general via Interreg) were continued or progressed within the framework of new activities.
- Activities which from the very beginning had been intended as permanent activities
- Projects which were successfully completed and whose outcomes have caused changes or initiated development processes which continue to be effective beyond the project term
- Projects whose outcomes are also being used after project completion and thus continue to be effective within the project's environment.

The project questionnaire contained a number of questions on the sustainability aspect. These include questions about continuation of the project and/or project elements as part of follow-up projects, about the implementation of the activities on a permanent basis, about the setting up of networks as well as use of the products of the project after project completion.

The analysis of the questionnaires showed that:

- about half of the projects (52%) have continued their activities under a follow-up project or intend to do so
- in about half of all cases (51%), the project activities (or parts of them) have been implemented and/or will be implemented on a permanent basis
- in three quarters of the cases (74%), products have been created or are intended to be created which were or will also be used after project completion
- in about four fifths of the projects (85%), cross-border networks have been set up or will be set up.

In addition, 38% of the examined 122 projects said that the project was leading to the creation of new jobs. In some projects, these were term contracts, in other cases permanent jobs had been created.

The results achieved give rise to the assumption that the majority of these projects will still be effective after their completion. Since often the information given stems from projects which had not been completed at the time of the survey, these projects should however be seen

more as declarations of intent the validity of which can only be checked after completion of the projects. Moreover, a more detailed examination of the sustainability of the projects would require a more thorough examination of the projects some months/years after project completion, for example in the form of an interview. A survey which is based on self-information can provide no more than first indications.

4.3.8 Evaluation

The project questionnaire altogether contained five closed questions on the project evaluation. The first question was as to whether an evaluation was being carried out, had been carried out or was in the planning phase. The follow-up questions were related to the type and time of the evaluation, survey methods as well as publication of the corresponding reports.

The results show that just one third (34%) of the projects surveyed has carried out or is presently carrying out a project evaluation and about one fourth of the projects surveyed (27%) was still planning evaluation activities when the survey was carried out. One third (33%) did not plan any project evaluation at all (s. illustration 16).

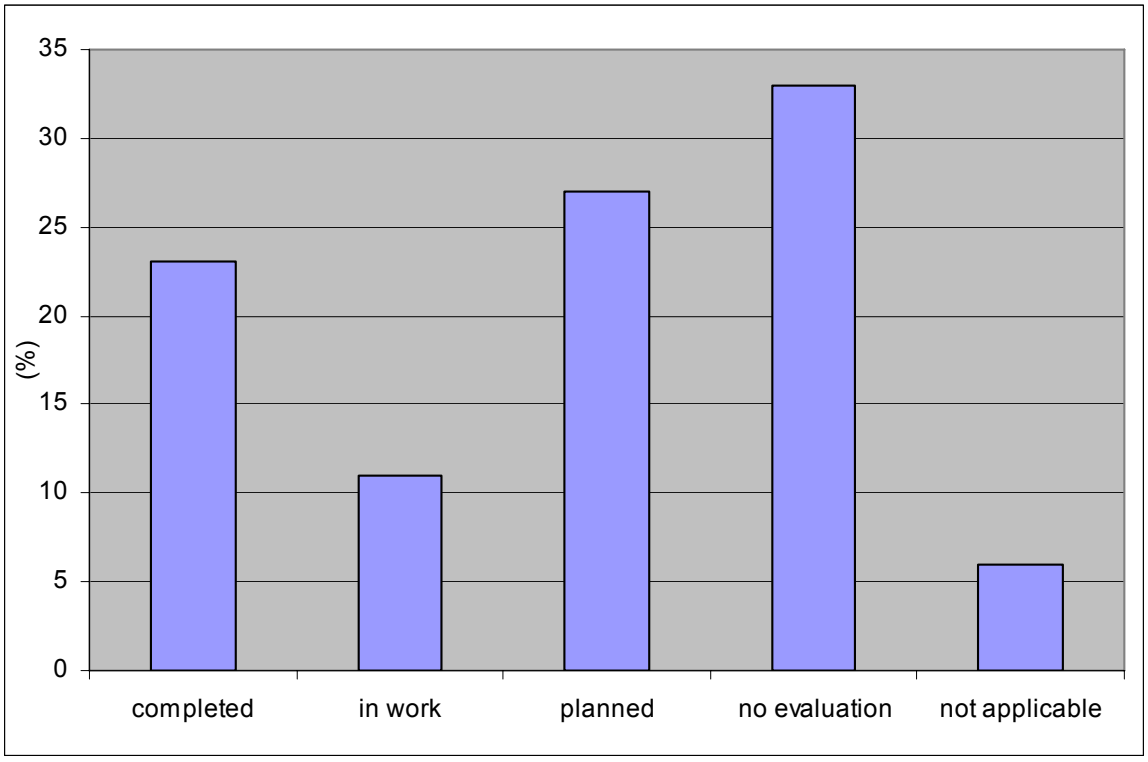


Illustration 16: State of affairs concerning the evaluation activities of cross-border health projects (N=122)

In about one third of the cases (32%) in which an evaluation is being carried out, has already been completed or is at least in the planning stage, this evaluation takes the form of a self-evaluation (s. illustration 17). Information sources most often mentioned for an evaluation of

the project impacts are spontaneous feedbacks from the target group, followed by interviews carried out in writing among specific target groups.

In about two-thirds of the cases (61%) in which an evaluation is being carried out, has already been completed or is at least in the planning stage, an evaluation report is or will be published.

The results show that evaluation activities as well as publication of the evaluation reports are up to now not very common. On the whole, evaluation activities can be regarded as rather inadequate, mostly for financial reasons. Reliable evaluations require sufficient financial resources, with approximately 10% of the project costs being spent on evaluation activities. Some project actors will probably also lack evaluation experiences and knowledge. Project actors dealing with rescue services reported that the effectiveness of the project results could only be proved through testing in practice and/or exercises.

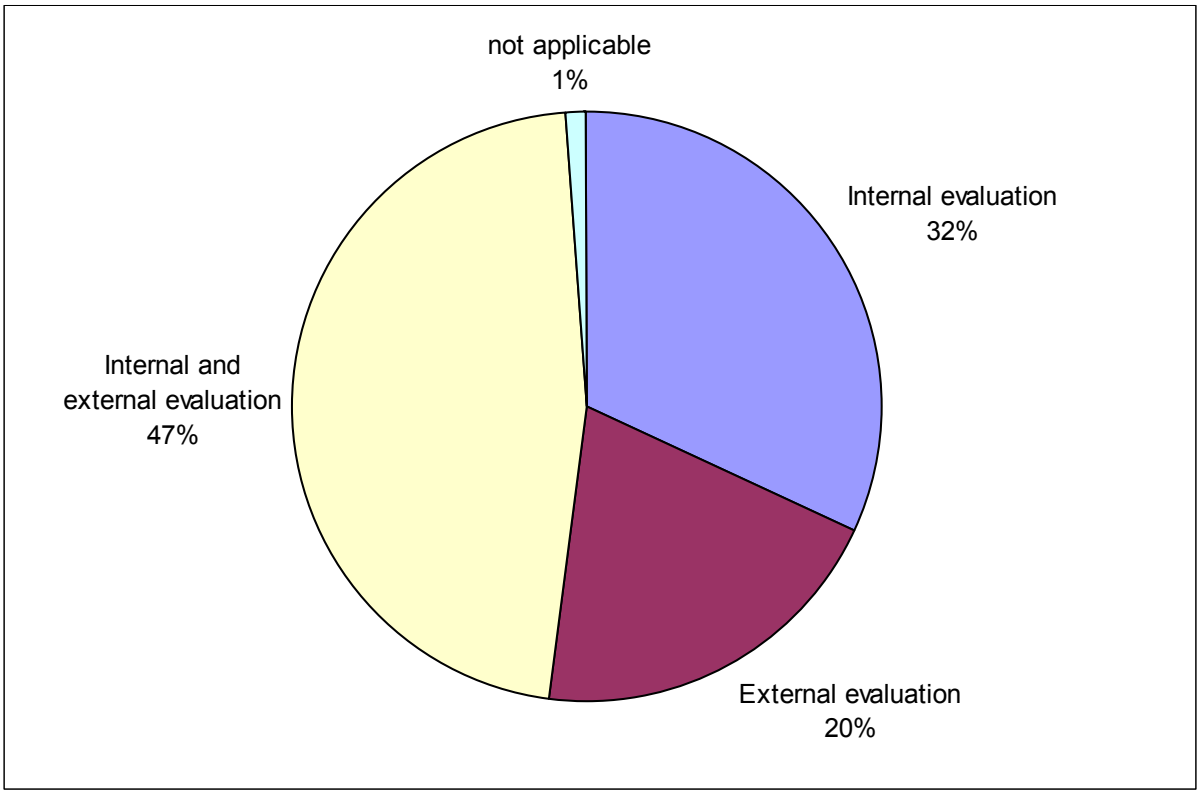


Illustration 17: Evaluation type of cross-border health projects which had already carried out evaluation activities or were carrying them out at the time of the survey or were planning to do so in future. Data given in percent (out of 75 projects).

4.3.9 Public relations work and documentation

The distribution of project information in public contributes to securing financial, political and institutional support as well as acceptance of the project. The project questionnaire contained a total of eight questions on public relations work and knowledge about the project in public.
Almost one third of the projects (29%) has neither published nor intends to publish its results in the form of final reports or evaluation reports. This is all the more astonishing because

Interreg projects are obliged to draw up so-called ”progress reports“ as well as ”final reports”. The opportunity of making the project results accessible to a broader public via final or evaluation reports seems to have hardly been used up to now.

The internet can also be used as information medium. As revealed by the survey, for 40% of the 122 projects no information had been placed on the internet at the time of the survey. If projects were presenting themselves on the internet, it was very often only in the form of short project descriptions. According to information from the interviewees themselves, only one fifth (21%) of the projects participating in the survey provided comprehensive project information on a specific project homepage.

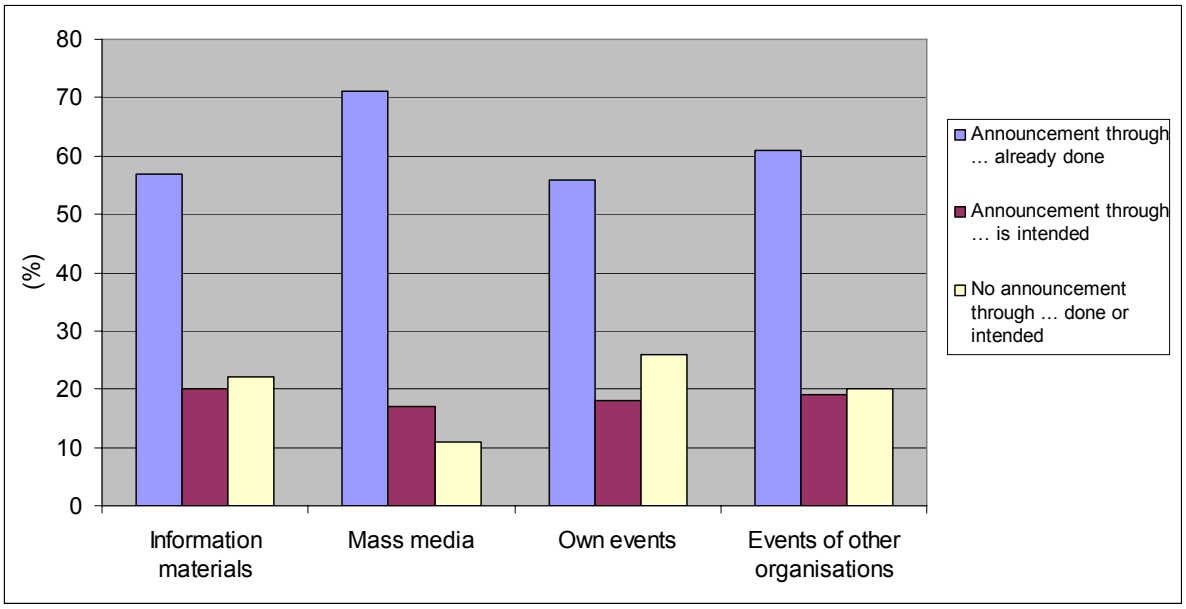


Illustration 18: Ways which have been used or should be used to make the project known in public (N=122).

Illustration 18 shows that in addition to the above-described methods, the projects have undertaken a number of further activities to make the project known in public. These methods include presentation of the projects at events organized by the responsible project bodies and at the events of other organisations and institutions, the production of information materials such as leaflets as well as presentation of the project via mass media, for example in the form of newspaper articles.

The activities described in this section are aimed at making the project itself and/or its products known to the public. To assess the impact of these activities on the degree to which the projects are known in public as well as in the target group, the responsible project bodies were asked to assess (a) knowledge about the projects in public as well as (b) in the target group by marking a scale from 1 (very well known) to 6 (not known at all). It becomes apparent that the projects are better known by the target group or target groups than by the broad public. So, 52% of the total number of 122 projects were, by their own account, very well or well known by the public. So there still seems to be need for improvement as far as public knowledge about the projects is concerned.

In the course of the EUREGIO project, it was repeatedly noticed that on a number of projects hardly any or no information at all was publicly available. The survey results confirmed this impression. When considering these results, it should however not be ignored that some of the projects had only been started some months before the survey was conducted and that therefore the project's public relations activities were still in their infancy at the time of the survey.

4.3.10 Analysis of the project landscape: Comments and summary

The survey does not claim to be complete. It is limited to projects carried out along the internal and external borders of the EU-15. Projects carried out between new EU Member States as well as those implemented along the external borders of the new EU Member States have not been taken into consideration. Since completion of the survey in mid 2005, further cross-border health projects have been initiated which have not been included in the analysis.

Moreover, only those projects have been considered which were reported by the Interreg secretariats as well as Euregios and similar structures. These were mostly projects funded through the Interreg Community initiative. Only 6% of the examined 122 projects reported that they did not receive any EU grants. Even if a great number of cross-border health projects are or were funded through the Interreg initiative, it has to be assumed that the proportion of projects receiving no EU grants is higher than 6%. Perhaps these funds are often not known to the Euregios and similar cross-border structures which were asked about these projects. The participants of the EUREGIO Workshop briefly discussed as to whether the obligation to notify cross-border structures (e.g. Euregios/Euroregions, Interreg-Secretariats) about all cross-border activities carried out in their region would perhaps be useful [12]. Cross-border structures such as Euregios could thus act as a reporting point for all cross-border activities in their area.

Despite the above-mentioned restrictions, the results presented here give an unprecedented insight into cross-border cooperation in the health sector. The results show that particularly in the fields of project evaluation and the development of target criteria as well as in the fields of public relations and documentation, there is need for further improvement and support. From the described results, recommendations for action with regard to quality development and strengthening of cross-border cooperation can be derived which will be described in chapter 5.

5. Conclusion and Recommendations for Action

5.1 Conclusion

Introduction

Despite their regional differences, cross-border regions in Europe often share similar problems and needs in the health sector. Cross-border regions could therefore learn from the experiences of others. At the national and European level, there is also an increasing need to be informed about the problems and possibilities of the growing number of cross-border activities in health.

In some EU border regions, cooperation in the health sector is based on many years of experiences, whereas other regions have only just started to discover this issue for themselves or have no experience at all. This situation gives rise to further potentials for development. The exchange of successfully tested solutions, knowledge about promoting and hindering factors but also the exchange of so-called negative experiences within the EU provide an important contribution to the success of present and future activities. In particular new Member States which have up to now often been concentrating on other issues might profit from these experiences.

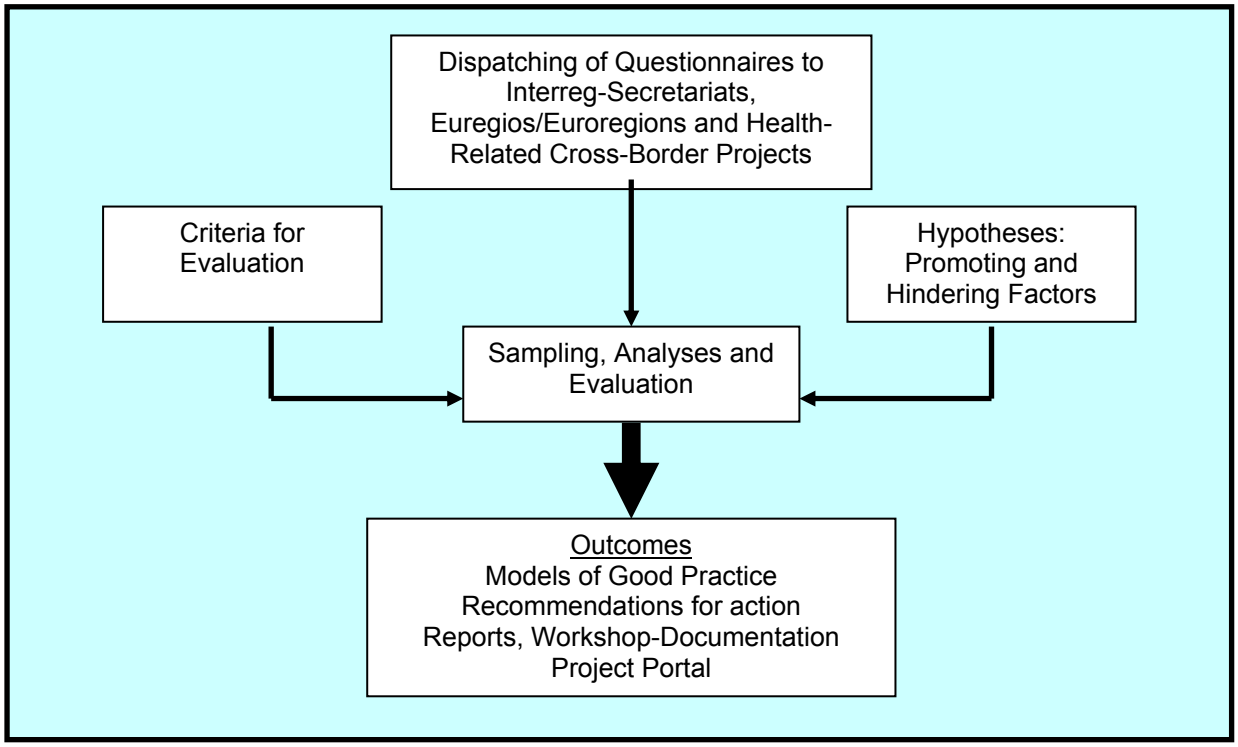


Illustration 19: Conceptual model of the “EUREGIO” project

As yet little is however known about the experiences of these projects although there is a corresponding need. This was the reason for starting the three-year project “EUREGIO – Evaluation of border regions in the European Union” in June 2004. The objectives of this EU-funded project were

- to provide an overview of existing cross-border health-related activities in Europe
- to evaluate existing cross-border projects
- to identify "models of good practice”
- to support cooperation between existing and future projects
- to identify promoting and hindering factors
- to give recommendations for actions.

Illustration 19 gives an overview of the conceptual model of the project. The outcomes of the project are summarised in the following.

Cross-border activities in health

With the help of questionnaire-based surveys, in expert interviews and at expert meetings (e.g. a workshop in January 2006), the EUREGIO study has collected data on a great variety of cross-border health-related projects and other activities (events, agreements etc.) along the internal and external borders of the 15 "old" EU Member States. One major focus of the “EUREGIO” project was the identification and analysis of projects.

Numerous Euregions or similar structures – especially those with many years of experience in cross-border cooperation – are or have been engaged in health-related projects. A distinction should however be made between Euregios with only isolated activities in the health sector and other Euregios putting the major focus on the health issue. Euregios which are very active in the health sector are e.g. the Euregios located on the German-Dutch or German-Dutch-Belgian border or the organization “Cooperation and Working Together” on the border between Ireland and Northern Ireland.

Under the “EUREGIO“ project, more than 300 cross-border health-related projects have been identified which were or are being carried out along the internal and external borders of the old 15 EU Member States. In addition to this number, there are certainly other projects which were bot known by Euregio- and Interreg IIIA-secretariats and were therefore not captured.

Cross-border activities imply the involvement of many stakeholders, including patients, doctors, hospitals, other health care providers, universities, health education institutes, politicians and authorities. A questionnaire-based survey carried out among the responsible project bodies allowed a more detailed analysis of the project landscape. The survey results, among other things, provide an overview of the priority issues dealt with by the projects, of the documentation and evaluation activities as well as quality assurance measures taken

during the implementation phase of cross-border health projects and provide insight into the many forms and heterogeneity of the project landscape.

Altogether 122 projects were analysed in detail. An analysis of the countries involved in the projects shows that projects with German participation take first place, followed by projects with Dutch and projects with French participation. The analysis results give an unprecedented insight into cross-border cooperation in the health sector. The most important results can be summarised in the following core statements:

1. Cross-border projects cover a wide variety of thematic areas. The most frequently mentioned issues include education/training and further training, the joint use of resources, outpatient/inpatient treatment of patients as well as the field of prevention/health promotion. Other topics such as e.g. “self-help” were in contrast almost neglected. More detailed analyses show regional differences in the selection of topics.
2. Analyses of needs/requirements are performed for about every second project. Most of the remaining projects have, by their own account, already gathered corresponding findings and information.
3. Often clearly defined objectives are formulated, but quantifiable target criteria or indicators are only available in about two thirds of the projects.
4. Target groups were in most cases clearly defined.
5. The criteria for cooperation (joint project development, joint implementation, joint staffing and joint financing) fixed by the new Regulation of the European Fund for Regional Development (EFRE) are met by the great majority of the analysed projects.
6. Projects and their results have up to now only inadequately been documented and/or published. The public is moreover hardly informed about the projects.
7. Project evaluation has all in all to be regarded as rather poor.
8. Almost all projects carry out activities to make sure that the project’s experiences, results and/or successful elements are firmly established on a permanent basis.

In particular activities such as project evaluation, the development of target criteria as well as public relations work and project documentation seem to require further improvement and support.

In order to make information about single projects accessible to the public and to facilitate a more intensified exchange between the projects in future, an internet-based project information pool has been set up. It contains descriptions of more than 100 projects.

Under the “EUREGIO” project, also “models of good practice” were identified which, to some extent, could also be transferred to other border regions. These could provide incentives for cross-border cooperation in the health sector with other European border regions. For selecting the projects, exclusion and selection criteria as well as guidelines intended to support the selection of the projects were developed. Representatives of about 40 selected

"Models of good practice" presented their activities at a workshop in January 2006 (Brand et al. 2006). At the final "EUREGIO" conference in March 2007, eight of these projects covering different areas (prevention, rescue services, patient mobility, hospital cooperation, telemedicine) were particularly honoured. A detailed description of these projects is given in chapter 6 of this report.

Instruments for the promotion of cross-border cooperation

The Interreg Community initiative is an important instrument for the promotion of cross-border projects in health. The "EUREGIO" project shows that most of the analysed 53 IIIA programmes along the internal and external borders of the 15 "old" EU Member States have set up measures allowing the implementation of health-related projects. Most of the projects identfied by "EUREGIO" were Interreg-funded. Furthermore the "EUREGIO" project compared the two programme periods Interreg IIA and IIIA. The comparison of the two programme periods indicates:

- that some programmes which had not implemented health-related Interreg IIA projects became active in this field under Interreg IIIA
- that other programme areas implementing health-related projects under Interreg IIA had become more active in that field under Interreg IIIA
- that in proportion to all Interreg projects, a relative increase in health-related projects from Interreg II to Interreg III has to be recorded.

Another important instrument are Euregios or similar structures. A number of them support cross-border activities and projects in the health sector. This may be financial support so that access to Interreg or other grants is facilitated or made possible. Moreover, Euregios can also provide support in the search for project partners or in public relations work.

The "EUREGIO" project contacted a total of 67 Euregios and similar structures. By March 2005, a total number of 47 filled-in a so called "Euregio-questionnaire". The survey results showed that health is a "very important" or "important" issue for most of the Euregios and similar structures surveyed. A total of 37[17] cross-border structures which are or were active in the health sector (at least one working group or one project) could be identified. A distinction should however be made between Euregios with only isolated activities and other Euregios putting the major focus on the health issue.

An important role in the Euregios or similar structures is often played by working groups, working circles, forums or similar bodies which have been set up to deal with selected priority issues. Many border regions have already established working groups dealing with health-relevant issues. The "EUREGIO" project identified 26 Euregios or similar cross-border

[17] Based on the assumption that both structures (Castilla y León – Regiáo Norte and Castilla y León – Regiáo Centro), which filled out one questionnaire for both cross-border regions, are active in health. Here the TriRhena Regio which by its own account does not carry out any projects of its own but is related to the health-active Upper Rhine Conference has been included in this number.

structures which had set up one or more health-relevant working groups, working circles, forums or similar bodies. These working groups are in a position to perform a variety of functions. The three most frequently performed functions by these working groups are information exchange between members, implementation of cross-border projects as well as development of project proposals by the groups themselves.

Besides cross-border projects and the establishment of working groups, there are also cross-border events in health (workshops, congresses etc) which are being or were carried out in cross-border regions. The Euregio survey has shown that over the last five years about two thirds of the 46 Euregios which answered the questionnaire carried out at least one, in about one quarter of the cases even seven or more events. In addition, a number of cooperation agreements concerning the health sector have already been concluded between neighbouring border areas. The “EUREGIO” project received very detailed data on a total of 41 agreements which had exclusively been concluded at the local or regional levels. Just 17 of them were related to the field of rescue services/disaster control.

Not all of the Euregios or similar structures are active in the health sector. In these Euregios, health is in general “a rather unimportant issue” or “no topic” at all. They focus more on other issues or problems such as for example the economy, traffic or on the environment. Some Euregios or similar structures would like to deal with the health issue but refrain from doing so because they consider it too difficult. The implementation of “health” in these cross-border regions is a challenge for the future.

Promoting and hindering factors

The “EUREGIO” project also identified promoting and hindering factors of cross-border cooperation in health. Major problems include:

- financial problems,
- language-related problems,
- bureaucratic problems concerning (Interreg-)funding,
- different health and social systems,
- differences in tariffs,
- lack of adequate, validated information for patients, providers as well as policy makers,
- legal uncertainty,
- differences in clinical standards, medical protocols and guidelines,
- continuity of care and quality of after care,
- differences in professional training and competences, standards, radio frequencies etc. in civil protection and rescue services.

From the point of view of the project actors, the most hindering factors are financial problems, the high amount of administrative work during the project implementation phase as well as legal problems.

Difficulties arise at micro as well as at macro level. The above-mentioned problems are in most cases hindrances which may occur within the general environment of the cooperation projects (macro level), and which partners at the local level cannot solve. For this purpose support from the national and European level is necessary.

The most “helpful factors” are, however, factors in the direct project environment (at micro level). Especially project actors are in a position to contribute to promoting these factors. Helpful “starting conditions” at the beginning of a project are:

- a real need for and recognizable benefit of the project (e.g. for the general public and politicians),
- the commitment and will of the actors from the very beginning,
- existing contacts or network(s),
- joint interests and/or problems (win-win situation),
- reliable partners,
- joint language,
- experience gained by the partners,
- the partners' proximity to the border.

During the project implementation phase, certain activities can moreover contribute to the success of cross-border projects in health. These activities e.g. include:

- conclusion of partnership agreements,
- evaluation activities,
- public relations work,
- exchange of information and experiences with other projects,
- political support at the national, regional and local levels.

The most important promoting factor seems to be the personal commitment of the project actors. This is linked to the risk that projects may go downhill if key personalities leave the project.

Networking, exchange of experiences and dissemination

Different activities of the “EUREGIO” project have contributed to the setting up of networks as well as to a direct transfer of know-how among the actors in cross-border health. Highlights are the two conferences organised by the project:

- In January 2006, the workshop “Cross-Border Activities – Good Practice for Better Health” was held in Bielefeld, Germany [12, 22]. About 100 representatives from 15 European countries attended the event. During the conference, plenum sessions as

well as five parallel working groups were convened. The conference has shown that there is great need among the project actors to exchange their views with others, to learn from each other and to establish new contacts. A workshop documentation was published.

- In March 2007, the “European Health Policy” conference was held in Düsseldorf under the German presidency of the EU Council [URL 2]. All in all, more than 200 international guests participated in the event. The final conference of the “EUREGIO” project was an important part of this event. On this occasion, the results of the project were presented and “Recommendations for action with regard to quality development and strengthening of cross-border cooperation“ were adopted by the participants.

As part of the project work, various documents have been drawn up providing detailed information on the activities and results of the “EUREGIO“ project. These documents include the documentation of the international workshop “Crossborder Activities – Good Practice for Better Health“ [12] held in Bielefeld in January 2006, the projects interim report [18-19] as well as the present final project report. These documents as well as further products of the project are available for download from the project webside at www.euregio.nrw.de. Moreover, the project published an article about Euregios and similar structures [20], presented its results at various events and was mentioned in newsletters and learned journals.

5.2 Recommendations for action concerning quality development and strengthening of cross-border cooperation

The “EUREGIO” project indicates that both the interest in cross-border health care and also the number of cross-border activities are growing. The results of the “EUREGIO” project point out to the requirements for a successful project implementation and show areas in which support through third parties is needed.

Based on the present results and findings, the “EUREGIO“ project developed “Recommendations for action with regard to quality development and strengthening of cross-border cooperation“. The first part of these recommendations is meant for all those involved in the project, the second part for European, national and regional actors. These recommendations shall contribute to:

- promoting the quality of cross-border health projects,
- improving the corresponding framework conditions and
- facilitating and improving cross-border cooperation in the health sector.

In the run-up to the “EUREGIO“ final conference held on 6 March 2007 as part of the “European Health Conference“ in Düsseldorf , a draft version of these recommendations was sent to all participants for adding their comments. The revised version – shown on the next pages – was adopted as a joint declaration by the participants at the final conference of the “EUREGIO“ project.

Joint Declaration of the Participants of the Final "EUREGIO" - Conference on 6 March 2007 in Düsseldorf, Germany

Recommendations for action concerning quality development and strengthening of cross-border cooperation

1. Recommendations for project actors

1.1) Determine the need for and effectiveness of the project

- Spend enough time on the project preparation phase
- If there is no valid knowledge about the need for the project, carry out a systematic analysis of needs before the project will start;
- If stakeholders do not experience a problem or need, do not start a project
- If possible, determine and provide evidence for the effectiveness and efficiency of the project with the help of studies, expertises etc.

1.2) Ensure the availability of sufficient staff and financial resources

- Provide for sufficient staff and financial resources
- Before starting the project, clarify which partners will provide which type of resources, to which extent and ensure the necessary resources (e.g. grants)

1.3) Ensure the cross-border added value for the region

- Before starting the project, identify the cross-border added value for the region
- Consider existing activities in the region (programmes, projects) and integrate them, if possible

1.4) Ensure early and continuous cooperation based on partnership

- Before starting the project, identify the relevant project partners from, if possible, all Member States involved and include them in the planning process
- Include and involve the target group(s) at an early point in time
- Organize meetings with all partners at regular intervals

1.5) Create a sense of commitment and define responsibilities

- Conclude cooperation agreements between all parties involved in the project prior to its start
- Offer existing cooperation agreements to others as a model (in the sense of tool-sharing)

1.6) Pay more attention to public relations and project documentation

- Invest time into public relations
- Draw up a plan on activities and measures in the field of information and publicity at an early point in time
- Ensure sufficient project documentation and make the documents available to the public

1.7) Ensure good political and senior management support

- Inform and actively involve political decision makers at an early point in time
- Actively approach politicians and make them aware of problems (e.g. through events)
- Ensure senior management support before starting and in the course of the project

1.8) Evaluate projects adequately

- Develop activities and instruments for project evaluation at an early point in time
- Provide for a realistic calculation of costs for project evaluation and include them in the project costs.

1.9) Initiate steps to ensure sustainability of the activities at an early stage

- Ensure sustainability in the project planning phase (consider e.g. how will the partners provide for sustainability and clarify which party/parties will be willing to pay for the continuation of the project after the funding phase)
- If possible, start activities before project completion to ensure sustainability; make an early request for the corresponding resources, if necessary

1.10) Use the experiences of other projects

- Build partnerships and networks for an exchange of information and experiences
- Make your own experiences and products available to other projects (also report about failures and the reasons for them) (in the sense of tool-sharing)

1.11) Reduce bureaucratic hindrances for Interreg

- Contact the INTERREG/EUREGIO secretariats before project application
- Make a clear distinction within the projects between operative (contents-related) and strategic (management) tasks

2. Recommendations to European, national and/or regional actors in order to provide suitable framework conditions

2.1) Create a legal basis

- Conclusion of agreements and contracts between individual service providers and insurance companies
- Conclusion of intergovernmental contracts and agreements
- National and international authorities should be prepared to allow innovative parties to make experiences (in a pilot environment) with new forms of cross-border care. So-called “experimental clauses“ could provide the legal basis here.

2.2) Ensure partnership-based cooperation

- Set up or extend databases and networks to facilitate the search for partners
- Structural Funds Regulation 2007-2013: Make the intended requirements for partnership more rigorous, i.e. the joint planning and implementation of the project should be binding and at least one further criterion (joint staff, joint funding) be fulfilled; the joint use of outcomes/products could be regarded as a further criterion.
- Important to new EU Member States: Facilitate their integration with respect to partnership projects into the already established Member States.
- Provide recommendations and best-practice suggestions and examples

2.3) Promote the exchange of experiences and information

- Organise events on health issues and on specialised topics (e.g. rescue services, prevention); central announcement of these events
- Set up an EU-wide project information pool on “cross-border activities in health“ (including projects that go beyond physical borders, e.g. UK-Malta)
- More marketing measures on the part of the EU, Interreg

2.4) Facilitate access to grants / funding

- More transparency with regard to existing funding programmes, application procedures and decisions
- Increased inclusion of experts who will counsel the project applicants and lead through the application procedure
- Financial support for writing proposals for grants/funding

2.5) Reduce bureaucratic hindrances for Interreg

- Simplification of the Interreg procedure
- Delegate administrative work to a person who is responsible for several projects
- Set up focal points between Interreg secretariats and project actors (person/institution)
- Allow the projects more options for action or decision, for example when it comes to the redistribution of approved funds.

2.6) Strengthen the role of the Euregios and similar cross-border structures

- Raise the awareness of the Euregios for the health issue (conferences etc.)
- More transparency about the services and activities in the Euregios
- Clarify the demands of the projects towards the Euregios
- Centralize information about Euregional activities in the Euregios (focal point)
- Intensified exchange between and mutual support of the Euregios in health issues (e.g. project patronages, setting up of networks)
- Development of joint systematic analyses of needs and programmes by the Euregios and similar cross-border structures in cooperation with regional / local health care organizations on both sides of the border

2.7) Ensure the quality of the projects

- Support the projects in the evaluation procedure, e.g. through the development of guidelines, methodological advice and – if possible – through the provision of suitable indicators

6. Examples of Good Practice Models: Eight Projects Present Themselves

Summary

This chapter describes eight selected good practice models from five different thematic areas (prevention, hospital cooperation, rescue services, telemedicine and patient mobility) which, to some extent, could also be transferred to other border regions. The projects were selected in a multi-step procedure which will be explained in the beginning.

6.1 The selection process

The eight "good practice models" were selected in a procedure comprising several steps. Illustration 20 gives an overview of the individual steps which are described in greater detail in the following.

Step 1 and 2: Survey among the responsible project bodies and preparation of the selection process

Altogether, addresses of more than 300 health-relevant projects were reported back to us by the interviewed Euregio offices and Interreg secretariats. At the end of March 2005, these projects were sent a questionnaire to be completed in writing or alternatively to be filled in online. Further information on the survey about the projects can be taken from chapter 4.

For selecting the projects, exclusion and selection criteria as well as supporting guidelines were developed. These were submitted to the "EUREGIO" steering group on May 10, 2005 and adopted by it.

All those projects were considered for selection which had returned a completed questionnaire by June 30, 2005 or promised to send it back within the following week. For the selection procedure, the survey results were processed by merging all information relevant for the selection process. The project selection procedure started on July 1, 2005.

Step 3: Pre-selection based on individual selection criteria

In a pre-selection process, the Institute of Public Health NRW (lögd) had already reviewed all projects with regard to exclusion criteria (see box 4). Projects to which one or more exclusion criteria applied were excluded from the further selection process – in consideration of the final vote of the selection committee.

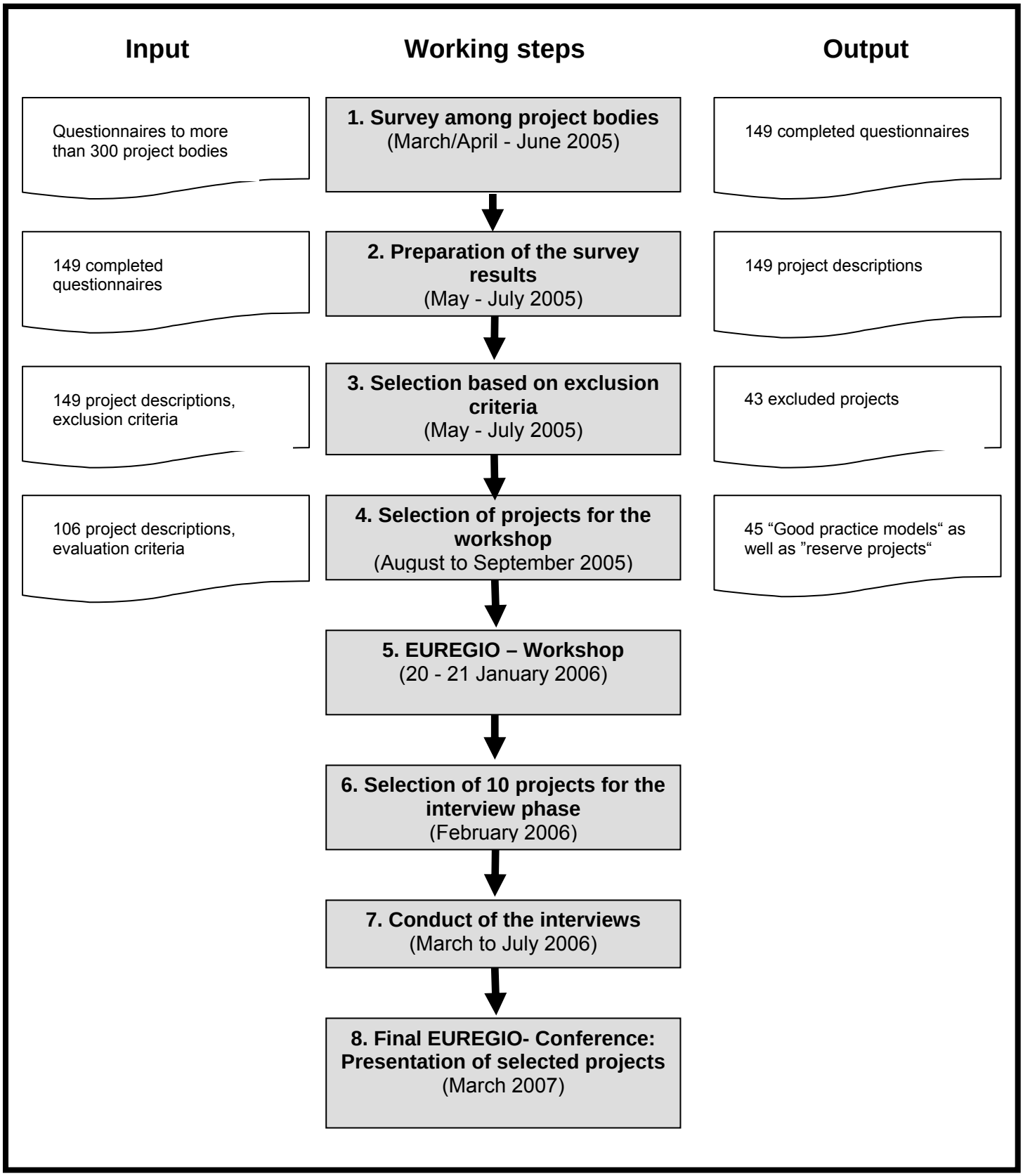


Illustration 20: Overview of the procedure for selecting the “good practice models”.

Box 4: Exclusion criteria

- Not yet started
- Not applicable to other regions
- Only one country involved
- Health only a subordinate issue
- The project concerned is an interregional project, i.e. non-partners from two or more countries along a common border are working together
- Mere study or mere research project
- Activity without project character (working group, event)
- less information available or substantial information is missing,
- framework project

All in all, one or more exclusion criteria applied to 43 projects: From this number of projects, 18 were deducted because “health was only a subordinate issue” and 11 projects were classified as a “mere study or mere research project”. Altogether 106 projects were considered for the further selection process.

Step 4: Selection of projects for the workshop

The projects were selected by a committee consisting of members of the project group. In summer 2005, members of the project steering group met several times to identify 40 particularly interesting projects. Each of the 106 projects was peer-reviewed by two experts. An evaluation sheet (see box 5) as well as supporting guidelines were used for the selection procedure. Projects with differing review scores from the two experts were discussed by the selection committee.

The result of the selection process were 45 “models of good practice” (more than 40 in case that one of the selected projects would have dropped out) as well as a ranking list of reserve projects. Representatives of these projects were invited to participate in the workshop “Cross-border activities – Good practice for better health” (January 20-21 in Bielefeld, Germany) [12, 22].

Step 5: Project presentations at the EUREGIO workshop

The objective of the workshop “Cross-border activities – Good practice for better health” was to encourage the exchange of information and experience between the project actors and border regions in Europe, to support the process of learning from each other, to discuss proposals on how to strengthen cross-border cooperation in the health sector, to disseminate best-practice models and to support networking and the building of partnerships.

At the workshop, 37 projects were represented. During the conference, plenum sessions as well as five parallel working groups were convened. The topics of the working groups (WG) which reflected the topics of the presented projects were: patient mobility (WG 1), hospitals and health care provision (WG 2), public health (WG 3), prevention in childhood and adolescence (WG 4) and IT employment, knowledge and human resources (WG 5). At the conference, the project representatives presented their projects in detail in the working groups. To give the participants an insight into all the projects represented at the workshop, each project had also drawn up a poster to present itself [12].

Box 5: Evaluation sheet for the peer-review process

Criterion	*Evaluation*				
	Very good	good	moderate	poor	No information available
1. Project content					
1.1 Background situation (Questions 17-18)	☐	☐	☐	☐	☐
1.2 Objectives (Questions 19-22)	☐	☐	☐	☐	☐
1.3 Target group (Questions 11-14)	☐	☐	☐	☐	☐
1.4 Development / Content (Question 23)	☐	☐	☐	☐	☐
1.5 Results / Products (Questions 24, 15)	☐	☐	☐	☐	☐
2. Partnership (Questions 6, 25-28)	☐	☐	☐	☐	☐
3. Public Relations (Questions 33-40)	☐	☐	☐	☐	☐
4. Evaluation (Questions 10, 41-45)	☐	☐	☐	☐	☐
5. Innovative Character (Question 46)	☐	☐	☐	☐	☐
6. Sustainability of Project (Questions 7, 47-53)	☐	☐	☐	☐	☐
Overall Rating	☐	☐	☐	☐	

Steps 6 and 7: Selection of the ten projects for the interview phase and conduct of the interviews

From the projects presented at the workshop, ten particularly interesting “good practice models” were selected in a further selection round. Only projects which were represented at the workshop took part in this selection round. One objective was to consider the heterogeneity of the project topics. Therefore at least one project of each working group taking part in the January 2006 workshop was selected. We also tried to consider different cross-border regions. Essential selection criteria were “sustainability”, “results/products” and

the cross-border added value of the projects.[18] Therefore only projects which showed clear results and/or products as well as projects which seemed to be sustainable were selected.

During the workshop "Cross-Border Activities – Good Practice for Better Health" five working groups were established. Between six and nine projects were represented in each working group in which also one or two experts[19] took part. After the event, the expert(s) recommended projects of their group as potential candidates for the ten “Models of Good Practice” selection procedure. To this end, the information given in the questionnaires as well as information obtained during the workshop was used. The basis for the selection were the above-mentioned selection criteria.

Altogether 16 projects were nominated. At a steering group meeting in February 2006, the nominated candidates as well as the other projects represented at the workshop were discussed. Ten projects were finally selected for the interview phase. The selected projects are representative of a range of additional good projects which were identified under the EUREGIO project. Representatives of these projects were interviewed. The objective of these interviews was to gain further information on the projects themselves and about the experiences which the project actors had made during the initiation and implementation periods of the projects.

The interviews were completed at the end of July 2006. The interviewees were persons in charge of the projects and project partners of the neighbouring country or countries. Most of the interviews were face-to-face interviews. They were conducted at the workplace of the interviewees or close-by. In the case of unclear information, the interviewees or other persons named by them were contacted again. Altogether 24 persons were interviewed (single interviews as well as interviews in pairs or small groups). For each interview, a common interview guideline with the following topics was used:

- Background / Initial situation of the project and/or activities, determination of needs
- Major project steps
- Project partners: project organisation, communication
- Objectives of project and outcomes
- Public relations
- Project evaluation
- Continuation of activities after project completion / expiration of ERDF-funds
- External support (e.g. by political decision-makers, Euregios)
- Hindering and promoting factors, factors for the success of the project, problem solutions
- Transferability of the experiences to other border regions
- Useful hints for other projects

[18] The items of project objectives, project content and methods, partnership and project evaluation were also considered.

[19] These were mainly representatives who also participated in the selection of the 40 projects.

Step 8: Selection of eight "good practice models"

At the project group meeting at the end of August 2006, the ten interviewed projects were presented and discussed in every detail. The objective of the discussion was to select three particularly interesting projects to be presented at the final "EUREGIO" conference in March. Due to the very heterogeneous issues dealt with by the projects, the group however opted for a greater number of projects.

The following eight projects were selected, with the last "project" being a bundle of projects which are closely linked to each other:

For the field of "prevention":

1. "Cross-border cooperation in the Euregio Meuse-Rhine to decrease risky behaviour in adolescents (Risicogedrag Adolescenten)" (DE, NL, BE)

For the field of "hospital cooperation":

2. "State-of-the-art medicine along the borders of Europe" (DE, NL);
3. "Common cross-border hospital of Cerdanya and Capcir" (FR, ES)

For the field of "rescue services":

4. "EUMED: Cross-border emergency medical assistance in the Meuse-Rhine" (DE, NL, BE)

For the field of "telemedicine":

5. "POMERANIA telemedicine network" (DE, PL);
6. "Standardization of treatment in patients presenting HIV, HVC and other infectious pathologies" (IT, FR)

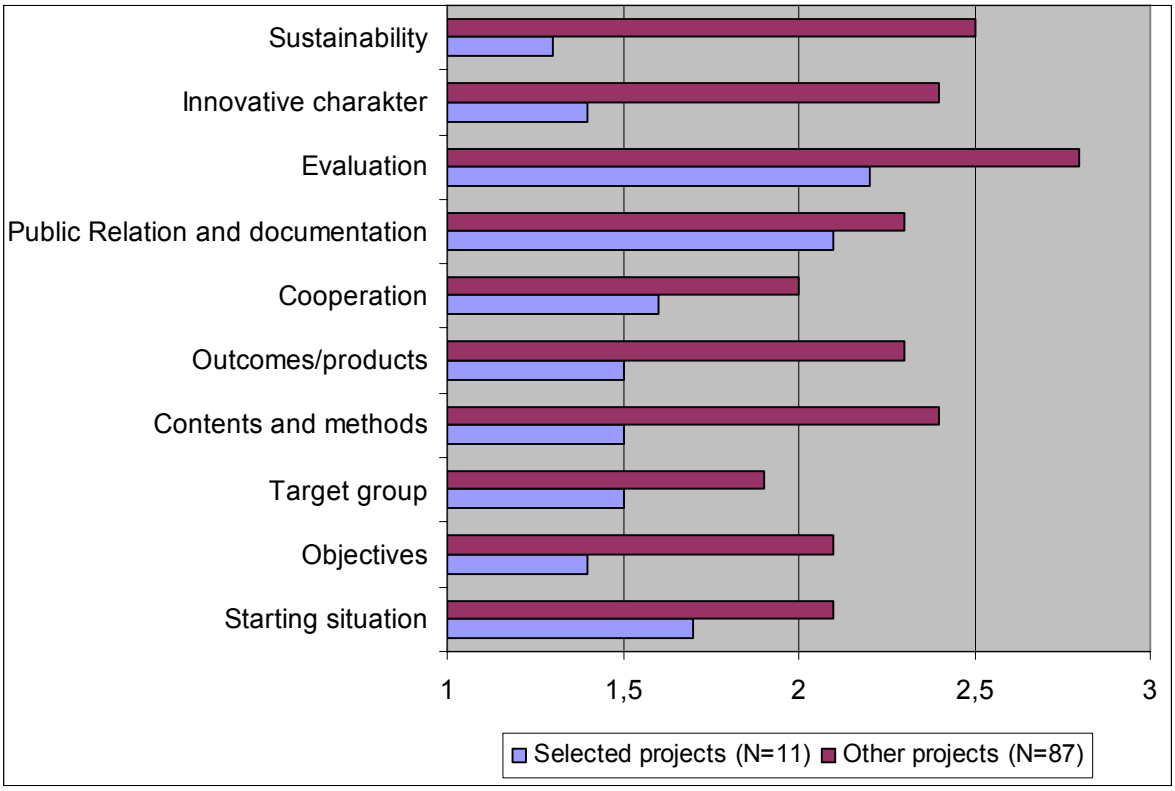
For the field of "mobility":

7. "Cross-border dental care" (FI, SE)
8. Bundle of projects: "Integration Zorg op Maat (IZOM)", "Euregio Health Portal", "Health Card international" and "Contracting Belgian Health Care" (DE, NL resp. DE, NL, BE),

These eight selected "good practice models" will be described in greater detail in chapter 6.3.

6.2 "Models of good practice" in comparison: results of an evaluation process

As described in chapter 6.1, projects which had returned a completed questionnaire and met none of the exclusion criteria listed in chapter 6.1, were evaluated by an expert committee consisting of members of the project group. The information basis was provided by statements and comments given by the projects themselves in the questionnaire.



Ilustration 21: Results of the evaluation process of cross-border health projects: group of the selected eight projects (total of 11 projects since the so-called “project package” comprises four projects) compared to remaining projects (87 projects) on a scale between 1 (very good) and 4 (poor).

Illustration 21 shows the results of the evaluation process for 98 of the 106 projects which were evaluated by the selection committee. Some projects which had been discussed at great length by the project group are not included. On the whole, it can be seen that with regard to all items considered the selected projects scored better than the remaining projects. The differences were most pronounced for the criteria “project development/content”, “outcomes/products”, “innovation” and “sustainability”. It was at the same time revealed that also some of the selected projects need to be improved in terms of “evaluation” and “public relations work”. These weaknesses were also confirmed in the interviews. Projects which in some areas serve as model-type projects could also be used for the transfer. For the selection of the “good practice models”, much importance was attached to the fulfilment of the criteria “clear outcomes/products” as well as “sustainability” as minimum standards.

6.3 Presentation of the selected eight “good practice models”

On the following pages, the selected eight projects which were presented and particularly honoured at the final EUREGIO conference (5 – 6 March 2007, Düsseldorf, Germany) are being described. The project descriptions are based on project information available to the “EUREGIO” project (project questionnaire, project posters, project publications, newspaper

articles etc.) as well as on interviews conducted with representatives of these projects in spring/summer 2006.

The selected projects are representative of a number of additional good projects which were identified under the EUREGIO project. The eight selected projects which to some extent are also transferable to other border regions can provide incentives for cross-border cooperation in the health sector in other European border regions. Moreover, they provide an insight into the variety of the project landscape and activities of cross-border health projects.

6.3.1 Cross-border activities facilitating patient mobility in the country triangle of Germany, The Netherlands, Belgium: Pilot project "(Integration) Zorg op Maat" (IZOM/ZOM), HealthCard International (GCi), Contracting Belgian Health Care, Euregio Health Portal

Summary

In the German-Dutch-Belgian border region, numerous complementary activities are being carried out, allowing the local population appropriate and easy access to the health care services of the neighbouring country and informing them about existing health services. Four complementary activities building on each other have been combined into a "Good practice model" in the German-Dutch border area. The Euregional networks and cooperation agreements established over long years of cross-border cooperation as well as already existing activities have facilitated the initiation and implementation of new health projects in the border area.

Zorg op Maat ("ZOM or "IZOM")
Project term: since 01/1997 (project end still open)

The project initiated in 1997 is presently being carried out in the Euregios Meuse-Rhine, rhine-meuse-north and Rhine-Waal. It is mainly aimed at a more liberal provision of opportunities for access to health care services in the neighbouring country according to the patients' needs. For this purpose, administrative procedures have been simplified, information materials produced and service points established. The project has been evaluated in the three Euregios. The current project has been extended up to summer 2008. In Belgium, the contents of the project are fixed by legislation – without setting a timeframe.

HealthCard international (GCI)
Project term: since 07/2000 (Project end still open)

In addition to the needs-based opening up of health care services, cross-border provision of specialist basic treatment, hospital treatment and pharmacotherapy, this German-Dutch pilot project also deals with the establishment of simple, safe and transparent procedures. These include usage of a smart health card system to allow the insured and service providers of the

national billing systems easy access to health services of the neighbouring country (=simplified procedure). In addition, direct billing among the health insurers has been tested. The project is to be evaluated after its completion. It has in a first step been extended until the end of the year 2007. Initiatives for further development are under discussion – especially to facilitate procedures through optimized ICT application.

Contracting Belgian Health Care
Project term: since 2001

Under this Dutch-Belgian project initiated in 2001, contracts have been concluded with seven hospitals in Belgium for the treatment of Dutch patients. The project has led to reduced waiting times in the Netherlands and simplified procedures for treating patients in the neighbouring country. Evaluation activities such as patient interviews are being carried out, further evaluation activities will follow. The contracts will be upheld in future and the ICT infrastructure be optimized.

EuregioHealthPortal
Project term: 01/2002 – 12/2005

Under this project, a multilingual internet platform was created informing the population in a quick and easy way on issues of cross-border health care provision in the three Euregios. The project was started in the rhine-meuse-north euregio and for the Dutch-German part in the Rhine-Waal Euregio in June 2005. Since September 2005, the contents/data of the Belgian partners (Meuse-Rhine) have been added. Access figures as well as user feedback provide information on the degree of usage as well as on aspects which need to be improved. Interreg funding for the project initiated in 2002 has been extended until mid 2008. The portal shall be maintained after expiration of EU funding.

Introduction

In the German-Dutch-Belgian border region, numerous activities are being or were carried out, allowing the local population adequate and uncomplicated access to the health care services in the neighbouring country and informing them about existing services. These activities include:

- The project "(Integration) Zorg op Maat (IZOM/ZOM)" initiated in 1997
- The project "HealthCard International (HCI)" initiated in 2000
- The project "Contracting Belgian Health Care" initiated in 2001 as well as
- The project "EuregioHealthPortal" initiated in 2002.

The Euregional networks and cooperation agreements established over long years of cross-border cooperation as well as already existing activities have simplified the initiation and implementation of new health projects in the border region.

Under the Interreg IIIA Community initiative, cooperation agreements for projects concerning the provision of health care across borders have been concluded in the Meuse-Rhine, Rhine-Waal and rhine-meuse-north Euregios. These agreements among other things relate to the objectives of cross-border activities, the organisation of cooperation, public relations as well as the financing aspect. Individual projects also profit from these agreements. For some projects (e.g. IZOM, HCI), special agreements have been concluded.

The above-described activities which are based on each other have been combined into a "model of good practice". These activities will be described in greater detail in the following.

(Integration) Zorg op Maat (IZOM/ZOM) (Germany, The Netherlands, Belgium)

Project background / starting position

In the mid 1990s, problems in the provision of health care services became apparent in the border region between Belgium, Germany and the Netherlands. In more practical terms, patients had to put up with long waiting times for specific services and/or the provision of services close to the patient's place of residence was inadequate or even lacking. Insufficient harmonisation of European regulations on treatment abroad provided limited possibilities for cross-border health care provision. This was the reason for initiating the projects "ZOM" and "IZOM"[20] respectively.

[20] In the Euregios rhine-meuse-north and Rhine-Waal, the project is called "ZOM" and in the Euregio Meuse-Rhine "IZOM".

Project description

The objectives of the (I)ZOM project are:

- to provide unrestricted and needs-oriented access to the health care services in the neighbouring country
- to simplify administrative procedures as well as
- information and transparency.

The (I)ZOM project first started in April 1997 in the Meuse-Rhine Euregio as "Zorg op maat" (ZOM) project and was integrated into the IZOM project in the year 1999. Similar projects were later on also carried out in the neighbouring "Rhine-Waal Euregio" and "rhine-meuse-north euregio". A detailed overview of the developments in the individual Euregios can be taken from box 6.

Box 6: Development of the ZOM and IZOM projects in the individual Euregios

Meuse-Rhine

1997 Start as "Zorg op Maat" (ZOM) project, initiated by the Dutch health insurer CZ Groep in cooperation with the Belgian health insurer CM (=Christelijke mutualiteiten) and the German AOK Rheinland

2000 based on ZOM, start of the project "IZOM" (=Integration Zorg op Maat) for the mutual implementation of cross-border health care provision in Belgium - Germany - the Netherlands.

2002 Under the Interreg III – framework project on "health care provision across borders in the EMR", "IZOM" is further developed and intensified under the "Mobility" sub-project and includes new topics – extended until the end of 2006 and enlarged to also include the region of Bitburg/Prüm (D) – St. Vith (BE).

Euregio Rhine-Waal

2002 Start of the "ZOM" project under the Interreg II – framework project on "Cross-border health care provision in the Rhine-Waal Euregio".

2003 Continued under the Interreg III – framework project on "Cross-border health care provision in the Rhine-Waal Euregio" as part of the "Mobility" project.

euregio rhine-meuse-north

2005 start of "ZOM" as "Mobility" sub-project at the beginning of 2005 (in the Interreg III framework project on cross-border health care provision in the rhine-meuse-north euregio).

The project includes a multitude of health care actors such as for example physicians, hospitals, health insurers and patient organisations. An overview of the project partners involved in the project in the individual Euregios can be taken from box 7.

Since introduction of the (I)ZOM project, the insured of the Meuse-Rhine, Rhine-Waal and rhine-meuse-north Euregios do not require permission by an independent examining doctor for treatment in the neighbouring country. Instead, they get the form E 112^{+} from their health insurance company allowing free access to certain medical services in the neighbouring country. The range of services provided includes general medical treatment by a specialist,

provision of medicines, hospital treatment as well as – with additional approval – provision of remedies and medical aids and appliances as well as provision of state-of-the-art medical care. A comparable overview of former and present procedures in the Euregios can be taken from table 4.

Together with form E112, patients also get a patient's passport which allows a quick and uncomplicated exchange of views among the attending physicians about the results and findings of treatment as well as about medication. The passport will only be used with the patient's consent.

To make know-how transparent across borders, information materials have been produced both for the insured as well as for the service providers and special service points established. Such a service point is for example the joint branch office of the German Local Health Insurance Company (AOK) and the Dutch CZ health insurance company in Vaals (NL).

Table 4: Former and present procedures for using health services in a neighbouring country in the Euregios Meuse-Rhine, Rhine-Waal and rhine-meuse-north

Formerly	Today
- application form E 112 - scrutiny of each individual case by independent examining doctors, restrictive procedure - validity: limited to one case of illness - E112 to be submitted to health insurance fund => issue of medical treatment form	- application form E 112 - unconditional treatment approval - validity: 3 months generally, maximally one year - issue of treatment passport in all offices of AOK (DE), CZ (NL) and CM (BE) (other health insurance funds stick to the traditional procedure)

Moreover, cooperation agreements and contracts have been concluded among the parties involved in the project (associations of statutory health insurance physicians, association of pharmacists and hospitals). These agreements and contracts among other things relate to the specific billing procedure of the service providers, accounting as well as documentation/registration for evaluation and assessment of results.

Project evaluation

In the three Euregios, the project is being/has been monitored on a scientific basis. In addition to third-party evaluation, a self-evaluation has been carried out. For these evaluations, information from expert surveys/expert opinions as well as from target group interviews carried out in writing or orally has been used and the data of the billing documents analysed. The evaluation reports have been published (Grünwald and Smit 1999, Lottmann & van der Wilt 1999, van der Heijden & Maarse n.d.).

Box 7: Project partners in the individual Euregios

Euregio Meuse-Rhine

1.) CZ Actief in Gezondheid, 2.) VGZ, 3.) AOK Rheinland, 4.) BKK-LV, 5.) Innungskrankenkasse, 6.) VdAK, 7.) AZM Maastricht, 8.) Ziekenhuis Oost-Limburg, 9.) Hospital Gent, 10.) St. Antonius Hospital Eupen, 11.) Sozialiste Mutualitäten, 12.) Christliche Mutualitäten, 13.) Uni-Klinik Aachen

Euregio rhine-meuse-north

1.) CZ Actief in Gezondheid 2.) VGZ 3.), AOK Rheinland, 4.) BKK-LV, 5.) Innungskrankenkasse, 6.) VdAK, 7.) Kassenärztliche Vereinigung Nordrhein, 8.) Ärztekammer, 9.) Apothekerverband, 10.) Apothekerkammer, 11.) KNMP Midden-Gelderland, 12.) Hausärztliche Vereinigung Limburg, 13.) AG Krankenhäuser Krefeld/Viersen, 14.) Krankenhaus-Verband Mittlerer Niederrhein, 15.) Ma-rienhospital, 16.) Laurentius Ziekenhuis, Roermond, 17.) VieCuri MC, Venlo, 18.) NL-Apothekerverband/Stein

Euregio Rhine-Waal

1.) CZ Actief in Gezondheid 2.) VGZ, 3.) AOK Rheinland, 4.) BKK-LV, 5.) Innungskrankenkasse, 6.) VdAK, 7.) Kassenärztliche Vereinigung Nordrhein, 8.) Ärztekammer, Apothekerverband, 9.) Apothekerkammer, 10.) KNMP Midden-Gelderland, 11.) Rijnstate Ziekenhuis, 12.) Paritätischer Wohlfahrts-verband, 13.) Rheinische Kliniken/Bedburg-Hau, 14.) Klinikum Duisburg, 15.) Provinciale Patientenfoederatie, 16.) St. Martensklinik, 17.) Katholische Kliniken Kleve, 18.) UMC St Radboud Nijmegen, 19.) Paog, 20.) Canisius Wilhelmina Ziekenhuis, 21.) ANOZ, 22.) Marienhospital Wesel, 23.) Hausärzteverband

Conclusion/Prospects

With the ZOM/IZOM projects, the health insurers have allowed their members more liberalised access in accordance with their needs to the health care services of the neighbouring country. (I)ZOM offers advantages for all parties involved. These advantages include:

- for the patients: shorter waiting times for treatments and examinations, opportunities for treatment close to the patient's place of residence as well as shorter distances for the insured and their family members by simplified administration procedures
- for the service providers: an exchange of information among professional groups, better use of existing resources and additional revenues as well as for the health insurance funds: increased knowledge about the needs of the patients, improved range of services provided as well as more happy clients.

In a first step, the project had been intended as a one-sided enterprise, i.e. Dutch patients could use health services in Germany or Belgium. The objective was among other things to counteract long waiting lists in the Netherlands by liberalising the provision of services. Since the year 2000, (IZOM, ZOM project start in the Rhine-Waal Euregio and in the euregio rhine-meuse-north), the project has been carried out based on mutuality. Between the years 2000 and 2004, 7,000 patients from the German-speaking region in Belgium were treated in

Germany. German patients seek treatment in the Netherlands in particular for reasons of short distance (see HCI Project or patient treatment without borders). Their number is, however, lower than vice versa.

In a first step, the project was extended until the year 2006 – and has now been prolonged up to summer 2008. In Belgium, the contents of the project are fixed by legislation – now without timeframe.

Website

Information on the (I)ZOM project can be found at: www.EuregioGesundheitsportal.de (in German) and EuregioGezondheidsPortaal.nl (Dutch version) respectively.

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HealthCard International (Germany, The Netherlands)

Background

Despite the improvements already achieved in cross-border health care provision in the German-Dutch border region, patients and insured complained about complicated procedures (e.g. issue of approval for long-term treatment in the neighbouring country). Thanks to a smart card system, HealthCard international allows patients uncomplicated access to the health care services of the neighbouring country.

Project description

The pilot project “HealthCard International (HCI)” which was started mid 2000 was developed from the “Zorg op Maat (ZOM)” project initiated in 1997 by the Dutch CZ health insurance company and promoted by the Dutch health ministry as well as from the German project “Vereinfachte Verfahren der Leistungsbewilligung, der Leistungsinanspruchnahme und der Abrechnung”[21] (VLA) which was initiated in 1998.

Participants in the HCI project are on the German side the Rheinland Local Health Insurance Company (AOK) and on the Dutch side the CZ Actief in Gezondheid health insurance company. Both project partners have been cooperating for many years – based on an agreement which covers procedures and mutual guarantees. The implementation of the project is supported on the German side by the North Rhine association of statutory health insurance physicians, the North Rhine association of pharmacists as well as by Dutch and German hospitals and medical specialists of the region.

The objective of this pilot project is to simplify procedures for the use of health care services in the neighbouring country both for patients and for service providers and to make these procedures more safe and transparent. The project which first started in the Euregio Meuse-Rhine was mid 2002 extended to also include the Euregios rhine-meuse-north and Rhine-Waal.

The HCI insurance card is both valid for the insured of the Dutch CZ health insurance company and for the insured of the German AOK health insurance company living in the Euregios Meuse-Rhine, rhine-meuse-north or Rhine-Waal. HCI holders are entitled to general specialist treatment, provision of medicines as well as any other form of hospital treatment required in connection with specialist medical treatment in the region. Moreover, they have access to remedies and medical aids and appliances as well as state-of-the-art medical services, provided the necessary approvals have been given. The provision of dental

[21] Simplified procedures for the approval and use of health services and for their billing (transl.)

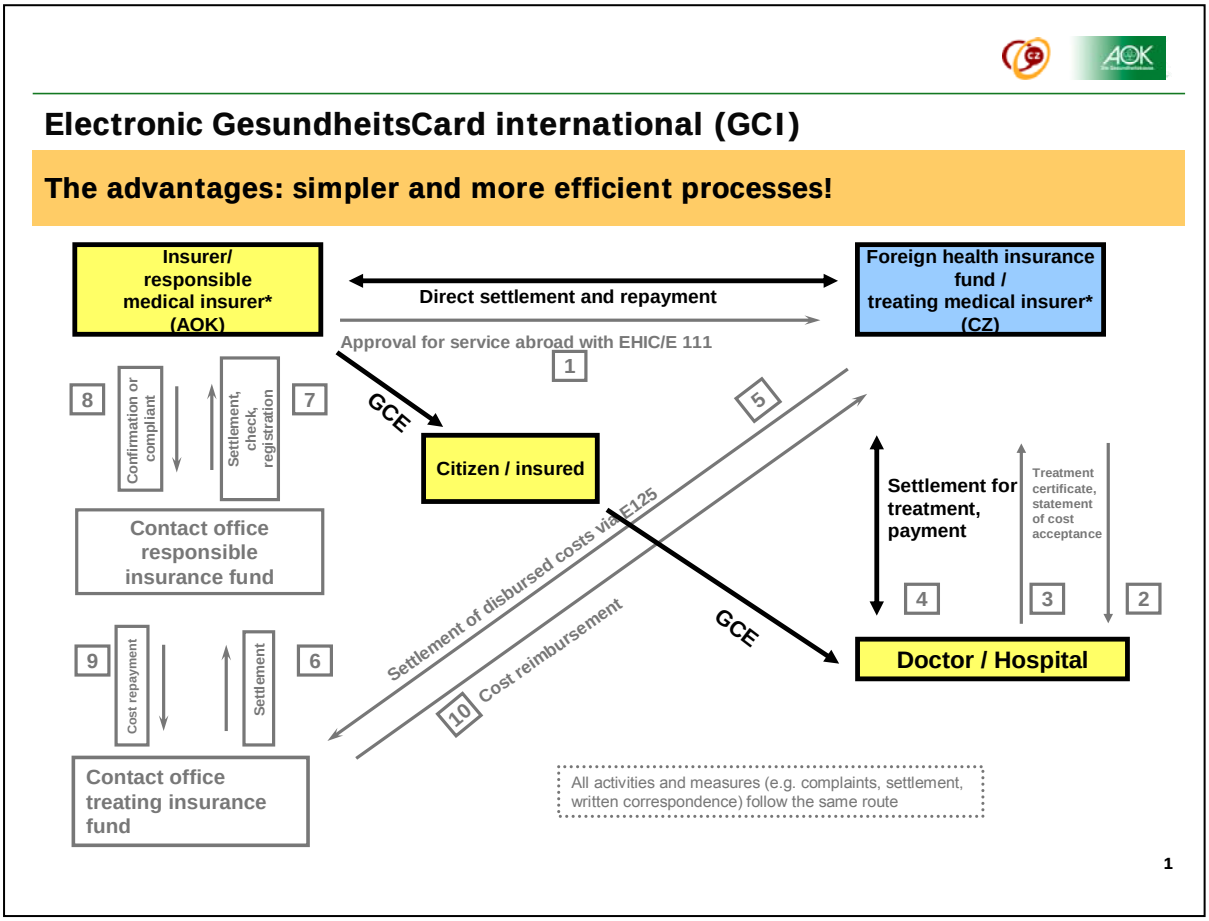
care is excluded from this range of services. HCI replaces the procedure governed by intergovernmental law (see illus. 22).

Under this project, agreements have been concluded among all parties involved (doctors, pharmacies, hospitals) as well as between CZ and AOK. They regulate in more detail:

(a) between the parties involved (doctors, pharmacists, hospitals): the use of national contracts, additional documentation such as for example patient report, special billing procedures, regulations etc. as well as
(b) between the CZ and AOK project partners: the mutual billing/auditing system as well as mutual support in the case of errors in treatment, complaints of the insured or in the case of claims for damages.

In addition, direct billing procedures between the health insurers have been tested.

Illustration 22: Procedure for using the HCi on the German side (dark grey: procedure since introduction of the HCi)



For the insured and service providers, leaflets and further materials providing detailed information have been produced. Moreover, patient reports are being drawn up. Information on HCI can be obtained in all CZ and AOK Rheinland offices within the project area as well as in the joint branch office in Vaals (NL).

Both for the insured as well as for the service providers, the pilot project has led to a number of advantages:

For the patients:

- cross-border health care provision according to their needs
- no complicated approval procedures requiring numerous forms
- one-off application/approval procedure for the use of services over a longer period of time
- use of benefit in kind
- uncomplicated and quick access through simple administration procedures
- cross-border service in all branch offices of the partners of AOK Rheinland and CZ groep.

The scheme is of value to the attending physician because

- in the event of long waiting lists, the GP can for example arrange early specialist treatment for his/her patients abroad, even for long-term treatment
- without any additional administrative difficulties, specialists can arrange for their foreign patients to undergo complete therapy programmes that promise success, and
- thanks to the cross-border patient report, the attending physician can for foreign patients gain access to all information on previous medical examinations, treatments and regulations.

In addition, this project is also of considerable value to the health insurance funds themselves:

- on the one hand, they provide their insured with need-based services
- but at the same time they also reduce the bureaucratic difficulties which normally apply to the approval and settlement of treatments abroad. These are cost savings which in the end favour the insured.

Project evaluation

The effects and outcomes of the project shall be evaluated after its completion (self evaluation and third-party evaluation). For this evaluation, information gained from expert interviews, expert opinions, target group interviews conducted in writing or orally as well as from the separate registration of the HCI applications shall be analysed. Publication of the evaluation report is intended.

Conclusion / Prospects

“HealthCard International” is a “smart” insurance card system which in addition to the national insurance certificate in the patient’s home country is used and accepted abroad.

Detailed documentation and registration provide the basis for further valuable insights and possibilities of cross-border comparison of health data. This serves to prove the marketability and the aspect of health economics (e.g. cost-benefit-analysis) and to provide transparency in the health sector.

Up to now, 25,000 health cards have been issued, of these 21,000 for CZ insured and 4,100 for AOK insured members (as of January 2006). 4,000 CZ insured members and 800 AOK insured have up to now made use of the services provided (as of January 2006).

The project term originally intended to last until the end of the year 2005 has been extended in the Euregios Meuse-Rhine, rhine-meuse-north and Rhine-Waal to last until 31st December 2007. Steps concerning the further development of the project with regard to contents, region to be covered and technology to be used (especially online verification and reimbursement – as already in Dutch hospitals in coastal regions in practices) are being discussed at the moment. These developments in the ICT area have led to an impact study (www.ehealth-impact.org) and to a project proposal made under the EU Programme eTEN – Ten4health, which will probably start in spring 2007.

The transparency achieved – also as a result of further project work – provides the basis for a further Euregional project under discussion at the moment called "Transparency and Information" supported through innovative technology.

Website

Information on the HCI project can be found at: www.EuregioGesundheitsportal.de (German version) and EuregioGezondheidsPortaal.nl (Dutch version).

Publications

Anonymus (2006): Health Card international - GCi. Poster presentation, Bielefeld 2006. In: Brand H, Hollederer A, Ward G, Wolf U (eds.): Cross-Border Activities – Good Practice for Better Health. Workshop of the Project "Evaluation of border regions in the European Union". 20/21 January 2006, Bielefeld. lögd: Wissenschaftliche Reihe, Bd. 21, Bielefeld.

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Contracting Belgian Health Care (The Netherlands, Belgium)

Background / Starting Position

Since the early nineties, it has been the aim of the health insurers Christelijke Mutualiteit (Belgium) and CZ Actief in Gezondheid (Netherlands) to break down state borders as an obstacle to easy access to cross-border health care provision. Waiting lists for treatment by medical specialists in the Netherlands from the early 2000s, however, urged CZ not only to facilitate cross-border health care, but even to encourage their affiliates to cross the border for treatment within an acceptable timeframe. The Belgian health care providers were an obvious possibility for the Dutch capacity problem.

Thanks to earlier cross-border projects, the existing cooperation and corresponding agreements between both health insurers as well as the already existing Euregional network, quick access to Belgian health providers for Dutch patients appeared to be a possible and realistic option. Therefore the project “Contracing Belgian Health Care” was initiated.

Project Content

The project ”Contracting Belgian Health Care“ initiated by the Dutch health insurance CZ Actief in Gezondheid as well as by the Belgian health insurance CM (Christelijke Mutualiteit) in Limburg started in 2001.

The project has two main objectives. The first is to simplify health care access for our customers in the border region which in detail means:

- Quick access to elective (predefined) cross-border health care
- Offering “natural solutions” (the next-door hospital is abroad)
- No financial obstructions
- No paperwork (substitute for E112 and E125)
- Entitlement abroad in accordance with the rules of the residential country.

Second, the project is aimed at providing simple procedures and reliable evidence of entitlement to health care providers.

With the approval of the authorities of both countries and support of the Christelijke Mutualiteit (CM), in a first step Belgian hospitals were selected and the conditions, quality and tariffs concerning elective care negotiated. The results of the negotiations were fixed in contracts for in- and outpatient treatment between CZ, CM and seven Belgian hospitals (Hospitals Ziekenhuis Oost Limburg (ZOL) in Genk and Lanaken, Maria ziekenhuis Noord Limburg (MZNL) in Overpelt, Salvator ziekenhuis in Hasselt, St Jozef ziekenhuis in Malle, VZWO Ooskust in Knokke and Blankenberghe, AZ Vesalius in Tongeren, Maas en Kempen in Bree and Maaseik). The contracts are only valid for consultations in hospitals. The

contracts were authorized by governmental organisations in the Netherlands and Belgium. Dutch patients can choose whether they want to be treated in the Netherlands or prefer a contracted hospital in Belgium.

Not every treatment will be approved offhand. The Dutch ”Leistungskatalog“ (“catalogue of services”) with its conditions will also be used in future. It is possible that no contract for special treatments has been concluded or that not all of the doctors are taking part in the contract. Therefore the health insurance provider CZ might ask for further information after the first consultation.

Moreover, the administrative logistics and financial settlement have been arranged by CZ and CM in accordance with Belgian procedures: the Belgian specialist sends his bills (for treatment of a Dutch patient) to the Belgian health insurer (CM). CM checks the invoice (Belgian tariffs and entitlement), sends the converted bill and CZ (Dutch health insurer) clears monthly with the hospital and specialist. IT applications support the implementation.

Evaluation

First evaluation activities (internal and external evaluation) have been finished (e.g. patient survey in 2005), further activites will be realised after finishing the project. Patient surveys as well as surveys carried out by providers (hospitals) will be used for this purpose.

Results

For the CZ affiliates, the project provides easy and quick access to seven contracted Belgian hospitals for elective health care at the usual Dutch conditions. Annually about 10,000 CZ affiliates make use of “the Belgian route” (Table 5). A patient survey of 2005 shows that they highly appreciate this opportunity and that they are very satisfied with Belgian health care. Waiting lists in the Dutch border region are normalizing again. Doctors/hospitals profit from the project through: entitlement check, approval and administration in accordance with Belgian standards and procedures, payment guarantee, transferring “overcapacity” into extra income/turnover and/or coverage for fixed costs and a positive image.

Table 5: Contracting Belgian Health Care – Facts and Figures

	2003	**2004**	**2005**
In-patients (hospital stay)		2,200	2,700*
Out-patients (ambulant)		8,600	9,300*
Contracted hospitals	6	7	7
Turnover (€)	7,800,000	9,100,000	9,800,000*

* Extrapolation 6-month period

Contracting health care is not a common practice in Belgium. This kind of demand-driven purchase of health care offers Belgians a new view on their relationship with the government,

care providers and care insurers. A network between health insurers, providers and governmental organisations has been set up.

In addition, the project encourages “healthy” competition between Dutch and Belgian care providers and offers CZ countervailing power in purchasing health care in the Netherlands.

A number of problems and/or challenges still have to be addressed. The most important are:

- Due to the hospital financing system in Belgium, payments made by the Dutch health insurers only inadequately cover the additional costs incurred by the Belgian hospitals.
- The subsequent provision of care in the insurance country (Netherlands) after the patient has been treated in Belgium (cross-border communication between the service providers should above all be improved)
- Different MRSA politics/strategies between the neighbouring countries
- Diverging claims with regard to medicines, lack of knowledge about prescribed medicines in the patient’s home country.
- Inefficient administrative processes.

Prospects:

The activities are being continued. Contracts are being maintained and the evaluation is going on (needs/requirements versus supply). The information and communication technology (ICT) infrastructure will be optimized to make administration more efficient by online checks of entitlement, authorization and billing.

The contracts can be used as input for a cross-border contract framework. The experience in cross-border contracting also provides a framework for other Euregios.

Presently, a pilot project (CZ und ZOL) is being carried out to examine if contracts can be made for the provision of Belgian health care services based on DBC tariffs. A link between the VECOZO Zorgportal and the Belgian Carenet for the improvement of procedures is being examined. At the European level, experiences are presently being made with NetC@rds as trans-European infrastructure.

Website

Information about the project is available at: http://www.euregiogesundheitsportal.de/ (German language) or http://www.euregiogezondheidsportaal.nl/ (Dutch language)

Publications

Anonymus (2006): Contracting Belgian Health Care. Poster presentation, Bielefeld 2006. In: Brand H, Hollederer A, Ward G, Wolf U (eds.): Cross-Border Activities – Good Practice for

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Euregio Health Portal (Germany, The Netherlands, Belgium)

Background situation

Questionnaire-based surveys conducted in the Meuse-Rhine Euregio under the “Zorg op Maat“ (ZOM) and “Integration Zorg op Maat“ (IZOM) projects as well as the final reports of various cross-border projects along the German-Dutch-Belgian border have shown that there is need for more information and transparency on the part of the citizens and service providers. This need for information concerns for example:

- the health system in the neighbouring country
- cross-border projects and their procedures
- addresses of contacts, e.g. of doctors and
- type and extent of services provided in the neighbouring country and their payment.

T

Project description

The “Euregio Health Portal” project which is being sponsored by the European Union under the Interreg Community initiative (strand A) was started in January 2002. The project is aimed at creating an internet platform allowing the citizens in the Euregios Meuse-Rhine, Rhine-Waal and rhine-meuse-north easy and quick access to information on issues of cross-border health care provision in the Euregios along the German-Dutch-Belgian border.

The project includes health insurance companies, hospital representatives, associations of statutory health insurance physicians as well as patient organisations from the Euregios Meuse-Rhine, Rhine-Waal and rhine-meuse-north (see box 3). Due to the high number of partners involved in the project, coordination was very time-consuming.

Over a period of about two years, the possibilities of the EuregioHealthPortal, its implementation, risks for the participating partners as well as management, financing, sustainability and the contents of the portal formed the subject of discussions (partially with the support of a consulting firm). These discussions were held in a cross-euregional working group in which a number of the partners listed in box 8 were involved.

Box 8: Euregio Health Portal - Project partners

Academisch Ziekenhuis, Maastricht ♣ Alysis Zorggroep Rijnstate, Arnhem ♣ AOK Rheinland, Düsseldorf ♣ Apothekerkammer Nordrhein, Düsseldorf ♣ Apothekerverband Nordrhein e.V., Düsseldorf ♣ Arbeitsgemeinschaft der Krankenhäuser in Krefeld und im Kreis Viersen, Kempen ♣ Ärztekammer Nordrhein, Düsseldorf ♣ BKK Landesverband NRW, Essen ♣ BKK futur, Krefeld ♣ Canisius Wilhelmina Ziekenhuis, Nijmegen ♣ Centre Hospitalier Universitaire, Liège ♣ Christelijke Mutualiteit CM Limburg, Hasselt ♣ CZ Actief in Gezondheid, Tilburg ♣ IKK Nordrhein, Bergisch Gladbach ♣ Kassenärztliche Vereinigung Nordrhein, Düsseldorf ♣ Klinikum Duisburg/Wedau Kliniken, Duisburg ♣ Krankenhausverband Mittlerer Niederrhein e.V., Mönchengladbach ♣ Laurentius Ziekenhuis, Roermond ♣ Maasziekenhuis, Boxmeer ♣ Marien Hospital, Wesel ♣ Marienhospital gGmbH, Kevelaer ♣ Nationaal Verbond des Socialistische Mutualiteiten, Brüssel ♣ Rheinische Kliniken, Bedburg-Hau ♣ RHV Regionale Huisartsen, Elst ♣ Rijnstate Ziekenhuis, Arnhem ♣ Sint Maartenskliniek, Nijmegen ♣ Stiftung Krankenhaus Bethanien für die Grafschaft Moers ♣ St. Antonius-Hospital gGmbH, Kleve ♣ St. Bernhard Hospital, Kamp-Lintfort ♣ St. Nikolaus Hospital, Eupen ♣ St. Nikolaus Hospital, Kalkar ♣ St. Willibrord-Spital, Emmerich ♣ Universitätsklinikum, Aachen ♣ UMC St Radboud, Nijmegen ♣ VdAK/AEV-Landesvertretung NRW, Düsseldorf ♣ VieCure Medisch Centrum voor Noord-Limburg, Venlo ♣ Wilhelm-Anton-Hospital gGmbH, Goch ♣ Ziekenhuis Oost Limburg, Genk

For the technological implementation of the project, the partners opted for the use of a freeware system (open source content management system “Typo 3”). The system was implemented by an AOK employee so that no external consultants were required and no letting of contracts to third parties was necessary. In autumn 2004, representatives of the health insurance funds and doctors/hospitals met in small working groups starting to develop contents and technological structures for an internet presentation. Since three countries were involved in the presentation, structures had to be developed complying with the different health care systems. Major tasks of implementation were performed by the health insurance companies CZ Actief in Gezondheid (NL) and by AOK Rheinland (DE).

In June 2005, a German and Dutch demo version was in a first step launchend with data and information on the Euregios rhine-meuse-north and Rhine-Waal. Since September 2005, the contents and/or data of the Belgian partners (Meuse-Rhine) have been added to the portal. The contents of the portal can in future also be retrieved in French.

The portals (www.euregioGesundheitsPortal.de and www.euregioGezondheidsPortaal.nl.) provide information among other things on:

- the use of health services, procedures and acceptance of costs in the neighbouring country
- the health system and health care provision in the Netherlands and Germany
- cross-border projects
- addresses of service providers (doctors and hospitals, pharmacists etc), health insurance funds, patient organisations in the region.

A search function allows searching for doctors and hospitals by speciality and geographic location.

Public Relations Work, Evaluation

To make the portal known to the public, flyers have been dispatched in the three Euregios involved and distributed in doctors' practices and other institutions. In addition, posters have been produced and put up among other things in hospitals and in the branch offices of the health insurance companies. The media also reported about the project on different occasions. Much public attention was also attracted by the North Rhine-Westphalian Health Award which is every year given to selected health projects from the German federal state of North Rhine-Westphalia.

During the first four months, the platform was accessed by about 14,000 new users. CZ conducted a survey among the insured. Access figures as well as the positive reactions of the interviewed confirmed the need for information and transparency; the interview, however, also revealed requests for an improvement in the user-friendliness of the portal.

Prospects

It is intended to further develop and update the EuregioHealthPortal. Further topics shall be included, the portal be made more user-friendly and sustainability be improved by optimized management.

Interreg funding in the rhine-meuse-north euregio has been extended up to mid 2008. A similar request for extension was submitted in the Euregio Rhine-Waal (as of January 2006). The prolongation of the project shall among other things be used to establish structures so that after expiration of the Interreg funding the portal can be further extended and updated. After expiration of the Interreg funding, the portal will probably be continued by two up to three partners who will then use their own staff and financial resources for maintaining the portal.

Such a portal is up to now unique in Europe. It provides a platform which can be further extended to also include other cross-border regions. New portals in other border regions can, however, also be set up. For this to be achieved, the existing knowledge and experiences of the EuregioHealthPortal could be useful.

Website

The EuregioHealthPortal can be found at: www.EuregioGesundheitsportal.de (German version) and EuregioGezondheidsPortaal.nl (Dutch version) respectively.

Publications

Anonymus (2006): Euregio Health Portal. Poster presentation, Bielefeld 2006. In: Brand H, Hollederer A, Ward G, Wolf U (eds.): Cross-Border Activities – Good Practice for Better Health. Workshop of the Project “Evaluation of border regions in the European Union”. 20/21 January 2006, Bielefeld. lögd: Wissenschaftliche Reihe, Bd. 21, Bielefeld.

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6.3.2 Cross-Border Dental Care (Sweden, Finland)

Project term

12/2002 – 12/2004

Project partners

County councils of Norrbotten, Luleå (SE)

The community of Muonio and Enontekiö, Muonio (FI)

Summary

The scarcely populated Karesuando region along the border between Sweden and Finland is inhabited by 1,600 people, among them 490 children. Both countries are linked by a bridge. Both sides share common problems. These include long distances to the next dentist, staff recruiting problems as well as low patient numbers. On the Swedish side, a clinic was already existing before the project started but could not be operated over a long period of time due to lacking personnel.

Towards the end of 2002, the “Cross-Border Dental Care” project was therefore started under the Interreg Community initiative. The objective of the project was among other things to ensure the provision of dental care close to the patient’s place of residence, to step up efficiency by the joint usage of resources and to strengthen the development of the region. This was to be achieved by ensuring the operation of the clinic on the Swedish side and by opening it up both to the Swedish and Finnish inhabitants of the region.

The first project step consisted in recruiting staff members. In a second step, the population of the region was informed about the provision of dental services. Technological and legal aspects of the cooperation were also examined and verified under the project. In January 2005, the project was implemented into practice. The clinic is financed both by the Swedish and Finnish side. The project has been evaluated with the help of a questionnaire which was sent to all inhabitants of the region before and after completion of the project.
The joint clinic will also be maintained in future. The project serves as a pilot project for other cross-border activities in the public health service. A follow-up project entitled “Cross-border digital dental care” was initiated in 2005.

Project background

Illustration 23: Geographical location of Sweden's northernmost dental clinic in Karasuando

The Karesuando area in the northern part of Sweden and Finland is sparsely populated. There are about 1,200 people living in the Swedish area (of which 400 are children) and approximately 400 inhabitants (90 children) living on the Finnish side (illustration 23). The cross-border area is divided by the river Könkämä but connected by a bridge. Hence, the inhabitants of the region can easily cross the river (illustration 24). In the border region on the Finnish side, Swedish is one official language next to Finnish, so people living there usually speak both languages, Swedish and Finnish.

Both countries, Sweden and Finland shared common problems at their northernmost border:

- Long distances to dentists (80 to 200 km to the nearest dentist in Finland)
- Difficulty in recruiting staff
- A very small patient basis on each side of the border

In the Swedish part of Karesuando, there was a dental clinic, but for a long time there had been no dentist or rarely a dentist available because of a lack of dentists in the northern regions. Furthermore, the patient basis on each side of the border was too small for a dentist. Therefore, treatment and continuous treatment could not always be offered. People from the area had to travel long distances in their country to go to a dentist.

Hence, the dental nurse who worked at the clinic, together with the Director of the Public Dental Service in Sweden, set up contacts with the Finnish side in order to initiate a project which is aimed at establishing a joint dental clinic.

Description of the project

The project comprised the public dental service in the County Council of Norrbotton in collaboration with the Municipality Union of Muonio and Enontkiö. A cooperation agreement between the partners exists since the beginning of the project. The project group consisted of five persons: a managing director, a financial manager, the project manager from the Swedish side and a chief medical officer and a senior dentist from Finland. Started in 2002 and finished in 2004, the project received a grant of 110,000 € from Interreg III A Nord. All in all, the EU funded 60% of the project, Sweden 30% and Finland 10%. Funding from the two states was distributed in proportion to the patient basis.

Illustration 24: Project “Cross-border dental care” - The bridge which connects the Finnish and the Swedish side

Goals of the project

The overall goal of this project was the nearby provision of high quality dental care for the population in this area. The specific aims of the projects were:

- Providing treatment for Finnish and Swedish patients at the dental clinic in Karesuando in Sweden
- Recruiting a dentist for the clinic
- Improving the quality of life of the residents of the region
- Improving dental care for the inhabitants
- Cutting costs through cross-border cooperation
- Minimising travelling for patients and staff
- Strengthening regional development

The project activities

During the duration of the Interreg project (December 2002 until December 2004), different project activities were carried out, which will be described in the following sections.

Staff recruitment for the clinic

Working in this area far away from the bigger cities is often not very attractive to most physicians. There is therefore a general lack of dentists in the northern regions of Sweden and Finland. Several steps have been taken to recruit a dentist for the Karesuando clinic. In a cross-border approach, the recruitment process was undertaken based on a discussion of the best recruiting methods and on consultations with the dentists of the county council (150 dentists). In addition, consultation with the Dental Department of a University in Finland led to further information of how to best recruit a dentist to the northern area. By advertising a joint cross-border job offer, the assumption was to make the job position on the one hand cost-effective in terms of one dentist working in the whole region. On the other hand, the purpose was to make the job more attractive to dentists because of the patients coming from two different countries. The project group advertised the job offer in the media on both sides of the border to reach a bigger target group of dentists. After 6 months of job advertising and recruiting process, a dentist from Finland could finally be found as well as a dental hygienist.

Public relations

The population in the area (1,600 inhabitants) has been informed about the joint dental clinic through local newspapers, distribution of leaflets to all households and mouth-to-mouth information. On the whole, the population could easily be reached and informed because people living in the region know each other very well.

Technical and legislative aspects

In order to ensure a smooth operation of the clinic, the treatment routines of dental care in both countries had to be standardised and updated. Also, the health care systems and the differences in legal issues between Sweden and Finland had to be investigated. Especially with regard to treatment complications and medical malpractice, the laws of both sides that would apply had to be compared. Overall, the results of the juridical comparisons were quite simple and showed that if treating Swedish patients, Swedish law would apply and if treating Finnish patients, Finnish law would apply. In order to gain an in-depth insight into the Finnish health care system, especially for dental care, the project manager has worked in Finland to learn about the procedures regarding e.g. patient fees and patient statistics.

Shared administration

In the course of the project, efforts were made to establish a joint administration system for the clinic. One example: At the beginning of the project, two computers had to be used, one with the Finnish system and the other one running under the Swedish system because of different computer systems and telecommunication enterprises in the countries. It took several months before the computers could be connected. In the course of the project, adjustments could be made, so that one computer could be used. However, there are still

two existing computer systems for the Finnish and Swedish patients, which in a follow-up project shall be linked together into one system.

The dental clinic

Presently, the staff at the clinic comprises one dentist, two dental nurses and a dental hygienist. Treatment for children and young people up to the age of 20 years is free[22], whereas adults have to pay for treatment[23]. To simplify the administration of payments, the clinic only handles cash payments in Swedish crowns. Finnish patients are invoiced. The treatment provided is standard dental care without specialized treatment.

Since January 2005, the project "cross-border dental care" has been implemented into practice. The transition between the project phase and the practical implementation of the clinic to provide regular services went without any problems because of the good cooperation between the two countries. Now, the dental clinic is entirely funded by the municipalities of both countries, 25% by the Finnish side and 75% by Sweden. The proportion depends on the number of patients who are treated at the clinic. There were 239 visits from Finnish patients to the clinic in 2005, whereas one patient may have had more than one visit.

Because of the operation of the dental clinic, the average distances to the dentists could be considerably reduced. For example, Finnish children now only need to cross the bridge to get to a dentist. Previously, the nearest clinic on the Finnish side was 80 km away. In Sweden, the nearest clinic was 180 km away. Now dental services are provided on a local level. The population enjoys an improved quality of life since safe dental care is now conveniently being provided locally. Dental health has also improved.

Evaluation

An evaluation has been carried out at the beginning and after completion of the project. A questionnaire was sent to the inhabitants of the area, with each form containing ten questions about their dental health in general, whether they know about the joint dental clinic, to which dentist they usually go, and about improvements in dental health.

[22] Dental treatment for children is provided free of charge for the patients. However, the dental clinic annually receives a fixed fee for each Swedish child, and for dental services for Finnish children the clinic is payed on a cost basis. The payments are made by the Swedish County Council of Norrbotten and the Finnish Municipality of Muonio by means of taxation.

[23] Dental treatments of adults are mainly paid by the patients. Pricing is different between Sweden and Finland thus the clinic is using two price lists, one for Swedish patients and another for Finnish patients. The Swedish prices are full-cost-based. However, Swedish patients receive state subsidies which are deducted from the charge that the patient has to pay. The state subsidies are claimed by the clinic after deduction. The subsidies vary for various treatments. The prices paid by Finnish patients are fixed by the state government. The cost for dental services of Finnish patients that exceeds fixed prices is paid by the local municipality by means of taxation.

Prospects

In the Karesuando region, the northern part of Sweden and Finland, the need to open a joint dental clinic was obvious because of the small patient bases on both sides of the borders and the long distances to dentists. Now the idea of a joint clinic has been implemented into practice and will continue its work in future.

The project serves as a pilot project for other cross-border initiatives within the public service sector. A similar cross-border cooperation in dental care is being set up between the two project partners using, however, the Finnish clinic in Muonio as its basis for further co-operation. The Finnish side will offer treatment to Swedish children because there are only 20 children living on the Swedish side. Otherwise they would have to travel 100 km in Sweden to the next dentist. Now they can cross the border and are provided with dental health care at a distance of only 8 km.

A follow-up project: “Cross-border digital dental care”, also funded by Interreg III A, was initiated in 2005 with a duration of two years. The overall goal of the project is to link the Finnish and Swedish computer systems together into one joint system as well as to exchange X-ray pictures electronically. Before, Swedish patients had to drive to Kiruna about 180 km away for advanced x-ray examinations. Now the purpose of the follow-up project is that patients can go to Muonio in Finland (80 km distance) and the pictures will be electronically transferred to the clinic in Karesuando, Sweden. This was not possible before, and this project will help to further reduce travelling distances.

Website

A short description of the cross-border dental care project as well as of the follow-up project is provided in Swedish at: www.nll.se/hg2.aspx?id=8181.

Literature

Anonymus (2006): Cross-border dental care. Poster presentation, Bielefeld 2006. In: Brand H, Hollederer A, Ward G, Wolf U (eds.): Cross-Border Activities – Good Practice for Better Health. Workshop of the Project “Evaluation of border regions in the European Union”. 20/21 January 2006, Bielefeld. lögd: Wissenschaftliche Reihe, Bd. 21, Bielefeld.

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6.3.3 Hospital of Cerdanya (France, Spain)

Project term:

2005 – 2009

Project partners:

Generalitat de Catalunya. Departament de Salut. CatSalut

Ministère de la Santé et des Solidarités-Agence Régionale de l'Hospitalisation Languedoc-Rousillon

Ministerio de Sanidad y Consumo (Gobierno Español)

Ajuntament de Puigcerdà

Summary

The thinly populated cross-border region is inhabited by 30,000 people. During holiday seasons, this number increases to up to about 150,000 people. On the Spanish side, there is a hospital in Puigcerdá with, however, limited capacities. On the French side, the next hospital for acute care is about 150 km away. The objective of the project is to ensure the provision of medical care for the local population but also for the tourists coming into the region. For this purpose, a cross-border hospital to be run under a joint administration and management system shall be set up in Puigcerdá (Spain). In addition to basic provision of care, the hospital is intended to also provide special treatment (e.g. dialysis) for the people of the region.

Before the project was started, a study was conducted revealing the need for a hospital in the region but also the type and extent of the services required. Under the project, joint tools were developed (clinical reports, guidelines and protocols etc.). A legal framework has up to now not been established but shall be developed as soon as possible. The planned hospital will comprise 50 beds, two operation theatres, two delivery rooms, ten dialysis units, laboratories, CT-scanner as well as "emergency boxes". The start of construction is scheduled for the end of the year 2006; the hospital shall be put into operation at the beginning of 2009.

Project background

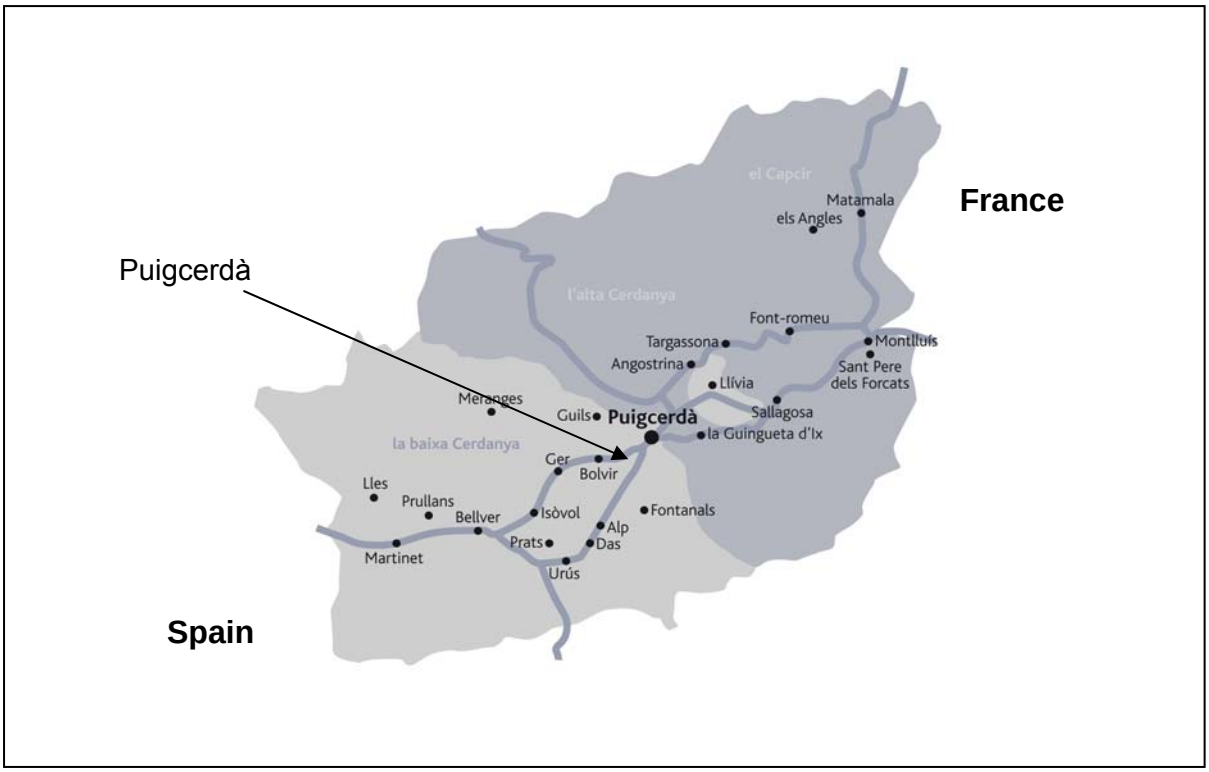

Illustration 25: The French-Spanish border region of Cerdanya and Capcir

The regions of Cerdanya and Capcir (see illustration 25) are plane regions surrounded by mountains and divided by the French-Spanish border. The area is sparsely populated by about 30,000 inhabitants (53.4% on Spanish territory, 46.6% on French territory). In the French border region, there is no acute care facility available and the closest clinic offering these services is in Perpignan about 150 km away. The road is in a bad shape and very insecure, especially during the winter season because of the surrounding mountains. Hence, for deliveries French women often faced problems going to Perpignan and – in emergency situations – have sometimes been treated on the Spanish side of the border region. In this area, there is one hospital in Puigcerdà which was founded in about 1190. The hospital in Spain has been renovated recently, but there is no possibility to extend existing capacities. The French part of the region has no hospital but many retirement houses, nursing homes and rehabilitation services.

The border was established in 1659 through the Pyrenees Treaty. Before that time, the region was an integrated area, with people speaking the same language, Catalan. During the process of European integration, the border has become less important and over the last few years the population has been socially and physically integrated despite two existing states in the region.

Since 1996, the hospital of Puigcerdà on the Spanish side has acted as an emergency clinic for patients from France, but between 1997 and 2002 the clinic was not remunerated for

roughly half of the French patients. In addition, the existing hospital of Puigcerdà turned out to be too small for treating Spanish patients as well as patients from France and to provide more services than only in emergency situations. It appears that there was a real need to assure the provision of medical care not only for the population of the area but also for the tourists coming into the region. Cerdanya and Capcir are touristic areas with peaks of 150,000 inhabitants during holiday periods.

In 2002, an agreement between the hospital of Puigcerdà, the hospital of Perpignan and the regional French health authority was signed, assuring retrospective reimbursement of costs for care provided since January 2001. A second convention was signed in 2003 between the Puigcerdà hospital and the health insurers of the French region of Languedoc Roussillon to ensure that the costs for emergency and obstetric care for French patients would be covered. Since this agreement, maternity services have risen from 20 to 100 births annually.

The existing hospital of Puigcerdà has up to now treated people from the French part only in cases of emergency and deliveries. Emergency follow-up treatment is also provided in the clinic. However, specialist services are not possible yet because of limited capacities.

Project description

In December 2002, the first political initiative was started at a kick-off meeting of the politicians of Catalunya and Languedoc-Roussillon concerning the possibility of building a common cross-border hospital. All parties agreed that the existing hospital of Puigcerdà had no possibilities of extension and therefore the question arose whether to build a new hospital in the region.

Based on the first kick-off meeting, an Interreg-financed study was carried out starting in July 2003 to find out if a new cross-border hospital could be built. The study involved local and regional French and Spanish health care actors. In general, the study consisted of an evaluation of the health care needs in the French and Spanish population as well as of the technical and political possibilities for setting up a common hospital structure. Therefore, the study was based on an analysis of data of both sides (e.g. characteristics of the population, tourists, care needs of the population, evaluation of care possibilities), a cost evaluation analysis, evaluation of legal issues and face-to-face interviews with politicians, professionals and the general public. The results of the study showed the need for a hospital and the extent and amount of services that should be provided by the hospital.

The overall objective of the project is to create a hospital with only one cross-border management structure, one board of governance, one joint health care plan for both sides and not merely a common physical hospital. All activities such as for example the joint health care plan for the entire region are planned and carried out by common cross-border cooperation. Moreover, the new cross-border hospital aims to provide additional services for the population of the entire area, including all types of basic treatment but also specialist treatment such as dialysis. This project puts the focus on the collaboration of the parties

involved in the project and on the common decision-making process for the region, trying to make sure that it will not merely be a separate decision-making process for each part of the border.

The overall goals of the project are as follows:

- To create one cross-border organization in order to build and manage an acute care general hospital for the entire population of Cerdanya and Capcir.
- To create a new culture, by merging the benefits of both systems.
- To build a common hospital serving as a node of the health net. This net has to respond to the rights and obligations of the citizens.
- Single and participative board. Single management.
- Hospital included in two hospital nets.
- Integrated in the Mediterranean-Pyrenees Euroregion.

Functional plan of the hospital:

- 50 beds
- 2 operation rooms
- 2 delivery rooms
- 10 dialysis units
- emergency boxes
- imaging (CT scanner)
- laboratory

The hospital has been planned with due consideration given to the existing health care services on both sides of the border.

General agreement has been achieved on the goals of the project but because of the different health care systems in Spain and France and the differing competences which are in Spain on the regional level (Regional Ministry of Health of Catalonia and the Servei Català de la Salut as its service purchasing agency) and in France on the national level (Ministry of Health in Paris), several steps of negotiation were and are still required at different competence levels in France.

The structure of the project consists of a steering committee which has the political oversight of the project (“board of supervision”), a technical committee, comprising the Department of Health, the Servei Català de la Salut (CatSalut), the Agence Régionale de l’Hôspitalisation (ARH), and the co-direction group of the project with two main responsible persons, one from Spain and one from France as the “engine” of the project (see illustration 26).

All decisions have been made by 50% participation of the Spanish and French decision-making bodies. However, as of the year 2006, the organisational structure was modified and France reduced its level of involvement and investment to 40% because, compared with the Spanish side, the proportion of the population on the French side was smaller. The co-direction team works in collaboration with the director of the present Puigerdà hospital.

Governance of the hospital shall be exercised with 40% from the French part and 60% of Spanish and Catalan responsibility. Therefore the board of the hospital will consist of this French-Spanish proportion of persons and of one chairman. If the board has to make essential decisions for the hospital, unanimity is required, on other issues a majority of 75% is needed. It is expected that also during the routine operation of the hospital the co-direction team will remain in place and be needed to support the board because of the differences in the two health care systems.

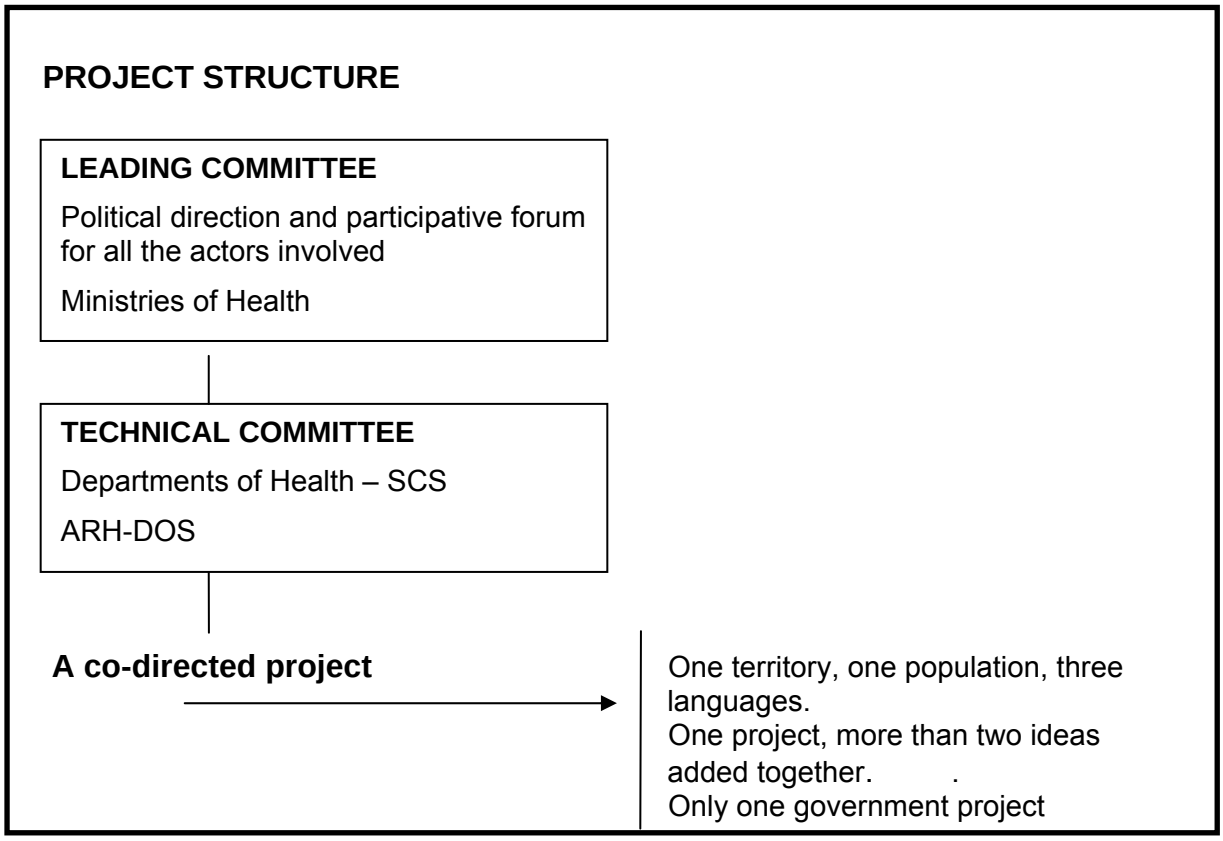

Illustration 26: Project “Hospital of Cerdanya” - The organisational structure of the project

Both, the Spanish and French side decided to build the new hospital on the Spanish side because Puigcerdà is bigger, has a hospital tradition and can be accessed more easily. Furthermore, the local Spanish government offered land where the hospital can be built. As the hospital will be located in the Spanish part of the region, Spanish law will apply and the analysis of the French and Spanish project representatives has shown that up to now the European Union has no legal structure model for this type of case. Therefore, one important aspect in the planning of the hospital concerns juridical issues which will constitute the legal framework of the cross-border hospital. On 17 October 2005, a summit meeting between

France and Spain was held resulting in the signature of an initial framework but without any legal weight. Initially, the legal framework was planned to relate to the so-called Treaty of Bayonne which applies to cross-border enterprises in general, but between local or regional parties and not in the health sector. On 4 April 2006, the French national level decided that there will be no possibility to set up a consortium under the Bayonne Treaty. Therefore a completely new treaty has to be worked out. In the meantime, other provisional possibilities had been investigated so that the project could be continued. Therefore a foundation dealing with Catalan law which will also accept foreign members was set up in July 2006 and will monitor the development of the legal framework. Once the treaty exists, this foundation will be dissolved.

During the process of identifying and negotiating the legal structure of the hospital, the other activities and preparations for constructing the cross-border hospital will continue. So far, decisions concerning the building work and the selection of architects have been made and construction work is expected to start by the end of 2006 and will be finished by 2008. Working groups have been dealing with medical issues, e.g. the development of common clinical guidelines on the delivery of care, geriatric care and emergency care.

In May 2006, the first official public meeting on behalf of the involved ministries of health was held to which all public health authorities, professionals and the media of the region were invited. The project steps were presented in detail with the aim of securing the public commitment of the authorities and professionals.

The beginning of the operation of the cross-border hospital is expected by the end of 2008 or the beginning of 2009.

Illustration 27: Project “Hospital of Cerdanya” – Architectural plan for the hospital

Special features of the project

The building and operation of a new hospital with two states involved is a project which is truly innovative and could serve as a pilot project for other cross-border initiatives. The major focus of the project is to build a French-Spanish hospital with a single cross-border management system, single board of governance, staff from both countries and to emphasize the common decision-making process for the entire region, e.g. to develop a single health-care plan for both sides of the border.

Website

http://www10.gencat.net/catsalut/cerdanya/en/index.html

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6.3.4 State-of-the-Art Medicine along the Borders in Europe (Germany, the Netherlands)

Project term

06/2004 – continuing

Project partners

University Hospital of Aachen (DE)

Academisch Ziekenhuis Maastricht (NL)

Summary

The German University Hospital of Aachen (UKA) and the Dutch Academisch Ziekenhuis Maastricht (azM) are located only 30 kilometres apart from each other. Striving to extend and strengthen clinical state-of-the-art medicine and research, to improve the hospitals' efficiency, effectiveness and quality, to secure competitive advantages and, in the long run, to become a "European Centre for State-of-the-Art Medicine and Research", UKA and azM have decided to engage in cross-border cooperation.

As early as in the 90s, first joint projects were carried out. A milestone in cooperation is the cooperation agreement signed in June 2004. Since that date, a number of new joint activities have already been carried out, others are being prepared. The spectrum of cooperation is multifaceted and reaches from the joint usage of hospital equipment via dual staff responsibility for the leadership of individual departments, cooperation in education and research up to the exchange (of views) of qualified medical staff members. Joint activities are being undertaken in the field of vascular surgery, stem cell transplantation, plastic surgery as well as in research. Forms of cooperation among others in the field of paediatric heart surgery, heart and kidney transplantation are intended. Up to now, relatively few patients have been referred from UKA to Maastricht and vice versa. An increase in referrals is however expected. A scientific evaluation of the activities which are in general funded by both hospitals has up to now not been carried out. This type of far-reaching cross-border cooperation between university hospitals is up to now unique in Europe. The existing cooperation agreement, present activities as well as the necessity to secure the economic viability of both hospital sites, an endeavour to which the cooperation agreement is intended to provide a major contribution, support the assumption that UKA and azM will also cooperate in future.

Project background

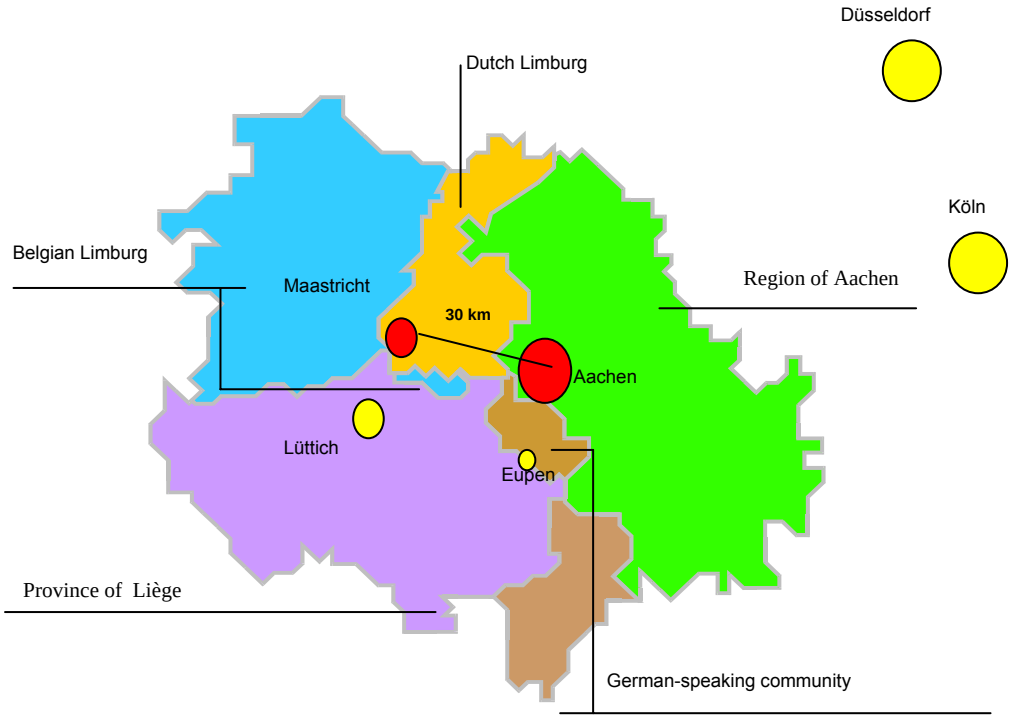

Illustration 28: Project **"**State-of-the-Art Medicine along the Borders in Europe" -Geographic location of the two hospitals in the Meuse-Rhine Euregio as well as illustration of the distance between the two hospitals

Today, university hospitals are faced with the tremendous task of having to keep up with the latest developments and requirements in state-of-the art provision of medical care, research and education. No university hospital will on its own be able and in a position to provide all new forms of medical services in full width and depth since they are lacking the necessary resources and expertise. Cooperation between hospitals and the complementary distribution of tasks may lead to synergy effects, increase in efficiency and quality and may thus augment the chances of these clinics to survive in competition with others.

For these reasons, the two university hospitals, i.e. the academisch ziekenhuis Maastricht (azM) on the Dutch side and the University Hospital of Aachen (UKA) on the German side started to cooperate already years ago. Cooperation between the two hospitals located in the Meuse-Rhine Euregio appeared reasonable - alone for the mere reason of the short distance of 30 km (illustration 28). Both hospitals are moreover governed by the same economic and structural conditions and are geographically located close to the borders of their countries. Both clinics now jointly strive to extend and strengthen their position in (clinical) state-of-the-art medicine and clinical research. Further information on both hospitals can be taken from table 6.

Project description

First contacts between the two hospitals were already established in the 1980s. In the 90s, both clinics started to carry out first joint projects. Over a long period of time, this form of cooperation which was restricted to the medical area was rather sporadic.

An important milestone in the cooperation between the two hospitals was the cooperation agreement signed between UKA and azM on 8 June 2004. The objective of the agreement was to develop joint strategies and to coordinate the provision of services in future. It was among other things also stipulated that under certain conditions the clinics and institutes could be run under joint leadership. According to the agreement, the hospital cooperation is mainly determined by strategic aspects which will be translated into reality by engaging in corresponding cooperation activities.

Table 6: Facts and figures about the academisch ziekenhuis Maastricht (azM) and the University Hospital of Aachen (UKA) (year 2005)

 	**azM**	**UKA**
Medical departments	30	34
Beds	715	1.491
Clinical/inpatient admissions	27,000	43.000
Outpatient admissions	388.000	117.000
A-LOS	8,1 days	8,8 days
Employees	4.500	6.249
Budget	369.000.000 €	200.000.000 € (inpatient treatment)

Objectives

Both hospitals profit from this cooperation. It is primarily aimed at improving the hospitals' efficiency, effectiveness and quality. This is to be achieved by:

- an exchange of views among qualified medical staff members,
- different specialisations of the two hospitals with the aim of providing complementary health care services for the people in the Euregio,
- the introduction of dual staff responsibilities for the leadership of individual medical departments,
- joint use of resources as well as
- synchronisation in the fields of research as well as education, training and further training.

The academisch ziekenhuis Maastricht, by referring Dutch patients to the University Hospital of Aachen, wants to achieve a reduction in waiting times in the Netherlands; the number of Dutch patients presently undergoing treatment in Aachen is, however, still low.

The long-term objective of cooperation is the establishment of a “European Centre for State-of-the-Art Medicine and Research”. In addition to the staff members of both clinics and institutions as such, the patients also profit from this form of cooperation.

Activities

The boards of both hospitals constitute the so-called “Vorstandstreffen” which makes the strategic decisions. Since mid 2004, meetings are being held every six months between both hospitals which are attended by the board members of both hospitals as well as by the (vice) deans of the faculties of medicine. Here, the present state of affairs concerning cooperation activities is reported and the further course of action planned. Moreover, working meetings are being held at different levels (e.g. between the chairmen of the Executive Boards and between staff advisers of both hospitals).

Since the signing of the cooperation agreement, a number of joint activities have already been launched, others are being prepared. The initiative for these activities is taken by the “Vorstandstreffen”, by the chairmen of the Executive Board and by the corresponding staff members themselves. The spectrum of cooperation is multifaceted and reaches from the joint usage of medical equipment, via cooperation in education and research up to the exchange of doctors. For the individual activities, separate agreements are in each case being made.

The cooperation activities are funded by the budgets of both clinics. EU sponsorship via the Interreg Community initiative only applies to isolated activities.

In the following, some of the cooperation activities are described in greater detail. These activities are less concentrated on the field of primary care but instead on special disciplines and state-of-the-art medicine.

Cooperation activities are most advanced in the field of vascular surgery. Here, the objective is to establish a joint centre of excellence for vascular operations. Since October 2005, azM’s long-time director for vascular surgery (Prof. Jacobs) is at the same time also the director of the new special clinic for vascular surgery at the UKA. Both hospitals have permanently employed physician and nursing teams whereas Prof. Jacobs travels between both locations. Communication with staff members is possible via video conferences. Corresponding technological solutions moreover enable azM to retrieve information such as for example patient files stored in Aachen and vice versa.

A very special vascular operation which is carried out as a result of the co-operation is the Thoraco Abdominal Aorta Aneurysma procedure. This operation needs top-level expertise

and dedication. During this operation neurophysiologic monitoring is needed and as such very important for the success of the operation. So far clinical neurophysiologists of the azM attend the operation in Aachen. Currently the two parties are developing an IT-system to enable the neurophysiologists to monitor the operation in Aachen from their department in the azM.

There are moreover plans to restart cooperation in the field of paediatric heart surgery which already existed some years ago still in 2006. Children diagnosed as cardiothoracle emergencies by azM shall be referred to the UKA. The number of these patients will amount to about 65-80 per year. UKA specialists will moreover carry out operations without heart-lung machines on prematurely born children in the azM.

A cooperation project has also started in the field of plastic surgery. Breast cancer patients in the Netherlands, who need a breast reconstruction recently had waiting lists of one year and longer. Since July 2006 Dutch patients are operated by a surgeon from the azM in Aachen since Aachen has the capacity available. Present assumptions are based on one operation per week.

In the field of transplantation medicine a transplant association has been formed in 2005. Projects are being carried out both with regard to care and scientific research. Here both clinics partly have the problem of reaching the “minimum level”. The projects are partly to provide a contribution to solving this problem. For example four to five patients per year are presently being referred from Aachen to Maastricht for stem cell transplantations. Cooperation in the field of heart and kidney transplants is envisaged for the near future.

Further activities are planned. These include among other things the exchange of expertise in the field of “clinical genetics” between azM and UKA as well as with other clinics in the Meuse-Rhine Euregio, the establishment of a Euregional centre for particle therapy as well as research co-operations with different partners in the field of “molecular imaging”.

In addition to the above-mentioned projects, both hospitals also cooperate in different fields with a more strategic direction.

As already mentioned above, a video conference system in the field of vascular surgery as well as electronic patient files with a two-way-access system are first steps towards an integrated IT system which is planned to be upgraded and set up for other specialities as well. In the field of vascular surgery, operations carried out in Aachen can already be screen-monitored in Maastricht.

Moreover, joint training and education measures for qualified medical staff members as well as the development of joint training modules are planned. First steps into this direction are planned to be taken soon; differences in the training and further education systems of both countries, however, complicate these plans. The long-term objective is the setting up of a network for the training and further education of qualified medical staff.

Research constitutes another field of cooperation. Here, an exchange and synchronisation of research profiles, cooperation between scientists and faculties as well as an exchange of scientists are taking place.

Public Relations, Monitoring, Evaluation

Staff members of both hospitals seem to be quite familiar with the project. In Aachen for example, the cooperations are presented in the UKA magazine, at internal information events as well as via the intranet. To which extent the project may also be known by the public is however unknown. Although activities such as for example the conclusion of the cooperation agreement in June 2004 were also covered by the media, public relations work can still be further improved.

Due to well-established contacts between both houses and the high interest which is attached to this cooperation, the activities and events in the neighbouring country are well known. But since an increase in cooperation activities and a growing number of patients seeking treatment in the neighbouring country are expected, a more systematised monitoring system will be needed in future.

Up to now there has been no scientific evaluation of the project. Whether such an evaluation will be carried out in future remains to be seen.

Prospects

The conclusion of the cooperation agreement, the present activities as well as the necessity to secure the economic viability of the hospitals to which the cooperation agreement is intended to contribute support the assumption that also in future UKA and azM will cooperate. The activities are in general carried out with the hospitals' own resources. The risk of projects funded by grants that project activities might not be continued due to lacking financial means does not exist in this case.

In 2004, azM treated a total number of about 3,500 foreign patients mostly from Belgium or from Germany. Similar high figures are also expected for the year 2005[24]. In Aachen, on the other hand, 1,109 (2004) and 2,628 (2005) treatment cases from the Netherlands and Belgium were registered. Up to now, however, a relatively low number of patients has been referred from UKA to Maastricht and vice versa since this cooperation is above all a strategic cooperation which is less aimed at treating patients from the neighbouring country. It is, however, assumed that the number of patients referred from azM to Aachen and vice versa will increase over the next years.

This far-reaching cross-border cooperation between university hospitals is up to now unique in Europe. For Europe, this cooperation project is an important model under which the

[24] Due to the long waiting lists, a substantial number of patients was referred to Tongeren (Belgium)

implementation of European health policy targets (e.g. centres of reference, patient mobility, e-health) is being tested. This project can serve as a model for regions in other EU Member States wanting to work together with their neighbours across borders.

Website

A project-related internet site informing about these activities does not exist yet.

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6.3.5 Standardization of treatment in patients presenting with HIV, HVC, HVB and other infectious pathologies (France, Italy)

Project term:

09/2004 – 07/2007

Project partners:

University Hospital of Nice (Centre Hospitalier Universitaire, CHU), departments for infectious diseases

San Remo Hospital, departments for infectious diseases

Summary

The infectious disease departments of the University Hospital in Nice (France) and of San Remo Hospital (Italy) have already been cooperating for several years in the field of HIV treatment. Both hospitals are providing treatment for a large number of patients presenting with HIV infections and/or co-infections.

In September 2004, both hospitals jointly started the Interreg project “Standardization of treatment in patients presenting with HIV, HVC, HVB and other infectious pathologies”. The primary objective of the project is to optimize and standardize the provision of medical care for patients with infectious diseases (mostly HIV, tuberculosis etc) in both hospitals. This shall be achieved with the four main components of the project: (a) implementation of telemedical applications, (b) an exchange programme for hospital staff members, (c) joint usage of capacities and facilities as well as (d) development of validated treatment protocols and joint conducting of research projects.

Cooperation between the two hospitals (e.g. video-conference system) shall be continued after project completion. A more comprehensive form of cooperation between the two infectious disease departments to also include other departments as well as continuation of the exchange programme for hospital staff members will only be possible with the provision of additional funds. A corresponding Interreg follow-up project is therefore in the planning stage.

Project Background

Illustration 29: San Remo Hospital and University Hospital of Nice (Centre Hospitalier Universitaire, CHU)

The emergence of new diseases such as for example SARS or avian flu but also political threats such as bioterrorism force health professionals to jointly think about ways of how to deal with these rapidly spreading infectious diseases and urge them to take preventive measures in order to react as quickly as possible to new waves of epidemics which do not stop at borders.

The hospitals of Nice (France) and San Remo (Italy) are already providing medical care for a huge number of patients presenting with HIV infection and/or co-infections (e.g. HIV + hepatitis B and/or hepatitis C) the treatment of which could be optimized through cooperation between the two hospitals (see illustration 29).

Project description

For several years already and particularly since the worldwide emergence of HIV infections, a form of cooperation has been established between the departments for infectious and tropical medicine (medical director Prof. Dellamonica) of CHU in Nice and the department for infectious diseases of San Remo Hospital.

This cooperation was intensified when France introduced new antiretroviral forms of treatment (1996). This way numerous patients from Italy could profit from these treatments and modern therapies carried out as part of studies some months before they also became available in Italy.

Improving accessibility to treatment and support in the case of HIV including antiretroviral drugs and treatment of infectious diseases in connection with HIV is the most important requirement worldwide. HIV patients are a special group of patients requiring specific treatment both with regard to general therapies as well as in terms of co-morbidities such as for example HVB and HVC (hepatitis B and C), fertility methods and pregnancy, psycho-social problems as well as dermatological problems. Establishing equal standards for treatment practices by a harmonization of guidelines seemed more than necessary.

The project “Standardization of treatment in patients presenting with HIV, HVC, HVB and other infectious pathologies” which is being carried out in Nice (France) and in San Remo (Italy) wants to provide a contribution to optimizing and standardizing medical care for patients with infectious diseases (in most cases HIV, tuberculosis etc) in the region. The project started in September 2004 and will end in July 2007. It is endowed with a budget of 310,542 € with 139,743 € being funded from the Interreg III Community initiative. The remaining proportion of 170,799 € to be borne by the project partners themselves will be shared equally between the two countries. On the French side for example, Nice University Hospital will contribute 10% of the French proportion and the remaining part will be paid by the “Conseil général du département des Alpes Maritimes”.

Two partners are involved in the project:

- On the Italian side the department for infectious diseases of San Remo Hospital under the project leadership of Dr Giuseppe Ferrea and
- On the French side the department for infectious diseases and tropical medicine (medical director Prof. Dellamonica) of the Centre Hospitalier Universitaire (CHU) in Nice under the project leadership of Dr Rosa Guttmann.

These specialised departments of the two hospitals have a catchment area covering the whole western and northern Liguria region and French Riviera up to Provence.

Objectives of the project

The main objective of the project is to optimize in both hospitals the provision of medical care for patients with infectious diseases (in most cases HIV, tuberculosis etc.).

The following four specific objectives have been formulated:

- Telemedical case conferences between and further training measures for the infectious disease departments of the two hospitals
- Joint usage of specific capacities and facilities held by the individual hospitals in order to optimize the provision of care for the patients to achieve synergy effects
- Exchange programme for the medical and paramedical staff of the two hospitals in order to learn about the infrastructure and working methods at the local level but above all to establish interpersonal relationships.
- The development of validated treatment protocols for doctors and nurses as well as joint medical research in the field of infectious disease medicine.

Contents of the project and development

The project comprises four main components:

1. Implementation of telemedical applications (conducting of video conferences and other telemedical applications)

2. Hospital staff exchange programme
3. Joint usage of specific capacities and facilities held by the individual hospitals
4. Joint development of treatment protocols and conducting of research projects.

► Main component 1: Implementation of telemedical applications

For a clinical discussion with patients whose case history involves diagnostic problems, a telemedical system was introduced right at the beginning of the project. Thanks to this system the doctors of the infectious disease departments in San Remo and Nice are now in a position to hold weekly case conferences per video transmission or to follow expert discourses.

In addition to the case conferences other patient data is also being exchanged by, of course, data protected transmission which means that not only the patient's case history is being discussed by both sides but that also both teams are able to jointly look at and diagnose histological findings or radiographs per scanner. In theory and with the consent of the patient it would even be possible to jointly examine the patient in front of the camera. The telemedical exchange thus allows better treatment for the patient without running the risk of increased infection due to the transportation of highly infectious material or patients, hence it is also an effective measure to prevent epidemics.

Organisation of video conferences

Every week the doctors, particularly infectious disease physicians, of the two hospitals in Nice and San Remo organize a video conference to discuss difficult cases of patients who are being treated in one of the two hospitals. To enable both teams to jointly look at radiographs or CT-images, these are screen-projected by a computer (visual concert) so that the other group of doctors can receive them on screen and analyse them. To allow the participants to confer with each other while at the same time diagnosing the images, a second screen or PIP procedure (picture in picture) is required. These meetings are held both in Italian and French since today many doctors are in command of both languages or Dr Guttmann will translate into the other language. For further training seminars English is used as well.

► Main component 2: Hospital staff exchange programme

Hospital staff groups (about 3 persons each) of the University Hospital of Nice and of San Remo Hospital travel to the corresponding partner city for a two-week internship in the hospital of the project partner.

These internships comprise joint seminars and case discussions but also the employment of staff members for the "daily routine business" of the hospital (treatment of patients etc). The objective of this exchange programme is to discover and analyse differences in the diagnostics and treatment methods so that the patients can profit from the resulting

advantages/ improvements. In addition, the Italian and French staff members are intended to gather experiences.

The experiences made up to now show that the planned internships of an uninterrupted period of two weeks are too long because the individual staff members will be absent from their actual workplaces for too long. Therefore the length of the internships was changed to cover two phases of one week each. Up to now, a total of about 30 staff members have been exchanged.

► Main component 3: Joint usage of specific capacities and facilities held by the individual hospitals

The provision of care for patients is being optimized and synergy effects are being achieved since for example for very specific examinations of blood or histological material the Italian doctors may use the laboratory capacities of the University Hospital of Nice. On the other hand, the University Hospital of Nice may accommodate patients with SARS, avian flu and other serious viral diseases in positive/negative pressure isolation rooms in the hospital of San Remo.

► Main component 4: Joint development of treatment protocols and conducting of research projects

Presently, two joint research projects are being carried out. The first concerns the nurses of the two hospitals and tries to find out if the French way of applying catheters (sterile method) or the Italian method (semi-sterile method) is more advantageous. The method usually used in France is much more expensive and takes much more time since considerably more material, staff and time are required and it remains to be seen whether the sterile method really leads to fewer catheter-related infections and sepses (blood poisoning) or whether the additional capacities required are by no means proportionate to the result achieved.
The second project is a project which is related to doctors. Together they examine patients with acute lung diseases to find out which germs are responsible for these diseases. They concentrate their comparisons and analyses on differences in the germ spectrum of the two hospitals, on therapeutic measures, duration and progressing of the disease as well as on the length of hospital stay.

Outcomes

The development of the telemedical network allows quick discussions and improved diagnostics of particularly difficult cases of patients and to gain information. The telemedical exchange of information thus allows doctors to take better care of the patients without the risk of infections due to the transportation of highly infectious materials or patients. By exchanging staff members mutual understanding for the treatment methods and organisational structures of the partner hospital can be established and communication

between the two hospitals be further improved since many employees know each other personally. The joint use of resources such as for example of the laboratory in Nice or of the 15 positive-negative pressure isolation rooms of the new-built isolation ward in San Remo will lead to savings both in terms of time and costs.

Evaluation

There are plans for an evaluation of the effects and outcomes after project completion and for the publication of an evaluation report as well as conference of all Interreg projects carried out in the border region. Up to now spontaneous feedback reports from the exchange groups and the questionnaires which are being filled out by the hospital employees after their exchange have been evaluated.

Prospects

The results of the project will be presented at a final conference towards the end of the project. Cooperation between the departments of the two hospitals (e.g. video conferences) shall be continued after project completion.

Extensive cooperation between the two hospitals to also include other departments as well as the continuation of the exchange programme for staff members will only be possible with the provision of additional funds. After completion of this project, an Interreg follow-up project aiming at cooperation between other departments (e.g. cardiology) is intended.

Website

A project-related website has not been created yet.

Literature

Anonymus (2006): Standardization of treatment in patients presenting with HIV, HVC, HVB and other infectious pathologies. Poster presentation, Bielefeld 2006. In: Brand H, Hollederer A, Ward G, Wolf U (eds.): Cross-Border Activities – Good Practice for Better Health. Workshop of the Project “Evaluation of border regions in the European Union”. 20/21 January 2006, Bielefeld. lögd: Wissenschaftliche Reihe, Bd. 21, Bielefeld.

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6.3.6 Telemedicine Network to Support Tumour Care in the POMERANIA Euroregion (Germany, Poland)

Project term:

Phase 1: 2002 – 07/2004 (*); Phase 2: 07/2004 – 11/2006 (*/**); from then on up to at least end of 2009.

Project partners:

Tumorzentrum Vorpommern e. V., Greifswald (Tumour Centre of Vorpommern), (DE)*
Fachhochschule Stralsund (University of Applied Sciences of Stralsund) (DE)*
Universitätsklinikum Greifswald (University Hospital of Greifswald) (DE)*
Hanse-Klinikum Stralsund GmbH (Hanse-Hospital of Stralsund) (DE)*
Sana-Krankenhaus Rügen GmbH (Sana-Hospital of Rügen) (DE)*
Asklepios Klinik Pasewalk (Asklepios Hospital of Pasewalk) (DE)*
AMEOS Diakonie-Klinikum Vorpommern – Ueckermünde (AMEOS Diaconal Hospital of Vorpommern – Ueckermünde) (DE)*
AMEOS Diakonie-Klinikum Vorpommern – Anklam (AMEOS Diaconal Hospital of Vorpommern – Anklam) (DE)**
Klinikum Karlsburg (Hospital of Karlsburg) (DE)**
DRK-Krankenhaus Grimmen GmbH (German Red Cross Hospital of Grimmen) (DE)**
Kreiskrankenhaus Wolgast (District Hospital of Wolgast) (DE)**
Karol Marcinkowski University of Medical Sciences, Poznan (PL)*
Pomerania Academy of Medicine, Szczecin (PL)*
Regional Oncology Hospital, Szczecin (PL)**
Szpital Wojewódzki, Koszalin (PL)**

Summary

The thinly-populated region of Pomerania is a region in which the provision of medical care needs to be networked more efficiently to maintain present standards also in future; otherwise - with the increasing shortage of physicians - the region is threatened by an undersupply of medical care. Since the year 2002, a Telemedicine Network has been established in Vorpommern. Through the employment of telemedicine technologies, scarce health care resources cannot only be used much more efficiently and costs be clearly reduced but also the quality and timeframes of diagnostics, therapy and medical care be improved. The Telemedicine Network comprises three different sub-projects: telepathology, teleradiology and teleconferencing. Since May 2006, Mecklenburg-Vorpommern has also been using the infrastructure of the Telemedicine Network for digital mammography screening. By mid 2006, 10 hospitals located in Bergen, Greifswald, Pasewalk, Stralsund, Ueckermünde, Demmin, Wolgast, Anklam, Karlsburg and Grimmen on the German side of the border region as well as in Poznan had implemented the Telemedicine Network. Up to the end of 2006, also the hospitals of West Pomerania with the Medical Academy in Szczecin and further locations in Szczecin and Koszalin will be equipped with the necessary telemedicine facilities and be linked to the network. An evaluation of the project is not intended.

After the expiration of EU funding, the network shall be continued with the self-financing by the networked hospitals themselves (at least up to the end of 2009). The future inclusion of hospitals from the German state of Brandenburg is also intended. Under a follow-up project, the present activities of the network are intended to be continued and extended to other issues (telecardiology, palliative medicine).

Project background

The Pomerania region in *Germany, Poland and Sweden* covers an area of about 68,000 km^2 with a population of about 7.5 million people. There are, however, only a few urban areas and for reaching a hospital, long distances have to be covered. Moreover, the region suffers from a lack of physicians. The Pomerania region is thus a region in which medical care has to be networked more effectively in order to maintain present standards also in future.

The area-wide provision of high-quality care for tumour patients throughout the entire region in a rather thinly-populated area is an important health policy task. In the catchment area of the Tumour Centre of Vorpommern with about 620,000 inhabitants, every year about 2,500 malignant neoplasm incidences have to be reckoned with. The Telemedicine Network for the support of tumour care in the POMERANIA Euroregion shall contribute to improving diagnostics and treatment for tumour patients in the region.

Project description

Since the year 2002, a Telemedicine Network has been under construction in Vorpommern. The employment of telemedicine technologies not only allows to use scarce health care resources much more efficiently and to clearly reduce costs but also to improve the quality and timeframes of diagnostics, therapy and the provision of medical care. The project area comprises the region of Vorpommern in Germany as well as the Voivodship of Vorpommern on the Polish side.

Since the year 2002, a large number of institutions/organisations have been involved in the project which is being funded through the Interreg initiative. In the first project phase, five hospitals in Mecklenburg-Vorpommern have been included in the network. Further partners could be won over for the second phase (see summary). As the responsible body for running the project, the Tumour Centre could win over the Institute for Computer Sciences of the University of Applied Sciences of Stralsund for the technical implementation of the pilot project. The project partners of the German side meet at least once a month. A steering group is responsible for coordinating the medical and technological details.

One element of the project also consists in its cross-border contribution to a close German-Polish cooperation. Numerous contacts between the German and Polish hospitals in the border region have been established for years. So, for example pathologists of the University Hospital in Poznan (Poland) have access to the internet server of the University of Applied

Sciences in Stralsund for retrieving or storing pathological findings and discussing them together with pathologists in Greifswald. For this purpose, Prof. Szymas of Poznan University was equipped with a telepathology workstation funded by the *Landesförderinstitut* (State Support Institute) in Schwerin. Under this project, annual meetings were moreover held between the partners on both sides of the border at which reports on the development state of the project were given. In addition, mutual visits were made.

Due to financial problems, the establishment of a corresponding Telemedicine Network on the Polish side will however be delayed until the end of 2006 (as of June 2006).

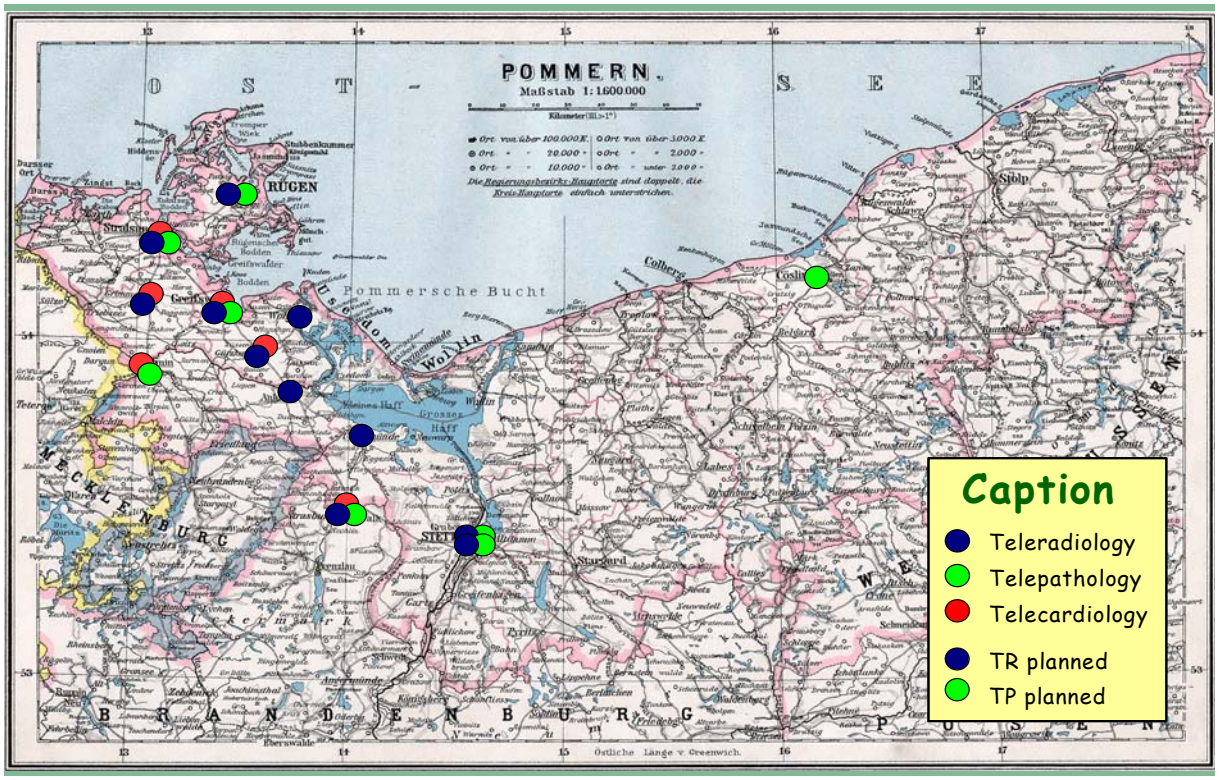

Illustration 30: Telemedicine Network sites in the field of teleradiology, telepathology and telecardiology realised or planned up to now (as of July 2006)

Objectives of the project

The network provides a contribution to establishing a cross-border health region. The objectives of the project are to:

- establish an open cross-border network in a large and scarcely-populated region to improve the provision of health care (particularly tumour care) for the citizens of the region.
- introduce the breast cancer early detection programme (mamma screening) on a telemedicine basis and cross-border practical experiences in clinical routine work.
- provide optimised care for patients in cases of emergency, particularly strokes, other neurological emergencies and cardiac infarctions

- use existing structures through different hospitals as well as
- achieve cost savings for the health care system as a whole.

Development and content of the project

The Telemedicine Network presently comprises three different sub-projects which have mostly been realised on the technological and practical level and, with the support of the Tumour Centre of Vorpommern, will soon be employed in the field of everyday routine medicine: telepathology, teleradiology and teleconferencing. These sub-projects will be further described in the following sections.

Telepathology

Due to infrastructural problems and limited financial resources, not all hospitals have access to services for primary diagnosis confirmation such as for example microscopic fine-tissue analysis by a pathologist. For these reasons, patients were forced to travel long distances to the nearest university hospital or histological material and/or images were transported by courier or mail which was very time intensive and expensive. A tissue analysis under the microscope during an operation (rapid section diagnosis) which is sometimes required for tumour surgery is for the above-mentioned reasons only possible under great efforts and with delays leading to longer operation hours or repeated surgical procedures with the ensuing anaesthesia risks. There is moreover the risk that the transported histological material might be polluted.

Within the Telemedicine Network, a telepathology association was therefore established comprising the hospitals of Stralsund, Greifswald and Pasewalk with their own pathological institute as well as Sana-Hospital in Bergen on Rügen which does not have its own pathology (see figure 30). Particularly Bergen can profit from the support through the other hospitals since tissue samples can be examined by pathologists of the association via telemedicine. All in all, the telepathology association is of clear benefit to all partners involved because it helps to realise several application scenarios by linking technical know how among various hospital locations. The telepathology association mainly prioritises rapid sections (Kryosection) and obtaining second opinions.

Teleradiology

Often a centre has one mammography expert who in cases of illness or during holidays has no one to stand in for him. Moreover, there is no opportunity for obtaining a second opinion. In neurosurgical emergencies, consulting an expert is helpful for optimising the process and, if necessary, for having a patient transferred to another hospital. Similar to telepathology, electronic image mailing will contribute to time savings, particularly for severely injured patients.

The teleradiology network can essentially be used for quickly obtaining a second opinion as well as for emergency care utilisation (teleradiological emergency consultation). A neurosurgical emergency consultation may for example be used to quickly decide on the further treatment of emergency patients with a cranium-brain trauma (transfer to another hospital, surgery etc) by obtaining a corresponding expert opinion. Further possibilities are also bilateral applications such as for example holiday and weekend replacements among those hospitals participating in the network.

The teleradiology network association mainly consists of those hospitals which are also working together in the Telemedicine Network in the field of telepathology (see fig. 30). Details on the technological implementation as well as on application scenarios can be taken from the project website at http://telemedizin-mv.fh-stralsund.de (only available in German language).

Teleconferencing

Hospitals located in the periphery have limited access to interdisciplinary and interhospital meetings (so-called “tumour boards”) where multimodal therapies of cancer patients are discussed and coordinated. Hospitals in the periphery suffer from a lack of continuous medical further training seminars, possibilities of obtaining second opinions as well as interdisciplinarity.

With the help of telemedicine, tissue sections, radiographs etc can be diagnosed by experts in remote centres and be confirmed by interdisciplinary physician teams. This way, every year about 2,500 patients with newly discovered tumour diseases in the catchment area of the Tumour Centre of Vorpommern profit from new ways in diagnostics, therapy and follow-up care. The patient no longer has to travel through the region to consult a physician. Medical data is instead conveyed during tumour conferences with the help of modern means of communication.

Project evaluation

A project evaluation has up to now not been carried out and is not planned either.

Results

A network of hard-ware and software-based solutions was implemented to replace the transport of patients and/or histological material samples and thus to accelerate and promote tumour diagnostics in a rural area. Cost savings are moreover possible due to the fact that not every hospital needs its own pathologist but that histological data can be transmitted electronically to a pathologist in a specialist centre. This way, expensive and long transports through couriers conveying histological material and/or the transfer of patients are no longer required. Thanks to the Telemedicine Network, it has moreover become easier to organise

holiday replacement or on duty services among the physicians of the various hospitals and to obtain a second opinion. For the inhabitants of the region, the project leads to improved tumour care.

The project integrates three telemedicine functionalities (pathology, radiology and conferencing) via a teleconference server. This means that different data (pathological, radiological etc) is pseudonymised and stored on this server so that during the conference each participant has access to the data.

One of the main challenges of the project was to convince the hospital staff of the project, particularly since elderly staff members were more sceptical about the technology. Since May 2006, Mecklenburg-Vorpommern has also been using the infrastructure of the Telemedicine Network for digital mammography screenings. Registered radiologists having their own independent practices transmit radiographs to the breast centre in Greifswald and then joint conferences are held via the network.

Prospect

By the summer of 2006, the Telemedicine Network had been implemented on the German side of the border region in 10 hospitals located in Bergen, Greifswald, Pasewald, Stralsund, Ueckermünde, Demmin, Wolgast, Anklam, Karlsburg and Grimmen as well as in Polish Poznan. By the end of 2006, the hospitals in western Pomerania shall also be equipped with the necessary telemedicine appliances and be linked to the network. Cooperation with the hospital in Police as well as the Pomeranian Medical Academy and the Regional Oncology Hospital in Szczecin had already been provided for in the project application and was later on extended to also include the hospital of Koszalin. The provision of funds for the Polish side was delayed for several times and will now be made in autumn 2006 so that then also the Polish partners in Vorpommern and western Pomerania can also be linked to the Telemedicine Network of the German hospitals.

The network shall be continued after expiration of EU funding. It remains, however, to be clarified how for example repair/regular maintenance work for the equipment shall be paid. There are also plans for the future inclusion of hospitals from the state of Brandenburg (Germany).

Under a follow-up project which will also be financed by the European Union and the state of Mecklenburg-Vorpommern, the present activities of the network association will be continued and extended (telecardiology, palliative care). In the field of telecardiology, patients with acute pain in the breast will profit from a new tele-ECG-infrastructure which allows the transmission of recorded ECG values to a cardiac specialist, irrespective of the location where he/she is based.

Website

Comprehensive project information is available on the project website at http://telemedizin-mv.fh-stralsund.de.

Literature

Anonymus (2006): POMERANIA telemedicine Network. Poster presentation, Bielefeld 2006. In: Brand H, Hollederer A, Ward G, Wolf U (eds.): Cross-Border Activities – Good Practice for Better Health. Workshop of the Project "Evaluation of border regions in the European Union". 20/21 January 2006, Bielefeld. lögd: Wissenschaftliche Reihe, Bd. 21, Bielefeld.

Informationsdienst Wissenschaft vom 8.5.2004: „Telemedizinisches Netzwerk zur Unterstützung der Tumorversorgung in der Euroregion POMERANIA". (in German language only)
retrieved January 17, 2007 from www.uni-protokolle.de/nachrichten/id/33665/

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6.3.7 EUMED: Cross-Border Emergency Medical Assistance in the Meuse-Rhine Euregio (Belgium, the Netherlands, Germany)

Project term

1/2005 – 12/2007

Project partners

GGD Zuid-Limburg (NL)

Traumacentrum Limburg (NL)

Academisch Ziekenhuis Maastricht (NL)

City of Aachen (DE)

District of Aachen (DE)

District of Heinsberg (DE)

District of Düren (DE)

District of Euskirchen (DE)

University Hospital of Aachen (DE)

Province of Liège (BE)

Centre Hospitalier Universitaire de Liège (BE)

Centre Hospitalier Régional de la Citadelle, Liège (BE)

Ziekenhuis Oost-Limburg Genk (BE)

Summary

The Euregio Meuse-Rhine (EMR) is a densely populated region stretching across the borders of three countries (Belgium, Germany, the Netherlands). The standard of the region in the provision of medical care is high. Due to the industrial activities located in this region, the high amount of traffic as well as frequently held large-scale events, the area has a particularly high risk of being hit by large-scale disasters.

The "EUMED" project (Euregional Medical Assistance / mutual support in the case of large-scale disasters) with a project term of three years is part of the EMRIC project (**E**uregio **M**aas-**R**ijn – **I**nterventie in geval van **C**risis, Euregio Meuse-Rhine – disaster management) which was started in January 2005 and is funded from the Interreg Community Initiative. First EUMED project activities already started at the end of the 1990s.

"EUMED" comprises the elements of "routine rescue operations", "large scale disasters" as well as "further training measures/exercises". Meanwhile a Euregional emergency medical assistance plan (EUMED Ambu Concept) has been developed to improve cross-border cooperation in the case of large-scale disasters. This is now being tested in alarm exercises. Moreover, a Euregional plan on the distribution of casualties has been developed to ensure the prompt transfer of patients in the case of large-scale disasters. In the purpose-built practical training centre in Heerlen as well as at various decentralized locations in the EMR further training seminars and language courses are being held. An evaluation of the present products is carried out based on trials and/or implementation into practice.

At the moment, the present products are being tested in practice. Further activities such as the drawing up of a Euregional psycho-social assistance plan are in preparation.

Project Background

The Euregio Meuse-Rhine (EMR) is a densely populated region stretching across the borders of three countries (Belgium, Germany, the Netherlands). An area of 10,478 km2 is inhabited by about 3.8 million people. The standard of the region in the provision of medical care is high. The EMR has 8 rescue coordination centres, about 57 hospitals and about 70 rescue services. Due to the industrial activities located here, the high volume of traffic as well as due to the frequently held large-scale events, the area has a particularly high risk of being hit by large-scale disasters. Mass casualty incidents can therefore not be excluded.

Particularly with regard to large-scale disasters, cooperation with the neighbouring countries is useful because due to shorter distances the scene of an accident might in some cases be reached within shorter times by the rescue services of the neighbouring country than by the rescue forces from the nearby regions of the affected country itself. The neighbouring border regions are moreover equipped with high-quality medical facilities which might be required in the case of large-scale disasters. In mass casualty incidents it is moreover necessary that rescue forces cooperate in a quick and coordinated way, satisfying the quality standards of everyday health care provision. Cross-border cooperation therefore has to be tested, but these tests must not only be restricted to rather rare disaster operations or exercises but have to start with the provision of routine care services.

In the Meuse-Rhine Euregio (EMR), a number of cooperation projects concerning the provision of emergency medical care are already being carried out (see Ramakers and Bindels 2006). In addition to the described EUMED Project, these projects also include the “Rescue services” project completed at the end of 2005 which was in particular dealing with the insurance-related aspects of cross-border rescue operations.

Three bilateral agreements concluded on cross-border assistance in the case of disasters and accidents are relevant for the EMR. These include (a) the agreement between the Federal Republic of Germany and the Kingdom of the Netherlands, (b) the agreement between the Kingdom of the Netherlands and the Kingdom of Belgium as well as (c) the agreement between the Federal Republic of Germany and the Kingdom of Belgium. They provide the basis for further agreements which were or are to be concluded within the EMR

on cross-border cooperation in the field of emergency medical care provision. An overview of all agreements existing in the EMR can be taken from the publication by Ramakers and Bindels (2006).

Activities initiated up to now

Medical assistance for normal rescue operations on a mutual basis has already been provided for several years within the EMR. Up until some years ago, rescue vehicles from the other side of the border were only rarely deployed and admission to hospital in a neighbouring country in a case of emergency proved to be difficult.

In the year 2001, the ITS in Nijmegen conducted a study entitled "Emergency medical assistance for accidents and disasters", in which the provision of emergency medical care for disasters in Belgium, Germany and the Netherlands was examined and recommendations were made on the improvement of cross-border cooperation in this field (Post 2003). First practical steps to intensify and improve cross-border cooperation in the field of emergency medical care were taken under the one-year pilot project "Mutual assistance for rescue services" which started on 1 April 2002[25].

A further relevant study has meanwhile been conducted which describes the impacts of existing general agreements, of the existing statutory regulations and current projects in the EMR and makes recommendations on the improvement of cross-border emergency medical services in the EMR (Ramakers & Bindels 2006). The study states that (Ramakers & Bindels 2006:3): "The operational obstacles which in the first years made cooperation difficult could – apart from some minor "flaws" - be removed. The main problem still is the financing of transport and provision of care. Final agreements are moreover required with regard to narcotics and the use of optical and acoustic signals. Bilateral agreements between the countries seem to be the best solution here. Such agreements can be concluded based on various general agreements at EU, Benelux or the national level."

Description of the "EUMED" Project

The "EUMED" project (Euregional medical assistance / mutual aid in the case of large-scale disasters) with a project term of three years is part of the EMRIC project (**E**uregio **M**aas-**R**ijn – **I**nterventie in geval van **C**risis, Euregio Meuse-Rhine – disaster management) which was started in January 2005. EMRIC is financed through funds from the Interreg Community Initiative. The EMRIC project is intended to sustainably improve cross-border cooperation in the field of rescue services as well as fire and disaster control at the level of the rescue forces and rescue services coordination centres. "EMRIC" comprises various elements. These include the fields of routine rescue operations, mutual assistance in the provision of medical care in the case of large-scale disasters as well as further training measures and

[25] In three studies the corresponding legislations were finalized and an overview of the problems which still exist and/or have already been abolished was drawn up.

exercises but also the field of “fire protection” and the drawing up of a risk map (summarized by “EUMED”). These sub-modules shall be brought together and provided on an internet-based platform which will also function as a virtual integrated network of the rescue coordination centres in the EMR and shall provide various elements for better communication (see www.emric.net). The platform will, however, also provide information for the public.

First EUMED project activities already started at the end of the 1990s. To ensure good and uncomplicated rescue cooperation among the three countries, activities are required at various levels:

- with regard to rescue services (routine rescue operations and in the case of large-scale disasters)
- allocating injured persons to hospitals
- in the field of training courses and exercises for the rescue forces.

“EUMED” therefore comprises the elements of “routine rescue services”, “large-scale disasters” as well as “further training measures/exercises” (see illustration 31). It includes a number of activities which are described in greater detail in the following.

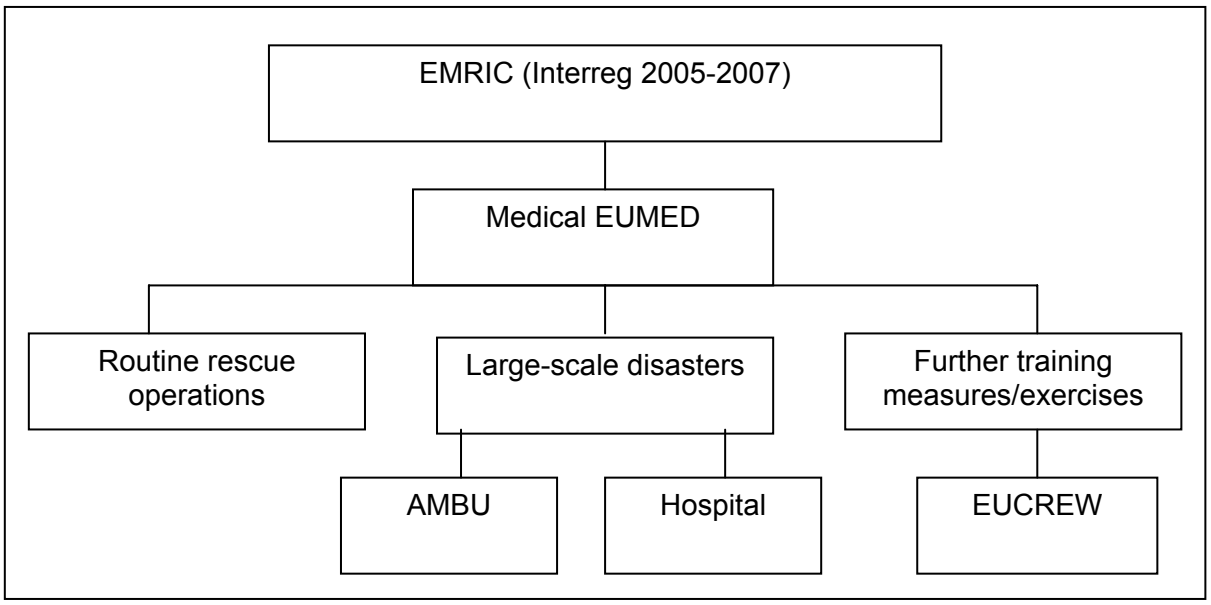

Illustration 31: Elements of the “Medical EUMED“ project; sub-project of the ”EMRIC“ framework project

Routine rescue operations

As early as at the beginning of 2000/2001, a working group was set up with the intention of coordinating cross-border rescue services. Within a short period of time, agreements on mutual support for normal rescue procedures could be made between Zuid-Limburg (B) and Aachen Regio (D) and between Zuid-Limburg (NL) and Riemst (B).

In addition to the usual means of transportation, rescue helicopter Christoph 1 of the German ADAC stationed in Würselen-Merzbrück (near Aachen) can also be deployed. A further helicopter for cross-border deployment is available in the Province of Liège.

The provision of mutual support in normal rescue cases has meanwhile on several occasions been proved to be successful. Table 7 gives an overview of the cross-border rescue operations in the Meuse-Rhine Euregio.

Table 7: Overview of cross-border rescue operations in the Meuse-Rhine Euregio in 2005 and 2006.

	2005	2006
Rescue operations by the German side	161	79 (January until June inclusive)
Rescue operations by RAV (NL) in Germany	113	26 (January until April inclusive)
Rescue operations by RAV (NL) in Belgium	78	18 (January until April inclusive)
Rescue helicopter operations	22	17 (January until June inclusive)

Large-scale disasters

Also in the case of large-scale disasters the neighbouring countries, if required, are to be provided as quickly as possible with appropriate medical support in the form of ambulance units and hospital treatment capacities. This shall be achieved with the help of the project modules “Eumed Ambu” and “EUMED-Hospital”. For both project modules counselling bodies have been set up. These include:

- a steering committee on emergency medical care in the EMR
- meetings of the emergency rescue coordination centres and rescue services in the EMR as well as
- a Euregional Medical Disaster Management Task Force.

Eumed-Ambu

Under the leadership of GGD Zuid-Limburg, the steering group on “Medical support for emergencies in the Meuse-Rhine Euregio” which comprises representatives from all regional organisations responsible for rescue services in the EMR (district of Heinsberg, district of Aachen, city of Aachen, district of Düren, district of Euskirchen, Rijksgezondheidsinspectie of the province of Liège and GGD Zuid-Limburg) has drawn up a Euregional emergency support plan, the so-called “Eumed-Ambu Concept”. This concept serves to improve cooperation in the field of emergency rescue operations during large-scale disasters by regulating operational procedures for the provision of mutual support. The concept among other things includes procedures concerning the alarming and provision of emergency rescue units and describes the functions of the rescue operation coordinating centres as well

as the conduct of rescue operations (triaging of patients, directing rescue services to the right location etc.). Additions and explanations are added to the concept in the form of enclosures.

This concept which is available in three languages has to a large extent been implemented. The concept is now being used in alarm exercises to establish whether it is suitable for practical implementation and in order to practice emergency rescue operations.

For the provision of cross-border medical support during large-scale disasters in the EMR, a cooperation agreement has additionally been drawn up (Eumed-Ambu Cooperation agreement – Cross-border medical support for large-scale disasters in the Meuse-Rhine Euregio"). According to this agreement, cross-border medical support in the case of large-scale disasters is to be provided in accordance with the regulations of the "Eumed-Ambu" emergency rescue plan, joint exercises are to be held at least once a year and required information has to be made available to all parties involved. The signing of this agreement is presently still outstanding (as of July 2006).

For the regional implementation of the "Eumed-Ambu Concept" the individual regions (South-Limburg, district of Aachen, city of Aachen, district of Heinsberg, district of Düren, district of Euskirchen, province of Liège and Limburg) have to draw up corresponding operation plans for large-scale disaster management. These plans will also include the provision of mutual support.

"Eumed Hospital"

In the case of large-scale disasters quick decisions have to be made about the hospitals into which the individual patients can be transferred. This requires information about the capacities available in the individual hospitals of the EMR.

Under the leadership of the Gemeentelijke Gezondheids Dienst (GGD) Zuid-Limburg, nine institutions – among them the four big hospitals of the EMR, the Academisch Ziekenhuis Maastricht, Centre Hospitalier Universitaire in Liège, the Ziekenhuis Oost-Limburg in Genk as well the University Hospital of Aachen[26] – have worked out a Euregional plan for the distribution of casualties in the EMR. The plan provides for the allocation of casualties of a large-scale disaster to the eight big hospitals in the EMR. To be selected, these hospitals had to be in a position to provide 7x24-hour poly-trauma care. Thus, 101 t1 and t2 patients (t 1 = triage 1, acute life threatening danger, t2 = seriously injured) per hour can be treated.

<u>EUCREW Meuse-Rhine</u>

As early as in 2003, the "EUCREW – Meuse-Rhine" commission was set up. This commission developed further training modules and carried out corresponding events and

[26] Further partners were the Centre Hospitalier Régional (CHR) in Liège, the Trauma Centre of Limburg, the Atrium Hospital of Heerlen and Orbis Sittard.

exercises to improve cooperation in the field of emergency medical care in the region. This project has meanwhile been put on a broader basis and further organisations have been included. EUCREW Meuse-Rhine understands itself as a working community. It comprises the *Gezondheidsinspectie* of the Belgian provinces of Limburg and Liège, the German ADAC, Aachen Regio, the German-speaking community of Belgium, GGD Zuid Limburg (department GHOR Zuid-Limburg) and several training institutions in the field of emergency medical care in the Meuse-Rhine Euregio. In addition to language courses and the introduction of different rescue systems, the training programme in 2005/2006 also includes training seminars in the fields of preclinical trauma care or the coordination of medical rescue services during large scale disasters. The training seminars are held in a purpose-built Emergo training centre in Heerlen and at various other locations in the EMR.

Under EUCREW, the following structures were established:

- the EUCREW Meuse-Rhine working group which is responsible for the development of the training modules as well as for the organisation and carrying out of the training courses as well as
- the EUCREW Meuse-Rhine steering committee, which is responsible for setting up the financial and regulatory framework for the training courses.

Evaluation

The present products such as EUMED hospital and EUMED Ambu are being evaluated by means of testing and implementation into practice. In alarm exercises, tests are already being carried out to establish whether the products are suitable for practice.

Prospect

Three languages are spoken in the EMR. This means that corresponding documents and cooperation agreements have to be drawn up in all three languages. To make communication possible and/or easier when it comes to implementing the concepts into practice, special language courses are being offered under the “EUCREW” project. Moreover multilingual anamnesis forms and technical dictionaries have been drawn up. Also in the case of large-scale disasters it is thus without any major problems possible to jointly classify and treat patients.

The present products (Euregional emergency rescue support plan “Eumed-Ambu”, the Euregional plan for the distribution of injured persons “EUMED Hospital”, exercises) facilitate and promote mutual support for normal rescue procedures as well as in the case of mass casualty incidents and disasters. To implement the concepts and instruments developed so far, it is now necessary to test them so that the use of mutual support in emergencies becomes a natural course of action and can be provided without any problems.

In addition to the above-described activities, further activities are in preparation. Under the leadership of GGD Zuid-Limburg (NL), a number of partners[27] have joined their forces to cooperate in the field of psychosocial care during large-scale disasters (Eumed-Psych). The objective is to draw up a psychosocial rescue service plan at the Euregional level. Presently (July 2006), this plan is still under development.

The products generated so far in the EMR can also be used for other projects in other border regions so that other regions as well can profit from these activities.

Website

A website is presently under construction. It can be retrieved at www.emric.net (German, Dutch, French, English).

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[27] These partners include the district of Heinsberg, the disctrict of Aachen, the city of Aachen, the district of Düren, the district of Euskirchen, Rijksgezondheidsinspectie Provincie Lui as well as Rijksgezondheidsinspectie Provincie Limburg.

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6.3.8 Cross-border cooperation in the Meuse-Rhine Euregio to decrease risky behaviour in adolescents / Risicogedrag adolescenten (Germany, the Netherlands, Belgium)

Project term
10/2001 – 12 / 2005

Project partners
GGD Noord- en Midden-Limburg (NL, project management)
Gemeentelijke gezondheidsdienst (GGD) Noord- en Midden-Limburg (NL)
GGD Westelijke Mijnstreek (NL)
GGD Zuidelijk Zuid-Limburg (NL)
GGD Oostelijk Zuid-Limburg (NL)
Province of Limburg (BE)
Ministry of the German-speaking Community (BE)
Health Department of the District of Düren (DE)
Health Department of the District of Heinsberg (DE)
Health Department of the District of Euskirchen (DE)
Health Department of the District of Aachen (DE)
Health Department of the City of Aachen

Summary

The main objective of the “Risicogedrag adolescenten” project, which was sponsored by the Interreg IIIA Community Initiative and has meanwhile been completed, was to promote cross-border cooperation within the Euregio Meuse-Rhine (EMR) in the field of risk behaviour prevention among adolescents. The project was divided into two phases. The first phase was a quantitative study (Youth Survey 2001/2002) giving a comprehensive overview of the risk behaviour in children and adolescents in the EMR. This study was followed by a qualitative study in which the conditions for risk behaviour and prevention were examined. In the second project phase, the study results were used to implement first prevention activities, to set up networks and to make recommendations on future developments in this field.

Under the project, methods for best-practice-public-health were among other things developed, cross-border structural networks set up, lists of criteria on the transferability of prevention measures drawn up, and various cross-border prevention activities as well as specific training programmes for multiplicators carried out. As part of the evaluation activities, an evaluation report was among other things published as well as information from the target groups and expert interviews analysed.

The activities shall now be continued and be financed through funds from the Euregio itself and through donations. There are moreover considerations to extend the contents of these activities. Various activities such as for example the setting up of networks, the signing of a political declaration of prevention (May 2005) ensure that this issue will also in future play an important role in the EMR.

Project Background

Since mid of the 90s, the media in the Netherlands had regularly been reporting about an increase in drug abuse among young people. This was in particular true for rural areas. The Limburg health departments were therefore commissioned with the task of conducting a region-wide survey among 14-16-year olds in order to gain reliable data which had been missing up to then. This survey was carried out in 1995 and corresponding prevention activities were started and/or existing measures modified. In that year already, the decision was made to repeat the survey – in the sense of an evaluation of measures – in the year 2001.

Project Description

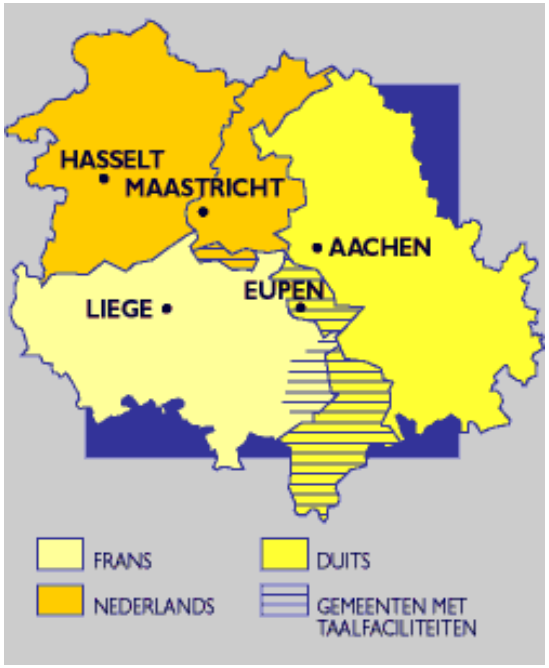

Illustration. 32: Map of the Euregio Meuse-Rhine

General

The "Risicogedrag adolescenten" project which was carried out in the Euregio Meuse-Rhine (EMR) (illustration 32) started in October 2001 and was completed in December 2005 after a term of four and a half years. All in all, the project could use a budget of 626,300 € of which 308,000 € came from the EU Interreg IIIa Community Initiative, 79,200 € from the state of North Rhine-Westphalia and 16,700 € from the Belgian province of Limburg.

Eleven partners from the EMR were involved in the project. On the Belgian side, these were the province of Limburg and the Ministry of the German-speaking Community in Belgium, on the Dutch side the Gemeentelijke gezondheidsdienst (GGD) Noord- en Midden-Limburg, GGD Westelijke Mijnstreek, GGD Zuidelijk Zuid-Limburg and the GGD Oostelijk Zuid-Limburg as well as on the German side the health departments of the districts of Düren, Heinsberg, Euskirchen, Aaachen as well as the health department of the city of Aachen. The project was managed by GGD Noord- en Midden-Limburg which had also submitted the project proposal and Ton Houben (GGD employee) was the official project leader.

The project structure on which the project was based is described in illustration 33.

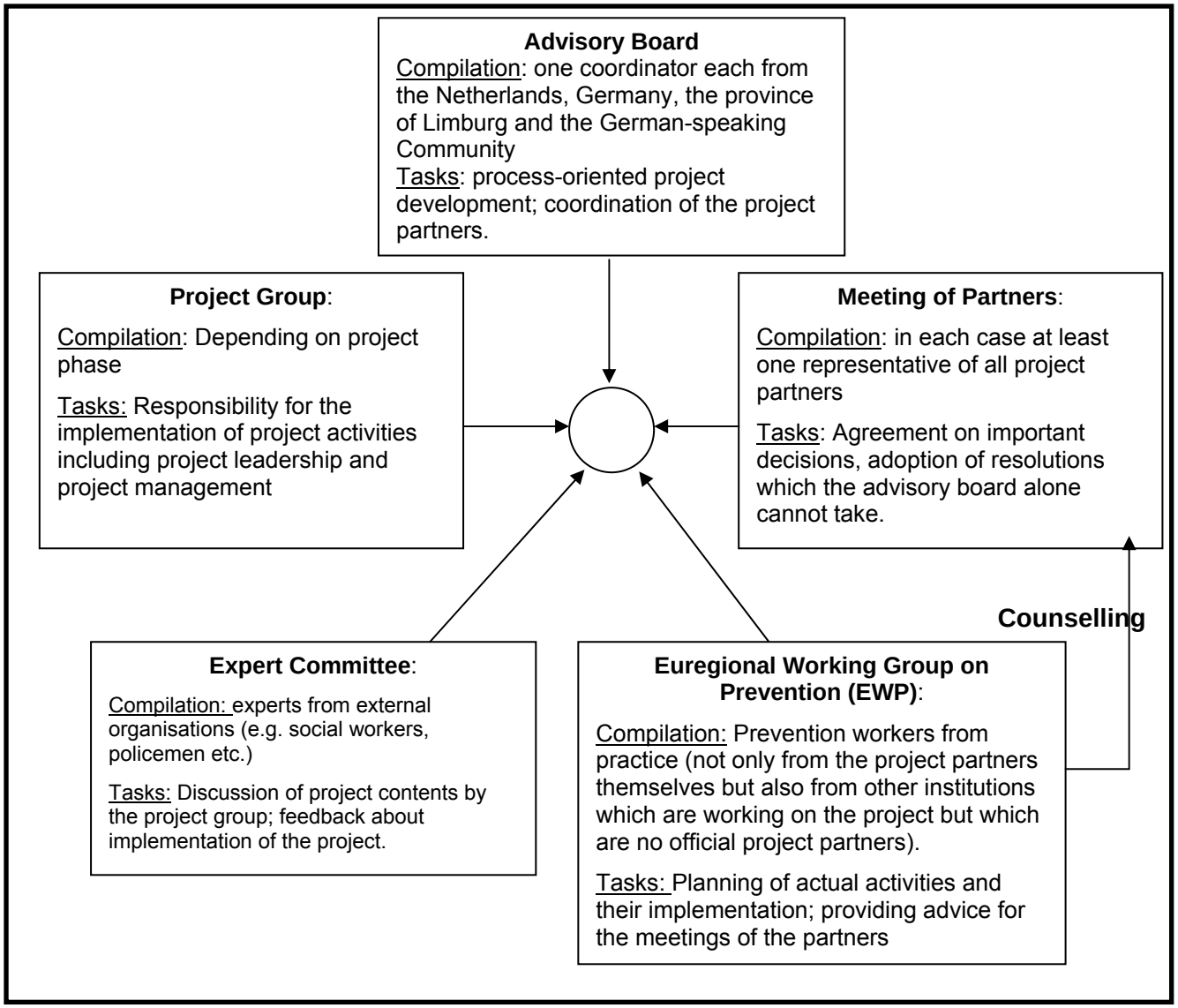

Illustration 33: Organisation structure of the "Risicogedrag Adolescenten" project

Objectives of the Project

The most important objective of the project was to promote cross-border cooperation within the EMR in the field of risk behaviour prevention among young people. This objective was structured into four sub-objectives:

1. cross-border surveys and reporting
2. setting up of a Euregional counselling body as well as Euregional network
3. taking stock of the implemented prevention programmes and activities as well as of their availability
4. planning and implementation of joint prevention activities.

Contents and development of project

The project was divided into two phases. The first phase consisted of a quantitative study (Youth Survey 2001/2002) which was followed by a qualitative study. In the second project phase, first prevention activities were carried out based on the survey results, networks set up and recommendations concerning future developments in this field made. These two phases are described in greater detail in the following.

Phase I: Quantitative Study (Youth Survey 2001/2002)

The objective of the "Youth Survey 2001/2002" was to gain a comprehensive overview of the risk behaviour in children and young people in the Meuse-Rhine Euregio. For this purpose, in October 2001 a comprehensive survey was started and carried out among 14-16-year-old pupils in Germany, the Netherlands as well as in Belgium.[28] A structured questionnaire to be completed in writing was drawn up, containing above all questions on the consumption of alcohol and tobacco and (risk) behaviour (school (performance at school; playing truant, teasing), health, consumption of medicines, consumption of alcohol and drugs, smoking habits, leisure activities, compulsive gambling, so-called minor offences, tasks, sports, safer sex, nutrition habits (breakfast; fruits; vegetables; dental hygiene)). A total of 46,000 pupils from 269 schools were interviewed.

The study was covered in a report of more than hundred pages which is available both in German and Dutch (lögd 2004). This publication also informs about the outcomes of the study.

Phase I: Qualitative Study (2003/2004)

The quantitative study was followed by a qualitative study. The objective of this study was to examine the general conditions for risk behaviour and prevention. Therefore factors related to the risk behaviour of young people were examined in greater detail in the regions and analysed. This included analyses of the

- differences and similarities in legislation and regulations,
- policy of tolerating/lenience as well as of the political and organisational priorities
- prevention structures and cross-border influences as well as
- social acceptance of alcohol and tobacco.

In addition, existing local prevention activities were taken stock of and the background conditions and chances of prevention programmes examined. For this purpose, literature and internet searches as well as 175 expert interviews were carried out.

[28] On the German side, the survey was carried out in the regions of Heinsberg, Düren and Euskirchen as well as in the cities of Aachen and Düsseldorf, on the Dutch side in the regions of southern Südlimburg, eastern Südlimburg, Westelijke, Mijnstreek and northern and central Limburg and on the Belgian side in the province of the German-speaking communities and in the province of Limburg.

The results of the qualitative study were linked to the results of the Youth Survey and submitted to a (statistical) analysis.

Phase II: Development and implementation (2004 – 2005)

Based on the results of the qualitative and quantitative study, cross-border prevention activities were developed and implemented during the second phase of the project ("best practice public health"). So for example the month of May 2005 was declared the Euregional "Month of Prevention". This included:

- declaration of prevention by the 5 Governors/Regional Commissioners/Ministers as well as corresponding public relations work,
- sport activities with integrated health information and education,
- discussion groups (youth committee),
- film festival for the target group as well as
- a "stop-smoking" discotheque

In the May 2005 political declaration on prevention, general prevention and health promotion measures were specifically stipulated as a political objective of the EMR within the next few years (see box 9).

Box 9: Declaration of the patrons – prevention ambassadors - concerning the May 2005 Prevention Month in the Meuse-Rhine Euregio

"Youth has a future". The protection and promotion of youth health are therefore an important concern of public health care. The prevention of risky behaviour in adolescents provides an essential contribution. The coordination and cooperation among different government and non-government institutions in the neighbouring regions which are dealing with the prevention of risk behaviour lead to an increase in efficiency. The outcomes of the project "risk behaviour in adolescents" in the Meuse-Rhine Euregio show the possibilities and significance of cross-border coordination and cooperation. The project partners recognise the additional benefit of taking a cross-border approach in the field of prevention. After completion of this project and the corresponding expiration of funding from EU grants, the project partners will continue and further intensify their cooperation on a permanent basis. We as the patrons and the prevention ambassadors of the May 2005 Prevention Month in the Meuse-Rhine Euregio declare that we explicitly underline the significance of preventing risk behaviour and that we support the intention and initiative for further cooperation among the project partners and that for this purpose we will seek the support of the decision-makers in policy and administrations of the municipalities. Where possible, we will support the intention and initiatives of this existing network. (translated)

By setting up a "cross-border workgroup on prevention", structural cross-border cooperations among the actors were moreover established. In 2005, the working group dealt with the organisation of the prevention activities. In the second part of the project, a number of

political recommendations on prevention and further development of cross-border cooperation were in addition formulated (see box 10).

Box 10: Project "Risicogedrag Adolescenten" - Recommendations

- Set up and support a cross-border network of professionals
- Promote professional competence
- Development of methods to implement best-practice-public-health (based on results of the Youth Survey of the Meuse-Rhine Euregio)
- Small-scale cross-border co-operation prevention activities
- Policy-making by the commitment of well-known governors
- Monitoring the risk behaviour in adolescents (4-year period)

Moreover, specific multiplicator training seminars were carried out. These were held in the form of an action campaign called "Further training for teachers and prevention workers" in November 2005. In the run-up to these seminars, it had been found out that individual schools will not profit much from general study results because they do not know which specific action needs can be derived from the general study particularly for their school. This action measure was therefore aimed at providing teachers with a scientific method allowing them to identify the most pressing needs for prevention activities in their school.

Main results of the project

The following describes the main outcomes and products of the project:

- development of a best-practice-public-health-methodology
- setting up of several cross-border structural networks
- development of a list of criteria for transferring prevention measures
- development of a methodology for a comparable Euregional health reporting system which can be used by the partners
- implementation of various cross-border prevention activities
- specific training seminars for multiplicators (action " further training for teachers and prevention workers")
- publication of project outcomes in the form of reports (lögd 2004; Risicogedrag 2004) as well as presentation at various events
- signing of a declaration of prevention by the five Governors/Regional Commissioners/Ministers in May 2005 and adoption of political responsibility for the further development (see box 2)
- agreement on repeating the Euregional Youth Survey in 2006 (five years after first survey)

- agreements on continuation of activities: two Euregional events per year after one or two firmly established conferences on EMR prevention activities.

Evaluation

In 2004, an evaluation report entitled “Risikoverhalten Jugendlicher aus der euregionalen Perspektive” was issued. The city of Aachen and the city of Düsseldorf have published partial reports showing the survey results of their cities. Moreover, information was analysed which had been gained through spontaneous feedback from the target group(s), from expert interviews and oral surveys among target groups.

Prospects

The above-mentioned project was the first project to successfully conduct an almost region-wide survey among young people on the politically relevant issue of “addiction and drugs”. This survey was very quickly followed by the now firmly established network in the field of addiction prevention which serves as an example for the establishment of a general prevention network. The political declaration of prevention of May 2005 served to increase the significance of this network. The general prevention and promotion of health were specifically stipulated as a political objective for the next years in the EMR.

The follow-up cooperation agreement is intended to ensure the sustained and uninterrupted continuation of the project activities, at least up to the end of the year 2010. The agreement has meanwhile been signed by the Districts of Aachen, Düren, Heinsberg, the City of Aachen, the German-speaking Community of Belgium, the Province of Liège and by all community health services (GGDs) in Dutch Limburg. The youth survey was again carried out in autumn 2005 in Dutch Limburg and in autum 2006 in the District of Heinsberg. Joint results will be presented in spring 2007. Unfortunately, the other cooperation partners have not taken part in the survey. In 2006, a joint month of prevention comprising joint cross-border activities in Belgium, the Netherlands and Germany was carried out by the prevention forces. Activities are also planned for the year 2007.”

There are moreover considerations to also extend the contents of the project. So for example the next survey shall also deal with the nutrition habits of young people. Therefore the project name will probably be changed because in future the project will cover more than merely the risk behaviour in adolescents.

The project partners intend to finance themselves through funds of their own and by sponsoring. This seems to have functioned quite well in the past since for example beverage firms sponsored the non-smoking disco.

In an interview with the project partners the project manager said: “[…] but the main objective actually was to found a real Euregional network for prevention which will also be continued after completion of the project.”

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Enclosures

Enclosure 1:

Events at which the project was presented

Date	Venue	Authors/Presenter and Topic
2004		
Sept.17, 2004	Public Health Delegation, Institute of Public Health NRW (lögd), Bielefeld, Germany	Ulrike Wolf: “Evaluation of Cross-Border Activities in Health (Project EUREGIO)” (lecture)
Sept. 22 – 24, 2004	Annual Conference of the German Society of Social Medicine and Prevention (DGSMP), Magdeburg, Gemany	Ulrike Wolf: "Evaluation of cross-border activities in health“ (lecture)
Sept. 29, 2004	Public "lögd training seminars" of the Institute of Public Health NRW, Bielefeld, Germany	Ulrike Wolf: "Evaluation of cross-border activities in the health care sector of the EU“ (lecture)
Oct. 7 – 9, 2004	Annual EUPHA Conference, Oslo, Norway	Helmut Brand, Peter Schröder, Gudula Ward, Ulriirke Wolf: „Evaluation of cross border activities in health (EUREGIO)“ (poster)
2005		
April 25, 2005	Meeting of the EPHC Board, Düsseldorf, Germany	Alfons Hollederer: "EU Project ‘Evaluation of cross-border activities (EUREGIO)’ “ (lecture)
April 26, 2005	Preparatory Committee of the NRW State Health Conference, Düsseldorf, Germany	Alfons Hollederer: "EU Project ‘Evaluation of cross-border activities (EUREGIO)’ “ (lecture)
June 1 – 4, 2005	6thth IUPHE Conference, Stockholm, Sweden	Alfons Hollederer, Ulrike Wolf, Helmut Brand: "An overview of cross-border activities in health (project "EUREGIO“ Projects)“ (poster)
June 17, 2005	Board Meeting AEBRAEBR Executive Committee Meeting, Karlstad, Sweden	Jens Gabbe: EU-Project “EUREGIO” (lecture)
Sept. 27, 2005	"European Co-operations in the health sector – added value for people, economy and regions", Basel, Switzerland	Ulrike Wolf: “Barriers and positive factors with regard to cross-border health care – Results of the EU research project EUREGIO” (lecture)
Sept., 29, 2005	Seventh meeting of the working group on cross border health care purchasing and provision, including patients rights, Brusselsüssel, Belgium	Ulrike Wolf: „EUREGIO - Evaluation of cross-border regions in the European Union“ (lecture)
Oct. 24.-25, 2005	Interregion Workshop „Healthcare cross-border co-operation in border regions“, Venice, Italyedig	Ulrike Wolf: „EUREGIO - Evaluation of cross-border regions in the EU“ (lecture)
Nov. 28.-29, 2005	2nd EHCC European Health Care Congress 2005, Düsseldorf, Germany	Helmut Brand: “Cross-Bborder Ccooperation in Hhealth Ccare – Mmodel Pprojects and Iinnovative Ddevelopments” (lecture)
2006		
Jan. 20-21, 2006	Workshop “Crossborder Activities - Good Practice for a Better Health”, Bielefeld, Germany	Ulrike Wolf: “Cross-border health-related activities in Europe – the "EUREGIO" project” (lecture)
Feb. 27-28, 2006	HEALTHREGIO-Symposium “Economics and Sociapolitical Perspectives for Health Services in Central Europe”, Vienna, Austria	Ulrike Wolf: “Obstacles and Promoting Factors in Cross-border Health Care” (lecture)

Date	Venue	Authors/Presenter and Topic
2006 (continuation)		
May 11-13, 2006	56. Wissenschaftlicher Kongress der Bundesverbände der Ärzte und Zahnärzte des Öffentlichen Gesundheitsdienstes (56th Scientific Congress of the Federal Association of Physicians and Dentists in the Public Health Services56. Wissenschaftlicher Kongress der Bundesverbände der Ärzte und Zahnärzte des Öffentlichen Gesundheitsdienstes), Frankfurt/Oder, Germany	Helmut Brand: „Was sind Euregios?“ (“What are Euregios?“) (lecture) Ulrike Wolf, Alfons Hollederer, Helmut Brand, Gudula Ward: “Grenzübergreifende Gesundheitsaktivitäten: Befragung von Interreg-Sekretariaten im Projekt “EUREGIO” (“Cross-border activities in health: survey among Interreg-secretariats in the „EUREGIO“ project“) (poster)
Sept. 27-29, 2006	Annual Conference of the German Society of Social Medicine and Prevention (DGSMP), Frankfurt a.M.on the Main /Offenbach, Germany	Ulrike Wolf, Alfons Hollederer, GudulaWard, Helmut Brand: “Grenzüber-schreitende gesundheitsbezogene Aktivitäten in der EU – das Forschungsprojekt “EUREGIO” (“Crossborder health-related activities in the EU – the research project ´EUREGIO`”) (poster)
Nov. 2, 2006	10th General Meeting of the European Public Health Centre, NRW e.V. (EPHC), Düsseldorf, Germany	Ulrike Wolf: „EUREGIO“ (lecture)
Nov. 15-18, 2006	MEDICA, Düsseldorf, Germany	“Evaluation of Cross-Border Regions in the European Union (EUREGIO)” (poster)
Nov. 16-18, 2006	14th European Conference on Public Health: Politics, Policies and/or Public´s Health, Montreux, Switzerland	Ulrike Wolf, Alfons Hollederer, Gudula Ward, Helmut Brand: “Promoting and hindering factors of cross-border cooperation in the health sector.” (poster)
Dec. 5, 2006	7thSeventh Meeting of the Health Systems Working Party, Luxembourg	Helmut Brand: “Preliminary results of the ‘Evaluation der Grenzregionen in der Europäischen Union (EUREGIO)‘ project” (lecture)
2007		
January 15-16, 2007	The Social Dimension in the internal Market. Perspectives of Health Care in Europe, Potsdam, Germany	Jacques Scheres: “The Euregio Meuse-Rhine as an example of Cross-Border Health Care Provision” (lecture)
January 22, 2007	“Community action on health services: Assessing the options“, Work package leader workshop, Brussels, Belgium	Helmut Brand: „EUREGIO“ (lecture)
March 6, 2007	Final Conference of the ”EUREGIO“ project “Cross-Border Activities – Good Practice for Better Health”, Düsseldorf, Germany	Ulrike Wolf: “Cross-border cooperation in the health sector – innovative model projects and lessons for future cooperation (outcomes of the EUREGIO project)” (lecture)
March 28-29, 2007	“Gesundheitskongress des Westens” (“Health Congress of the West”), Essen, Germany	Helmut Brand: „Die Förderung von grenzüberschreitenden Projekten im Gesundheitswesen“ (“Promotion of cross-border projects in health care“) (lecture)

Enclosure 2:

Overview of project publications as well as newsletters, position papers and articles in learned journals in which the „EUREGIO“ project is mentioned

Project Publications

Brand, H., Wolf, U.: Evaluation of Border Regions in the European Union (EUREGIO). First Interim Report. July 2005. Bielefeld: lögd.
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Brand, H., Wolf, U.: Evaluation of Border Regions in the European Union (EUREGIO). Second Interim Report. July 2006. Bielefeld: lögd.
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Brand, H., Wolf, U., Hollederer, A., Ward, G., Wolf, U. (eds.): Evaluation of Border Regions in the European Union (EUREGIO). – Final Report. Wissenschaftliche Reihe, Bd. 22. Bielefeld: lögd (in prepearation)

Brand, H., Hollederer, A., Ward, G., Wolf, U. (eds.): Cross-Border Activities – Good Practice for Better Health. Workshop of the Project "Evaluation of border regions in the European Union". 20/21 January 2006, Bielefeld. Wissenschaftliche Reihe, Bd. 21. Bielefeld: lögd.

Wolf, U., Hollederer, A., Brand, H.: Grenzübergreifende Zusammenarbeit in Europa: Was sind Euregios? Das Gesundheitswesen, 68, 2006: 667-673.

Wolf, U., Brand, H., Hollederer, A.: EU-Projekt „EUREGIO": Grenzübergreifende Projekte werden erstmalig evaluiert. Blickpunkt öffentliche Gesundheit 2/2006: 4-5.

Newsletters, position papers and articles in learned journals in which the „EUREGIO" project is mentioned

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Anonymus: News from projects - Crossborder health related activities in Europe (EUREGIO). Health Systems Working Party Newsletter, March 2007, 1: 5.

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Burger, R., Wieland, M.: - without Title -. Healthregio newsletter 1/2007 (available in German, Hungarian, Czech and Slovenian language)
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Carlin, M.: OP-Tourismus von Nimwegen nach Bielefeld. Financial Times Deutschland, 28.9.2006.

Hibbeler, B.: EUREGIOS – - Mehr Transparenz ist notwendig. Deutsches Ärzteblatt, Jg. 104, Heft 11, 16. März 2007: A707

Plümer, K.D.: Erste Internationale Fachtagung zu grenzüberschreitenden Kooperationen im Gesundheitssektor: Europa waächst zusammen, auch im Gesundheitssektor. Blickpunkt öffentliche Gesundheit 1/2006: 1. retrieved April 11, 2007 from http://www.akademie-oegw.de/Publikationen/Downloads/Blickpunkt_1_2006.pdf

Schlingensiepen, I.: Versorgung ohne Grenzen – „das Tempo der Pragmatiker ist hoch". Ärzte Zeitung, 11.4.2007

Spielberg, P.: Grenzüberschreitende Versorgung – Viel Rauch um Nichts. kma 1/05: 22-24

Enclosure 3:

List of interviewed Interreg IIIA programmes

Nr.	Programm	Grenze
1.	South East Finland/Russia	FI/RU
2.	Euregio Karelia	FI/RU
3.	Finland/Estonia	FI/EE
4.	Kvarken-Mittskandia	FI/SE/NO
5.	Skärgården	FI/SE
6.	Nord	FIN/SE/NO/RU
7.	Sweden/Norway	SE/NO
8.	Öresund region	DK/SE
9.	Fyn/K.E.R.N	DK/DE
10.	Storstrøm/Ostholstein-Lübeck	DK/DE
11.	Sønderjylland/Schleswig	DK/DE
12.	Mecklenburg Vorpommern/Poland	DE/PL
13.	Brandenburg/Lubuskia	DE/PL
14.	Saxony/Polaend	DE/PL
15.	Saxony /Czech Republic	DE/CZ
16.	Bavaria/ Czech Republic	DE/CZ
17.	Austria/ Czech Republic	AT/CZ
18.	Austria/Slovenia	AT/SI
19.	Ireland/Northern Ireland	IE/UK
20.	Ireland/Wales	IE/UK
21.	Franco-British programme	FR/UK
22.	Ems- Dollart Rregion	DE/NL
23.	Euregio/Euregio Rhein-Waal/euregio rhein-maas-nord	DE/NL
24.	Euregio Maas-Rhein	DE/NL/BE
25.	Grensregio Vlaanderen-Nederland	BE/NL
26.	Germany/Luxembourg/Germanophone Belgium	BE/DE/LU
27.	Wallonie/Lorraine/Luxemburg	BE/FR/LU
28.	France/Wallonie-Flanders	FR/BE
29.	Pamina	DE/FR
30.	Saarland-Moselle/Lorraine-Western Palatinate	DE/FR
31.	Oberrhein Mitte-Süd – Rhin Supérieur Centre-Sud	DE/FR/CH
32.	France/Switzerland	FR/CH
33.	Bavaria/Austria	DE/AT
34.	Alpenrhein/Bodensee/Hochrhein	DE/AT/CH/LI
35.	Austria/Hungary	AT/HU
36.	Austria/Slovakia	AT/SK
37.	Italy/Austria	IT/AT
38.	Italy/Slovenia	IT/SI
39.	Italy/Switzerland	IT/CH
40.	Alcotra	FR/IT
41.	Islands	FR/IT
42.	France/Spain	FR/ES
43.	Spain/Portugal	ES/PT

44.	Spain/Morocco	ES/MA
45.	Gibraltar/Morocco	UK/MA
46.	Italy/Eastern Adriatic Countries	IT/AL/BA/HR/SCG
47.	Italy/Albania	IT/AL
48.	Greece/Italy	EL/IT
49.	Greece/Albania	EL/AL
50.	Greece/Former Yugoslav Republic of Macedonia	EL/FYROM
51.	Greece/Bulgaria	EL/BG
52.	Greece/Cyprus	EL/CY
53.	Greece/Turkey	EL/TR

Enclosure 4:

Interreg IIA and IIIA-programmes: health-related priorities, measures and numbers of projects (overview)

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
North Europe and Baltic Sea Area					
Kvarken-Mittskandia	FI/SE/NO	**Survey**: Priority "Cohesion in Kvarken-MittSkandia" – Measure "Communications" (health, rescue services)	2	**Survey**: measure 2.1 "Common values" (health)	1
Skargarden	FI/SE	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **aAnalysis of programme documents**: seems to be no issue	apparently no projects
Finland/Estonia	FI/EE	**Survey**: no specification in questionnaire	1	**Survey**: Priority 1: "Interaction and Networks" & Priority 2: "Employment and Competitiveness" - Measure 1.1 "Networks of Local and Regional Administration" & Measure 1.2 "Social Interaction and Contacts at the Local and Regional Level" & Measure 2.1 "Expertise and Know-how" & Measure 2.4 "Transport, Communication and Development of Interlinked Services" (health); Priority 2: "Employment and Competitiveness" – Measure 2.4: "Transport, Communication and Development of Interlinked Services" (rescue services)	8
Sweden/Norway	SE/NO	**Survey**: Priority: "Cross-border coop for SMEs and rural development" – Measure: "Development of competence" (health); Priority "Cross-border coop for SMEs and rural development" – Measure: "SMEs and technical development" (resue services)	2	**Survey**: Priority 1: "Development of business and competence" – Measure: "Knowledge and competence", (health); Priority 1: "Development of business and competence" – Measure: "Entrepreneurship and entrepreneurs" (rescue services); Priority 2: "Development of society and human life conditions" – Measure: "Environment and health" (disaster control)	7
Nord	SE/NO/FI/ RU	**Survey**: Priority: "Human Ressources and Competence" – Measure: "Research" (rescue services)	1	**Survey**: no specification in questionnaire **aAnalysis of programme documents** : Priority 4: "Expertise and welfare" - Measure 4.2 "Research and development" & Measure 4.3 "Culture and welfare" as well as Priority 6: "Sami development work" - Measure 6.1: "Sami social development" (health) Priority 5: "Internal functionality of the programme area" - Measure 5.1: "Infrastructure and transportation" (rescue services)	existing, no number given

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Euregio Karelia	SE/FI/ NO/RU	**Survey**: Priority "Expertise and regional cooperation" – Measure "Training and research and development" (health); Priority "Expertise and regional cooperation" – Measure "Regional cooperation and culture" (rescue services)	unknown	**Survey**: Priority 2: "Expertise and regional cooperation" - Measure 2.1: "Cross-border cooperation in the sectors of expertise and culture" (health); Priority 2: "Expertise and regional cooperation" - Measure 2.2: "Welfare and civil society" (rescue services)[29]	13
South East Finland/Russia	FI/RU	**Survey**: no specification in questionnaire	unknown	**Survey**: no specification in questionnaire **aAnalysis of programme documents**: Measure 3.2: "Welfare and the prerequisites for co-operation" (health care, rescue services)	2
Oresund Region	SE/DK	**Survey**: Priority 1: "Development of regional competence and integration" – Measure 1.1: "Analyses, development plans and networks" (health, rescue services); Priority 3: "Research, development and higher education" – Measure 3.1: "Research and development" (disaster control)	3	**Survey**: Priority 1: "Development and improvement of administration and physical structures - Measure 1.1: "Development and improvement of administration and physical structures" (health, rescue services); Measure 2.2: "Cross-border education and development of competence" (disaster control)	7
Fyn/K.E.R.N.	DK/DE	**Survey**: No health-related projects	0	**Survey**: Priorität 3: "Entwicklung der Humanressourcen" - Maßnahme 3.3: "Gesundheit und Soziales" / Priority 3: "Development of Human Resources" - Measure 3.3: "Health and Social Affairs" (health)	1
Sønderjylland/Schleswig	DK/DE	unknown (did not answer questionnaire)	unknown	**Survey**: Did not answer questionnaire **Analysis of programme documents:** Maßnahme 3.2: "Gesundheit und Soziales" / Measure 3.2: "Health and Social Affairs" (health)	Uun-known
Storstrom/Ostholstein-Lübeck	DK/DE	**Survey**: No health-related projects	0	**Survey**: Priorität 2: "Stärkung der humanen Ressourcen" - Maßnahme 3 "Arbeitsmarkt, Soziales, Bildung, Gesundheit" / Priority 2: "Strengthening of Human Resources" – Measure 3: "Employment Market, Social Affairs, Education, Health"(health)	1
Central and East Europe					
Brandenburg / Lubuskia	DE/PL	**Survey**: Priorität 1C – Maßnahme 1.3: "Umwelt" / Priority 1C – Measure 1.3 : "Environment" (disaster control)	4	**Survey**: Priority 3: "Umwelt" – Maßnahme 3.2: "Grenzüberschreitender Brand- und Katastrophenschutz" & Priority 7: "Besondere Unterstützung für die an Beitrittsländer angrenzenden Regionen / Priority 3: "Environment" – Measure 3.2: "Cross-border Fire- and Emergency Prevention" & Priority 7: "Special support for regions bordering on accession countries" (disaster control)	11

[29] Measure 2.2 also contains cross-border activities in health care (own research).

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Mecklenburg Vorpommern/Poland	DE/PL	**Survey**: Priorität "Umwelt" / Priority "Environment" (disaster control)	3	**Survey**: no specifiation in questionnaire **Analysis of programme documents**: Priorität F: „Interregionale Zusammenarbeit, Investitionen für Kultur und Begegnung, Fonds für kleine Projekte" / Priority F: "Interregional cooperation, investments for culture and encounter, funds for small projects"(health)	2
Saxony/Poland	DE/PL	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents**: Priorität F: „Zusammenarbeit - Kultur, Soziales, Sicherheit" & Priorität B: "Infrastruktur" / Priority F: "Cooperation, culture, social affairs, security" (health, rescue services, disaster control) & Priority B: "Infrastructure" (health)	existing, no number given (verbal message)
Saxony/Czech Republic	DE/CZ	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents**: Priorität J: „Humanressourcen / Netzwerke" & Priorität H „Infrastruktur" / Priority J: "Human resources / Networks") & priority H: "Infrastructure" (health, rescue service, disaster control)	existing, no number given (verbal message)
Austria/Czech Republic	AT/CZ	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Maßnahme III/1: "Unterstützung grenzüberschreitender Organisationsstrukturen und Entwicklung von Netzwerken" / Measure III/1: "Support of cross-border organisation structures and development of networks" (health)	1
Bavaria/Czech Republic	DE/CZ	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents**: Maßnahme 4.2 "Allgemeine Bildung, Wissenschaft, Forschung, Kultur, Gesundheit und Zivilschutz" / Measure 4.2 "General education, sciences, research, culture, health and civil protection" (health, rescue services, disaster control)	0[30]
Northwest Europe					
Ireland/Northern Ireland	IE/UK	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** Priority 3: "Civic and community networking" – measure 2: "Health and well-being" (health, rescue services, disaster control)	unknown

[30] Written message, questionnaire not answered.

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Ireland/Wales	IE/UK	**Survey:** No health-related projects	0	**Survey**: Priority 1: "To encourage the economic, social and technological development of the cross-border area" – Measure 2: "Rural development and diversification" (health)	1
Franco – British Programme	FR/UK	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priority 1: "Strengthening cross-border co-operation in the service of the citizen" - Measure 3: "Social cohesion and security" (disaster control)	6
Ems Dollart Region	DE/NL	**Survey**: Priorität E: „Gesellschaftliche Integration" – Maßnahme E.1: „Gesellschaftliche Integration" / Priority E: "Social Integration" – Measure E1: "Social Integration" (health)	2	**Survey**: Priorität 5: „Förderung der gesellschaftlichen Integration" – Maßnahme 5.1: „Gesundheitswesen und öffentliche Sicherheit" / Priority 5: "Support of social integration" - Measure 5.1: "Community health and public safety"[31] (rescue services)	1
EUREGIO, Euregio Rhein-Waal, euregio rhein-maas-nord	DE/NL	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priorität 2: „Wirtschaft, Technologie und Innovation, einschl. Tourismus – Maßnahme 2.2: „Technologieentwicklung und -transfer" / Priority 2: "Economy, technology and innovation, including tourism" – Measure 2.2: "Technology development and –transfer" (health) Priorität 5: "Sozial-kulturelle Integration" – Maßnahme 5.1: "Soziale Netzwerke/Behebung alltäglicher Grenzprobleme" / Priority 5: "Socio-cultural integration" – Measure 5.1: "Social networks / Elimination of every-day border problems" (rescue services) Priorität 1: Räumliche Struktur – Maßnahme 1.1: "Grenzübergreifende integrierte Raumentwicklung/Funktionsentwicklung" / Priority 1: "Topology" – Measure 1.1: "Cross-border integrated area development / functional development" (disaster control)	19
Euregio Maas-Rhein	DE/BE/NL	**Survey**: Priorität „Sozio-Kulturelle Intergration" – Maßnahem „Sozialpolitik und Gesundheitsfürsorge" / Priority "Socio-cultural integration" – Measure: "Social Policies and Health Care" (health, rescue services, disaster control)	3	**Survey**: Priorität 5: "Förderung der sozialen Integration – Maßnahme 5.3: "Zusammenarbeit zwischen Gesundheitsfürsorgeeinrichtungen und -organisationen" / Priority 5: "Support of Social Integration" – Measure 5.3: "Cooperation between health care institutions and organisations" (health) Priorität 5: "Förderung der sozialen Integration" - Maßnahme 5.4: „Zusammenarbeit der öffentlichen Verwaltung" / Priority 5: "Support of social integration"– Measure 5.4: "Cooperation of public authorities" (rescue services, disaster control)	3
Grensregio Vlaanderen-Nederland	BE/NL	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** documents only in Dutch	unknown

[31] Measure 5.1 also contains cross-border activities in health care (own research).

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Germany/Luxem-bourg/Germanophone Belgium	BE/DE/LU	unknown (did not answer questionnaire)	unknown	**Survey**: Did not answer questionnaire **Analysis of programme- documents:** Priorität 6: „Netzwerkbildung und Kommunikation“ – Maßnahme 6.1: „Ausbau der institutionellen Zusammenarbeit und grenzüberschreitender Netzwerke“ / Priority 6: ”Building networks and communication“ - Measure 6.1: “Expansion of institutional cooperation and cross-border networks” (health, rescue services)	0[32]
Saarland-Mosel/Lorraine-Western Palatinate	DE/FR	unknown (sent only information about Interreg IIIA-projects)	unknown	**Survey**: sent only information about Interreg IIIA-projects **Analysis of programme-documents:** Priorität 1: „Umsetzung einer aktiven Strategie der Standortpositionierung angesichts der Grenzlage“ – Maßnahme 1.4.: „Verbraucher, Patienten; Kooperation im Gesundheitswesen und bei der Sozialfürsorge“/ Priority 1: “Implementation of an active strategy of defining a position“ – Measure 1.4.: “Consumer, patients, cooperation in the health sector and social welfare“ (health, rescue services)	1
France/Wallonia-Flanders	BE/FR	unknown (sent only information about Interreg IIIA-projects)	unknown	**Survey:** sent only information about Interreg IIIA-projects **Analysis of programme documents:** Priority 1: “Stimuler le rapprochement des populations et le developpement des services transfrontaliers“ - Mesure 1.1: “Améliorer la vie quotidienne des populations et le développement des services transfrontaliers“ (health)	5
Wallonia/Lorraine/ Luxemburg	BE/FR/LU	**Survey**: No health-related projects	0	**Survey**: Priority 4: “Promotion du développement humain, valorisation des RH, intégration sociale et culturelle” - measure 4.1: “Développer la solidarité régionale par l´égalité des chances et de traitement” (health, rescue services, disaster control)	4
Pamina	FR/DE	**Survey**: Priorität “Integration des PAMINA-Raumes” - Maßnahme “Verbesserung des Informationsflusses” / Priority “Integration of the PAMINA-area“ - Measure “Improvement of the information exchange” (health)	1	**Survey**: Priorität 4: “Sozio-kulturelle Integration” – Maßnahme 4.2 “Ausbau der Kooperation zwischen Bürgern, Einrichtungen und Diensten sowie der sozialen und medizinischen Infrastruktur zur Behebung alltäglicher Grenzprobleme” / Priority 4 “Socio-cultural integration“ – Measure 4.2: “Expansion of cooperation between citizens, institutions and services as well as social and medical infra-structure for the elimination of every-day border problems” (health)[33]	1

[32] Verbal message, questionnaire not answered.
[33] Measure 4.2 also contains cross-border activities in rescue services & disaster control (own research).

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Oberrhein Mitte-Süd – Rhin Supérior Centre-Sud	FR/DE/CH	**Survey**: no specification in questionnaire	existing, no number given	**Survey**: Priorität 1: "Zusammenarbeit im Dienste der Bürger und der Institutionen" – Maßnahme 1b: "Entwicklung der Solidarität, der Sicherheit und des Gesundheitsbereichs" / Priority 1: "Cooperation in the service of the citizens and institutions" – Measure 1b: "Development of solidarity, security and the health sector" (health) [34]	1
France/Switzerland	FR/CH	**Survey**: no specification in questionnaire	1	**Survey**: Priority 1 : "Encourager un aménagement concerté et coordonné de l'espace transfrontalier" – measure 2: "Renforcer la coopération transfrontalière dans les domaines de la vie quotidienne" (health); Priority 3 : "Favoriser les échanges dans le domaine de l'emploi, de la formation, et améliorer l'environnement économique" - Measure 9: "Soutenir les actions en matière d'enseignement supérieur, de recherche et de transfert de technologie" (rescue services)	2
Alps and Danube Area					
Bavaria/Austria	DE/AT	unknown (did not answer questionnaire)	unknown	**Survey**: Did not answer questionnaire **Analysis of programme documents:** Priorität III: „Humanressourcen: Qualifikation, Arbeitsmarkt, Gesundheit und Soziales – Maßnahme 1: „Qualifizierung, Gesundheit und Soziales & Priorität II: „Wirtschaftliche Kooperation – Maßnahme 2: „Tourismus- und Freizeitwirtschaft mit den Schwerpunkten Gesundheit, Kultur und Natur" / Priority III: "Human resources: qualification, employment market, health and social affairs" – Measure 1: "Qualification, health and social affairs" & Priority II: "Economic cooperation" – Measure 2: "Tourism and free time economy with the emphasis on health, culture and nature" (health)	unknown
Alpenrhein/Bodensee/ Hochrhein	AT/DE/CH/ LI	unknown (did not answer questionnaire)	1 [35]	**Survey**: did not answer questionnaire (verbal message that there are health-related projects) **Analysis of programme documents:** Priorität 3: „Soziokulturelle Entwicklung" – Maßnahme „Gesundheit und Soziales" / Priority 3: "Socio-cultural development" – Measure: "Health and social affairs"(health)	4 [67]
Austria/Slovenia	AT/SI	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priorität 1: "Wirtschaftliche Kooperation" – Maßnahme 1.2: "Tourismus" **/** Priority 1: "Economic cooperation" – Measure 1.2: "Tourism" (health)	2

[34] Measure 1b contains also cross-border activities in rescue services (own research).
[35] The number of health-related projects is a result of own research.

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
AustriaSlovakia	AT/SK	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priorität 4: “Humanressourcen” – Maßnahme 4.2: “Entwicklung der Kooperation und Infrastruktur in den Bereichen Bildung, Qualifizierung und Wissenschaft” / Priority 4: “Human resources“ – Measure 4.2: “Development of cooperation and infrastructure in the fields of education, qualification and sciences“(health) Priority 5: “Nachhaltige Raum- und Umweltentwicklung” – Maßnahme 5.1: “Ressourcenmanagement, technische Infrastruktur und erneuerbare Energie” / Priority 5: “Sustainable development of rural areas and the environment“ - Measure 5.1: “Resource management, technical infrastructure and renewable energy“ (disaster control)	6
Austria/Hungary	AT/HU	**Survey**:Information about Interreg II projects is not available	unknown	**Survey**: Priorität 3: “Grenzüberschreitende Organisationsstrukturen und Netzwerke” - Maßnahme 1: “Unterstützung grenzüberschreitender Organisationsstrukturen und Entwicklung von Netzwerken” / Priority 3: “Cross-border organisation structures and networks“ – Measure 1: “Support of cross-border organisation structures and development of networks“ (health) Priorität 4: “Humanressourcen “ – Maßnahme 2: “Entwicklung der Kooperation und Infrastruktur in den Bereichen Bildung, Qualifizierung und Wissenschaft” / Priority 4: “Human resources“ – Measure 2: “Development of cooperation and structures in the fields of education, qualification and sciences“(rescue services)	4
Alcotra	IT/FR	**Survey**: No health-related projects	0	**Survey** : Priority 2 “Identité” – Measure 2.4 : “Santé et services sociaux” (health)	8
Islands	IT/FR	**Survey**: No health-related projects	0	**Survey**: Priority I: Favorire láccessibilità e líntegrazione nella zona transfrontaliera. Reti e servizi” – measure 1.1: “Realizzazione e miglioramento di reti, servizi e infrastrutture di comunicazione” (health); Priority III: “Scambi Transfrontalieri”– measure 3.3: “Cooperazione in campo istituzionale” (rescue services, disaster control)	3

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Italy/Switzerland	IT/CH	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priority 3: “Strengthening of cooperation in the cultural, social and institutional sector” – Measure 3.2 “Citizens without frontiers” (health); Priority 2: Actions of cooperation in land management and cultural and environmental protection “– Measure 2.1 “Management of the territory, protection and development of environmental harmonization” (rescue services, disaster control)	8
Italy/Slovenia	IT/SI	**Survey**: No health-related projects	0	**Survey**: Priority 3: “Human harmonization, cooperation and systems harmonization” – Measure 3.2: “Cooperation in culture communication and research and between institutions for the systems harmonisation” (health)	6
Italy/Austria	IT/AT	**Survey**: Priority 1 – Measure 1 (health)	1	**Survey**: Priorität 3: “Humanressourcen, Kooperation in den Bereichen Arbeitsmarkt, Kultur, Forschung und Gesundheitswesen, Harmonisierung der Systeme – Maßnahme 3.1: „Qualifikation der Humanressourcen, berufliche Weiterbildung und innovative Aktionen auf dem Arbeitsmarkt“ & Maßnahme 3.2.: „Kooperation zwischen Institutionen zur Harmonisierung der Systeme“ / Priority 3: “Human resources, cooperation in the fields of employment market, culture, research and health, harmonisation of the systems“ – Measure 3.1: “Qualification of the human resources, advanced training and innovative actions on the employment market“ & Measure 3.2: “Cooperation between institutions in order to harmonise the systems“ (health) Priorität 1: “Schutz und nachhaltige Raumentwicklung, Netzwerke, grenzüberschreitende Strukturen und Infrastrukturen” – Maßnahme 1.2: „Entwicklung und Ausbau grenzüberschreitender Organisationen, Strukturen und Infrastrukturen“ / Priority 1: “Protection and sustainable development of the territory, networks, cross-border structures and infrastructures“ - Measure 1.2: “Development and expansion of cross-border organisations, structures and infrastructures“ (rescue services) Priorität 1. “Schutz und nachhaltige Raumentwicklung, Netzwerke, grenzüberschreitende Strukturen und Infrastrukturen” – Maßnahme 1.1: “Schutz, Erhaltung, Aufwertung der Umwelt und nachhaltige Regionalentwicklung” / Priority 1: “Protection and sustainable development of the territory, networks, cross-border structures and infra-structures“ – Measure 1.1: ”Protection, preservation, revaluation of the environment and sustainable development of regions (disaster control)“	6

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Southwest Europe und Western Mediterranean Sea					
France/Spain	FR/ES	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priority 2: "Développer les activités et l'emploi" – Measure 7: "Développer la recherche et le transfer de technologie" (health); Priority 1: "Structurer et renforcer les espace transfrontaliers" – measure 1: "Les espaces naturels communs: connaissance, valorisation, gestion concertée et prévention des risques" (rescue services)	2
Spain/Portugal	ES/PT	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** documents only in Spanish available	unknown
Spain/Marocco	ES/MA	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** documents only in Spanish available	unknown
Gibraltar/Marocco	UK/MA	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** documents are not available	unknown
Southeast Europe und Eastern Mediterranean Sea					
Italia/Eastern Adriatic Countries	IT/AL/BA/ HR/SCG	**Survey**: Information about Interreg II projects is not available	unknown	**Survey**: Priority 3: "Actions to strengthen cooperation" – Measure 3.2: "Strengthening of institutions and co-operation, communication, research and between institutions for the harmonization of systems" (health)	2
Italia/Albania	IT/AL	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** documents only in Italian available	unknown
Greece/Albania	EL/AL	unknown (did not answer questionnaire)	unknown	**Survey**: Did not answer questionnaire **Analysis of programme documents:** Priority 2: "Economic development and promotion of employment" – Measure 2.5: "Cooperation to improve the quality of life of citizens in cross-border regions" (health – health care)	unknown
Greece/Former Yugoslav Republic Macedonie	EL/FYROM	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** Priority 3. "Quality of life – environment" – Measure 3.2 Protection of health (health)	unknown
Greece/Bulgaria	EL/BG	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** Priority 3: "Quality of life / environment / culture" – Measure 3.1.: "Improvement of the quality of life" (health)	unknown

Interreg IIIA-Programmes	Region	Interreg IIA		Interreg IIIA	
		Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Greece/Italy	EL/IT	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents:** seems to be no issue	unknown
Greece/Turkey	EL/TR	unknown (did not answer questionnaire)	unknown	**Survey**: unknown (did not answer questionnaire) **Analysis of programme documents**: Priority 3: “Quality of life / Environment / Culture” – Measure 3.1: “Health Protection” (health)	unknown
Greece/Cyprus	EL/CY	unknown (did not answer questionnaire)	unknown	**Survey**: Did not answer questionnaire **Analysis of programme documents:** documents are not available	unknown

Enclosure 5:

List of interviewed cross-border structures: Euregios/Euroregions/Working Groups

Nor.	Name der Strukturof the structure	GrenzeRegion
1.	Gränskommitten Östfold-Bohuslän/Dalsland	SE/NO
2.	ARKO	SE/NO
3.	Mid Nordic Committee	SE/NO/FI
4.	Skärgarden	SE/FI
5.	Kvarken	SE/FI
6.	North Calotte Council	SE/FI/NO
7.	Council of Torne Valley	SE/FI/NO
8.	Euregio Karjala- – Karelia	FI/RU
9.	Euregio Helsinki- – Tallinn	FI/EE
10.	Estonia- – Finnish 3 + 3 Regional Cooperation	FI/EE
11.	Euroregion Baltic	DK/LT/LV/PL/RU/SE
12.	Öresundregion	DK/SE
13.	Region Sønderjylland/Schleswig	DE/DK
14.	EUROREGION POMERANIA	DE/PL/SE
15.	Euroregion Pro Europa ViadrinaRO EUROPA VIADRIENA (FB: Euroregion Pro Europa Viadrina-Mittlere Oder e.V.)	DE/PL
16.	Euroregion Spree-Neiße-Bober	DE/PL
17.	Euroregion Neiße- – Nisa- – Nysa	DE/PL/CZ
18.	Euroregion Elbe/LabeLBE/LABE	CZ/DE
19.	Euroregion Erzgebirge- – Krušnohoří	CZ/DE
20.	Euregio Egrensis	CZ/DE
21.	EUREGIO Bayerischer Wald- – Šumava- – Mühlviertel	AT/CZ/DE
22.	Euregio Silva Nortica	AT/CZ
23.	Euroregion Weinviertel-l – Jižní Morava- – Záhorie	AT/CZ/SK
24.	North West Region Cross Border Group	UKGB/IE
25.	Irish Central Border Area Network (- ICBAN)	GBUK/IE
26.	East Border Region Ltd.	GBUK/IE
27.	Ems – Dollart – Region (FB: Ems Dollart Region)	DE/NL
28.	EUREGIO	DE/NL
29.	Euregio Rein- – Waal	DE/NL
30.	euregio rhein-maas-nord	DE/NL
31.	Euregio Maas-Rhein	BE/DE/NL
32.	Euregio Benelux Middengebied (BENEGO)	BE/NL
33.	Scheldemond (FB: Euregio Euregio Scheldemond)	BE/NL
34.	Zukunft Saar Moselle Avenir	DE/FR

Nor.	Name der Strukturof the structure	GrenzeRegion
35.	Regio PAMINA	DE/FR
36.	CENTRE	DE/FR
37.	EuRegio SaarLorLuxRhin	DE/FR/LU
38.	RegioTriRhena	CH/DE/FR
39.	Oberrheinkonferenz - EuroRegion Oberrhein	CH/DE/FR
40.	CONSEIL DU LEMAN	CH/FR
41.	Conference TransJurassiene (CTJ)	CH/FR
42.	CAFI	FR/IT
43.	ESPACE MONT-BLANC	CH/FR/IT
44.	Regio Insubrica	CH/IT
45.	Conseil Valois-Valleé d´Aoste du Gd St.Bernard)	CH/IT
46.	Regio Sempione	CH/IT
47.	Euregio Via Salina	AT/DE
48.	EUREGIO Zugspitze-Wetterstein-Karwendel	AT/DE
49.	EuRegio Salzburg-Berchtesgardener Land-Traunstein	AT/DE
50.	EuRegio Inntal	AT/DE
51.	Inn-Salzach-Euregio	AT/DE
52.	Internationale Bodenseekonferenz - Euregio Bodensee	AT/CH/DE/LI
53.	Euregio Tirol- – Südtirol/Alto Adige – Trentino	AT/IT
54.	Euregio Steiermark- – Nordostslowenien	AT/SI
55.	EuregioUREGIO West/Nyugat Pannonia	AT/HU
56.	Euroregion Pyrenees-Mediterranean	ES/FR
57.	Communauté de Travail des Pyrénées	ES/FR
58.	Galicia - North Portugal Euroregion	ES/PT
59.	Working Community Centro-Extremadura	ES/PT
60.	Working Community Castilla and Leon - Northern Portugal	ES/PT
61.	Working Communitiy Castilla and Leon - Central Portugal	ES/PT
62.	Working Communitiy Algarve-Andaluzia	ES/PT
63.	Euroregion Nestos- – Mesta	EL/BG
64.	Euroregion Delta- – Rhodopi	EL/BG
65.	Euroregion Network Polis- – Kent / Trakyakent	EL/TR/BG
66.	Euroregion Evros- – Meric- – Maritsa[36]	EL/BG/TR
67.	Euroregion "Belasica-Beles"	EL/BG/ Republic Macedonia

Enclosure 6:

Euregions and similar structures: General information[37]

[37] The table includes only those 46 Euregios and similar cross-border structures which have returned a filled-in questionaire.

No.	Year	*Name*	CountriesRegion	Area km^2	Population	Population density[38]	Unemployment rate
		North Europe and Baltic Sea Area					
1	1981	Gänskommitten Östfold-Bohuslän/-Dalsland	SE/NO	no information	350.000[1]	no information	3,0
2	1967	ARKO	SE/NO	13.600[1]	120.000[1]	8,8	no information
3	1967	North Calotte Council	NO/SE/FI	332.530[1]	1.031.000[1]	3,1	no information
4	1987	Council of Torne Valley	NO/SE/FI	40.000[1]	75.000[1]	1,9	10,0
5	2000	Euregio Karjala-Karelia	FI/RU	263.667[1]	1.400.000[1]	5,3	16,0
6	1999	Euregio Helsinki- Talinn	EE/FI	10.700[1]	1.800.000[1]	168,2	6,0
7	1995	Estonia- – Finish 3+3 Regional Kooperation	FI/EE	24.000[1]	765.000[1]	31,9	no information
8	1998	Euroregion Baltic	DK/LT/LV/PL/RU/SE	100.000[1]	6.000.000[1]	60,0	no information
9	1997	Region Sønderjylland/Schleswig	DK/DE	8.100[1]	7.000.000[1]	864,2	no information
		Central and East Europe					
10	1995	Euroregion Pomerania	DE/PL/SE	42.000[1]	3.700.000[1]	88,1	no information
11	1993	Euroregion Pro Europa ViadrinaRO EUROPA VIADRIENA	DE/PL	10.936	853.865[25]	78,1	no information
12	1993	Euroregion “Spree-Neiße-Bober”	DE/PL	9.793[1]	906.000[1]	92,5	no information
13	1991	Euroregion Neiße- – Nisa- – Nysa	DE/PL/CZ	14.000[1]	1.800.000[1]	128,6	no information
14	1992	Euroregion Elbe/LabeLBE/LABE	DE/CZ	5.547	1.400.000[1]	252,4	18,5

[38] Own calculation

No.	Year	*Name*	CountriesRegion	Area km^2	Population	Population density	Unemployment rate
15	1992	Euroregion Erzgebirge – Krušnohoří	DE/CZ	5.202	875.000	168,2	19,0
16	1993	Euregio Egrensis	DE/CZ	20.000	2.000.000	100	no information
17	1993	EUREGIO Bayerischer Wald- – Šumava- – Mühlviertel	DE/AT/CZ	20.000	2.000.000	100	10,0
18	2002	Euregio Silva Nortica	AT/CZ	10.639	668.500	62,8	no information
		Northwest Europe					
19	1992	CAWT	UK/IERL	21.421	1.096.430	51,2	no information
20	1977	Ems – Dollart – Region	DE/NL	14.000	2.000.000	142,9	10,2
21	1958	EUREGIO	DE/NL	13.000	3.200.000	246,2	8,0
22	1978	Euregio Rein- – Waal	DE/NL	5.000	2.700.000[1]	540,0	9,5
23	1978	euregio rhein-maas-nord	DE/NL	3.439	2.000.000[1]	581,6	no information
24	1976	Euregio Maas-Rhein	BE/DE/NL	10.741	3.900.000[1]	363,1	10,0
25	1989	Euregio Scheldemond	BE/NL	7.931	2.875.886	362,6	6,4
26	1997	Zukunft Saar Moselle Avenir	DE/FR	no information	1.000.000	no information	no information
27	2003	Regio PAMINA	DE/FR	6.000	1.500.000	250,0	7,0
28	1995	RegioTriRhena	CH/DE/FR	8.700	2.300.000	264,4	5,8
29	1975	Oberrheinkonferenz - EuroRegion Oberrhein	CH/DE/FR	21.500	5.800.000	269,8	6,0
30	1987	CONSEIL DU LEMAN	CH/FR	20.000	2.558.000	127,9	5,81
31	1985	Conference TransJurassienne (CTJ)	CH/FR	26.500	2.700.000	101,9	no information

No.	Year	*Name*	CountriesRegion	Area km^2	Population	Population density	Unemployment rate
		Alps and Danube Area					
32	1990	Conseil Valois-Valleé d´Aoste du Gd St.Bernard)	CH/IT	8.487	392.700	46,3	4,0
33	1997	EUREGIO via Salina	AT/DE	no information	450.000	no information	5,0
34	1998	EUREGIO Zugspitze-Wetterstein-Karwendel	AT/DE	1.100	110.000	100,0	no information
35	1995	EuRegio Salzburg-Berchtesgardener Land-Traunstein	AT/DE	4.700	650.000	138,3	no information
36	2003	Inn-Salzach Euregio	AT/DE	570	109.611	192,3	6,0
37	1972	Internationale Bodenseekonferenz - Euregio Bodensee	AT/CH/DE/LI	14.752	3.646.840	247,2	no information
38	2001	Euregio Steiermark- – Nordost-Slowenia	AT/SI	no information	1.300.000	no information	7,0
39	1998	EuregioUREGIO West/Nyugat Pannonia	AT/HU	15.175	1.277.802	84,2	4,8
		Southwest Europe und Western Mediterranean Sea					
40	2004	Euroregion Pyrenees-Mediterranean	ES/FR	no information	13.000.000	no information	no information
41	1991	Galicia – North Portugal Euroregion	ES/PT	51.000	6.400.000	125,5	9,1
42	1994	Working Community Centro-Extremadura	ES/PT	65.000	2.700.000	41,5	no information
43	2002	Working Community Castilla and Leon - Northern Portugal	ES/PT	115.502	6.034.784	52,2	no information
	2002	Working Communitiy Castilla and Leon - Central Portugal	ES/PT	117.889	4.166.804	35,3	no information
		Southeast Europe und Eastern Mediterranean Sea					
44	1992	Euroregion Nestos – Mesta	EL/BG[1]	6.700	240.000	35,8	10,0
45	2000	Euroregion Network Polis – Kent / Trakyakent	EL/TR/BG	24.378	1.345.658.000		no information
46	2002	Euroregion Belasica-Beles	EL/BG/ Republic Macedonia	20.000	2.500.000	125	14,0

Enclosure 7:

Euregios, Euroregions and similar cross-border structures: Overview of health-related working groups

A) Euregios, Euroregions and similar cross-border structures with health-related working groups (WG) at the time of the survey:

Name of the Euregio, Euroregion or Working Community	Region	No. of WG	Name of the Working Group(s)
North Europe and Baltic Sea			
North Calotte Council	FI/SE/NO	no answer	No answer
Council of Torne Valley	FI/NO/SE	4 or more	No answer
Euregio Karjala-Karelia	FI/RU	1	No answer
Region Sønderjylland/SchleswigRegion Sonderjylland-Schleswig/RS-S	DK/DE	3	1.) Regional Health and Social Committee (Standing); 2.) Group Concerning Implementation of Rescue Helicopter Services (ad hoc); 3.) Group Concerning Cross- Border Ambulance Services (ad hoc)
Central and Eastern Europe			
Euroregion Erzgebirge- – Krušnohoří	CZ/DE	2	1.) Arbeitsgruppe Soziales (Working Group Social Services); 2.) Arbeitsgruppe Brandschutz, Katastrophenschutz und Rettungswesen (Working Group Fire Prevention, Emergency Management and Rescue Services)
Euroregion Elbe/Labe	CZ/DE	2	1) Gesundheits- und Sozialwesen (Health Care and Welfare); 2) Katastrophenschutz (Disaster Control)
Euroregio Spree-Neiße-Bober	DE/PL	*2*	1.) Deutsch-Polnische Gesundheitsakademie (German-Polish Health Academy); 2.) Arbeitskreis Rettungswesen (Research Group Rescue Services);[39]
Euroregion Neisse- – Nisa- – Nysa	CZ/DE/PL	2	1.) Euregionale Expertengruppe Öffentliche Gesundheit (Euregional Expert Group Public Health); 2.) Euregionale Expertengruppe Katastrophenschutz/Feuerwehr/Rettungswesen (Euregional Expert Group Emergency Management / Fire Brigades / Rescue Services)
EUREGIO Bayerischer Wald-Šumava-Mühlviertel	DE/AT/CZ	4 or more	1.) Arbeitskreis Gesundheitsforum Bayern-Österreich (Working Group Health Forum Bavaria – Austria); 2.) Arbeitskreis Krankenhauskooperation Bayern – Tschechien (Working Group Hospital Cooperation Bavaria – Czech Republic); 3.) sonstige kleine Arbeitskreise zur Thematik Katastrophenschutz, Bergrettung etc. (other small working groups concerning emergency management, mountain rescue services etc.)

[39] Also mentioned: bilaterale AG zwischen den Städten (Behinderte) (bilateral working group between the towns (disabled)

Name of the Euregio, Euroregion or Working Community	Region	No. of WG	Name of the Working Group(s)
Northwest Europe			
Co-Operation and Working Together (CAWT)	IE/UK	4 or more	Older People, Learning Disability, Physical & Sensory Disability, Family and Childcare, Primary Care, Health Promotion, Human Ressources, ICT, Communications, Mental Health, Finance, Public Health, Acute Services
Euregio Maas-Rheinijn	NL/DE/BE	3	1.) Arbeitsgruppe euregionales Gesundheitswesen (Working Group Euregional Community Health); 2.) Arbeitsgruppe Patientenberatung und –vertretung (Working Group Patient Counselling and Representation); 3.) Arbeitsgruppe Katastrophenschutz (Working Group Emergency Management)
Euregio Rhein-Waal	NL/DE	3	1.) Euregionales Forum Grenzüberschreitende Gesundheitsversorgung (Euregional Forum Cross-Border Health Care); 2.) Runder Tisch Katastrophenschutz (Round Table Emergency Management); 3.) Runder Tisch Rettungsdienst (Round Table Rescue Services)
EUREGIO	DE/NL	2[1]	1.) Arbeitskreis Gesundheit (Working Group Health); 2.) Arbeitskreis Polizei und Rettungswesen (Working Group Police and Rescue Services)[40]
euregio rhein-maas-nord	DE/NL	2	1.) Gesundheitsforum (Health Forum)
Euregio Scheldemond	BE/NL	2	1.) Vakgroep Welzijn (Working Group Well-Being), 2.) Vakgroep Openbare orde en Veiligheid (Working Group Public Order and Safety)
Conference TransJurassiene (CTJ)	CH/FR	2	1.) Health; 2.) Security and Disaster Control
Regio TriRhena	DE/FR/CH	4 or more	1.) Arbeitsgruppe Gesundheitspolitik Oberrheinkonferenz (Working Group Health Policies Upper Rhine Conference); 2.) Expertenausschuss Sucht und Drogen (Expert Committee Addiction and Drugs); 3.) Expertenausschuss Gesundheitsberichterstattung (Expert Committee Health Reporting); 4.) Expertenausschuss Krankenkassen (Expert Committee Health Insurance Funds); 5.) Arbeitsgruppe Katastrophenhilfe Oberrheinkonferenz (Working Group Emergency Aid Upper Rhine Conference)[41]
1) Comité Régional Franco Genevois (2) Conseil du Léman	FR/CH	3	1.) Groupe de travail "Planification et accès aux soins" ; 2.) Groupe de travail "Santé et environment"; 3.) Groupe de travail "Sanitaire et épidemiologie"

[40] Further working groups or similar structures in the area of the “EUREGIO”: Netzwerk/Projekt/Stiftung „Euregionales Servicezentrum Gesundheitswesen“ (ESG) (Network/Project/Foundation “Euregional service centre Community Health) and NRW + NL Provinzen + euregios (NRW + NL-provinces + euregios)

[41] Also mentioned: Rettungsflugwacht Rega: Transport von Verletzten grenzüberschreitend (ambulance flight watch REGA: Cross-border transport of injured people)

Name of the Euregio, Euroregion or Working Community	Region	No. of WG	Name of the Working Group(s)
Regio EGIO PAMINA	DE/FR	1	1.) Ausschuss für Finanzen, Wirtschaft und Soziales (Commission for Finances, Economy and Social Policy)
D-F-CH Oberrheinkonferenz	CH/DE/FR	4 or more	1.) Arbeitsgruppe Gesundheitspolitik (Working Group Health Policy); 2.) Arbeitsgruppe Katastrophenhilfe (Working Group Disaster Control); 3.) Expertenausschuss Krankenkassen (Expert Commission Sickness Funds); 4.) Expertenausschuss Gesundheitsberichterstattung (Expert Commission Health Reporting); 5.) Expertenausschuss Sucht und Drogen (Expert Commission Addiction and Drugs)[42]
Alps and Danube Area			
EuRegio Salzburg- – Berchtesgadener Land- – Traunstein	DE/AT	2	1.) Sicherheit (Security); 2.) Gesundheitswesen (Community Health)
Euregio West/Nyugat Pannonia UREGIO WEST/NYUGAT PANNONIA	AT/HU	2	1.) AG Gesundheit und Soziales (Working Group Health and Social Services); 2.) AG Sicherheit und Katastrophenschutz (Working Group Security and Emergency Management)
Internationale Bodenseekonferenz	AT/CH/DE/LI	4 or more	1.) Arbeitsgruppe Medizin (Working Group “Medicine“); 2.) ErGa Krankenversicherungen (ErGA “Health Insurance“); 3.) Rettungswesen im Bodenseeraum (“Rescue Services in the Lake Constance Area“); 4.) Arbeitsgruppe "Aus- und Weiterbildung in Pflegeberufen" (Working Group “Training and Further Training in Nursing Professions“); 5.) Arbeitsgruppe Lebensmittelsicherheit (Working Group “Food Safety“)
Southwest Europe and Western Mediterranean Sea			
Galicia – North Portugal Euroregion	ES/PT	2	1.) Sectoral Committee on Health and Social Affairs; 2.) Committee on Local Government
Comunidade de TrabalhoWorking Community Centro-Extremadura	ES/PT	2	1.) Health; 2.) Civil Protection
Working Communities Castilla and Leon (and Northern Portugal and Central Portugal)	ES/PT	no answer	Sectorial Commission

[42] The Oberrheinkonferenz additionally mentioned three project-related working groups: Projektgruppe Wörterbuch (Project Group ”Dictionary“), Projektgruppe Kommunikationstechnik (Project Group “Communication Technology“); Gefahrenabwehr auf dem Rhein (Danger Prevention on the Rhine)

Name of the Euregio, Euroregion or Working Community	Region	No. of WG	Name of the Working Group(s)
Southeast Europe and Eastern Mediterranean Sea			
Euroregion Nestos-Mesta	EL/BG	1	1.) Cross-Border Cooperation (CBC) & Health Issue
Euroregion "Belasica-Beles"	FYROM/ EL/BG/ Republic Macedonia	2	1.) Group for Cancer Prevention and Detection, 2.) Improvement of Health Services

(B) Euregios, Euroregions and similar cross-border structures without health-related working groups at the moment of the survey:
Gränskommitten Östfold-Bohuslän/Dalsland (SE/NO), ARKO (SE/NO), Estonia-Finnish 3+3 Regional Cooperation (FI/EE/RU), Euroregion Baltic (DK/LT/LV/PL/RU/SE), Euroregion Pro Europa Viadrina-Mittlere Oder e.V. (DE/PL), Euregio Egrensis Arbeitsgemeinschaft Bayern e.V. (DE/CZ), Euregio Silva Nortica (AT/CZ), Euroregion Weinviertel-Jižní Morava-Záhorie (AT/CZ/SK), Zukunft Saar Moselle Avenir (DE/FR), CAFI (FR/IT), Espace Mont Blanc (FR/IT/CH), Inn-Salzach-Euregio (DE/AT), Euregio Zugspitze - -Wetterstein- – Karwendel (AT/DE), Ems Dollart Region (NL/D), Conseil Valois-Valleé d´Aoste du Gd St. Bernard (CH/IT), Euregio Steiermark- – Nordostslowenien (AT/SI), Euroregio Pyrenees-Mediterraneanirineus-Mediterrania (catalan) (ES/FR), Euroregion Network Polis-Kent / Trakyakent (TR/EL/BG),

(C) Euregios, Euroregions and similar cross-border structures which answered the questionnaire but not the questions concerning working groups:
Mid Nordic Committee (SE/FI/NO)

(D) Euregios, Euroregions and similar cross-border structures which gave ambiguous answers
Euregio Helsinki-Tallinn Euregio (EE/FI): there is a project (Interreg IIIA) that deals with drug prevention & prevention of sexually transmitted diseases, Council of Torne Valley (FI/NO/SE), Euroregion Pomerania (DE/PL/SE): projektbezogene dt.-poln. Arbeitsgruppen (project-related German-Polish working groups), Euregio Via Salina (DE/AT): Gesundheitsregion (Health Region),

Enclosure 8:

List of reported cross-border health-related projects sorted by regions (as of mid 2005) [43]

[43] Here it should be noted that the list might also include some projects in which health is only a subordinate issue. This could only definitely be verified for projects which sent back the project questionnaire (response rate: about 50 %). For most of the other projects no more information than the project title was available. Activities that did not start at the time of our survey or single events e.g. congresses are not listed.

A) North Europe and Baltic Sea Area

1. Finland - Sweden – Norway (- Russia)

FI/SE/NO: Interreg Programme Kvarken - Mittskandia			
Project title	Project start	Project completion	Interreg?
Nordisk samarbete inom Käkkirurgi	1999	2000	Interreg IIA
Räddningshelikopter i Kvarken	2000	2000	Interreg IIA
Telemedical auditing in reconstructive oral and maxillofacial surgery	01/2001	12/2003	Interreg IIIA

FI/SE/NO/RU: Interreg Programme Nord			
Project title	Project start	Project completion	Interreg?
Förberedande till förstudie: eHealth in the Northernmost Regions of Europe / Preperation for feasibility study: eHealth in the Northernmost Regions of Europe	01/2002	8/2002	Interreg IIIA
Risk asessment and manangement of cold-related health hazards in Arctic workplaces	1999	2001	Interreg IIA

FI/SE/NO: North Calotte Council / Tornedalsradet			
Project title	Project start	Project completion	Interreg?
Pain culture and treatment in the Northern regions	02/1999	03/2001	Interreg IIA
Telemedicine in North-West Russia	01/1997	12/2001	Interreg IIA
Risk assessment and management of cold-related health hazards in arctic workplaces	1999	2001	Interreg IIA
Psychosocial well-being of children and youth in the Arctic 2002-2003, 2004-2006	12/2003	11/2006	Interreg IIIA
From Drug Road to Treatment Chain	03/2002	09/2005	Interreg IIIA
Cross-border Dental care	12/2002	12/2004	Interreg IIIA
Barents Rescue	1999	2005	other
Cooperation between health and social authorities in Lapland an Murmansk province	2002	2006	other

2. Sweden - Norway

SE/NO: Interreg Programme Sweden / Norway			
Project title	Project start	Project completion	Interreg?
Företagsutveckling - utan gränser (`Workplace Health Promotion in Small Enterprises`)	01/1999	06/2001	Interreg IIA

SAMNOR - Samarbeid for Midt Nordens Helse	01/1999	10/1999	Interreg IIA
Utveckling av sjukhusmiljöer	01/1999	01/2002	Interreg IIA
Må bra = Feel Good. Health education in schools.	03/2004	12/2006	Interreg IIIA
Grensebroen; IT, Pleie og Omsorg	04/2004	03/2006	Interreg IIIA
Hälsokällan	01/2003	12/2005	Interreg IIIA
Gränsöverskridande hälsosamarbete	01/2004	04/2004	Interreg IIIA
Gränssprängande omsorg	06/2004	12/2006	Interreg IIIA

3. Finland - Russia

FI/RU: Interreg Programme Euregio Karelia, Euregio Karelia			
Project title	Project start	Project completion	Interreg?
Kahden Karjalan Terveysprojekti (Health Project of the two Karelias)	1997	1998	Interreg IIA
Terveysosaamisen Yhteistyö Karjalan Kanssa (Health Know-How Cooperation with the Russian Karelia)	11/1999	5/2001	Interreg IIA
KATE-projekti: Sosiaali-Ja Terveydenhuollon Kehittämisprojekti 1994-2005; KATE-project: Development Project on Social and Health Welfare 1994-2005	01/1996	12/1999	Interreg IIA
Terveydenhuollon,sosiaalialan koulutuksen kehittäminen sekä diakoniatoimen edistäminen	N/a	N/a	Interreg IIA
TELEMA (Teaching Learning Material)	08/1998	06/2000	Interreg IIA
Koulutusmallin luominen Diakoniaopistolle	05/1998	09/1999	Interreg IIA
Moniammatillisuus Karjalan tasavallan kuntoutuksessa	11/1998	12/1999	Interreg IIA
Immunologisen tietotaidon ja osaamisen yhteensovittaminen Kainuun ja Karjalan Tasavallan kanssa	11/1999	06/2000	Interreg IIA
Kartoitus sosiaalialan ja vammaiskoulutuksen mallin luomiseksi Kostamukseen	01/1996	12/2000	Interreg IIA
Anastasia / Co-operation project of social and health care civil organisations in North Karelia and the Karelian Republic	05/2002	05/2004	Interreg IIIA
From Drug Route to Therapy Chain	09/2002	12/2004	Interreg IIIA
Health exercise project of Kainuu and Karelia 2002-2004	01/2002	01/2005	Interreg IIIA
Activation of civil activities in the villages in Karelia	07/2001	01/2004	Interreg IIIA
Medical equipment for Karelia	10/2002	06/2005	Interreg IIIA
Development of Work Safety and Occupational Health Care in the Karelian Republic	08/2002	02/2006	Interreg IIIA
"Karelia of the Young" - Development of an operational model for preventive work with abusers of intoxicants in Eastern Finland and the Karelian Republic	04/2003	31.03.2004	Interreg IIIA
STEP - Neighbouring Area Portal of Social and Health Sector	6/2002	1/2004	Interreg IIIA

Supporting Health know-how and Decreasing Health Risks in Karelia	10/2001	09/2004	Interreg IIIA
STEP - Neighbouring Area Portal of Social and Health Sector	6/2002	12/2003	Interreg IIIA
NCRB A Network for Crisis Centres in the Russian Barents Region (and in the Barents region as a whole)	04/1999	12/2005	Interreg IIA, Interreg IIIA
Special education pilot project in Karhumäki in Karelia	03/2002	12/2003	Interreg IIIA
It's Our Life	01/2004	01/2007	Interreg IIIA
New Contact	01/2002	01/2005	Interreg IIIA
Development of Women's Crisis Centre	6/2001	5/2002	Interreg IIIA

FI/RU: Interreg Programme South East Finland / Russia			
Project title	Project start	Project completion	Interreg?
From a vicious circle of drugs to a treatment chain	01/2004	01/2006	Interreg IIIA
Allergies and Residential Environment in Russian town of Svetogorsk and Finnish town of Imatra (VENKA)	10/2002	06/2005	Interreg IIIA

4. Finland - Estonia

FI/EE: Interreg Programme Finland / Estonia			
Project title	Project start	Project completion	Interreg?
0-19 vuotiaiden ja heidän perheidensä elämänhallinnan tukeminen moniammatillisena tiimityönä	N/a	N/a	Interreg IIA
Espoon terveydenhuolto- ja sosiaalialan ja Tallinnan Nömmen alueen koulutus- ja kehittämisyhteistyöhanke	N/a	N/a	Interreg IIA
FIN - EST WELFARE -Länsi -Viron sosiaali- ja terveysalan koulutus- ja kehittäminshanke	N/a	N/a	Interreg IIA
Mama-Eesti Project II / Mama Ohjelma	N/a	N/a	Interreg IIA
Mama- Eesti project / Mama ohjelma	N/a	N/a	Interreg IIA
Pelastuspalvelun tuottaminen ja kehittäminen monitoimihelikopterilla	N/a	N/a	Interreg IIA
Suomalaisten ja virolaisten sairaanhoitajien yhteistyö koulutuksen ja opiskelijavaihdon merkeissä	1998	1999	Interreg IIA
Multicultural programme for preventing and reducing substance abuse	01/2003	01/2005	Interreg IIIA
HUUTA: Preventing drug abuse and infectious diseases in Helsinki and Tallinn	05/2004	12/2006	Interreg IIIA
Youth without toxicants - It's your choice (Päihteetön nuoruus - See on sinu valik)	03/2002	03/2005	Interreg IIIA
Networking as a resource in elderly care	09/2002	12/2004	Interreg IIIA
Developing services and research in rheumatology	01/2004	12/2005	Interreg IIIA
Pilot project in telemedicine	11/2002	11/2003	Interreg IIIA
The third sector against toxicant abuse in Estonia (Sillakaar-projekti: Kolmannen sektorin päihdepalvelut Virossa)	08/2001	08/2004	Interreg IIIA

Strategy for equipping the lifeboat organisations in Finland and Estonia	05/2003	06/2003	Interreg IIIA
Development of the risk indicator of the crossing traffic on the Gulf of Finland	06/2003	12/2004	Interreg IIIA

EE/FI : Euregio Helsinki-Tallinn			
Project title	Project start	Project completion	Interreg?
HUUTA - Decrease of drug usage & prevention of infectious diseases in Helsinki & Tallinn	05/2004	12/2006	Interreg IIIA

5. Denmark - Sweden

DK/SE: Interreg Programme Öresund region, Öresundsregion			
Project title	Project start	Project completion	Interreg?
Coordinating Organ Donation and Transplantation	1999	2001	Interreg IIA
Health and Welfare Development in the Øresund Region	1998	2001	Interreg IIA
Comparative Analysis of the Operative and Preventive Firebrigade in the Øresund Region	1999	2000	Interreg IIA
Building competence and spreading of resource-saving water measures in order to reduce the effects of fertilization	02/2003	01/2006	Interreg IIIA
Centre of Excellence in breast and endocrine surgery	04/2002	04/2005	Interreg IIIA
Development of competence within health care (palliation) in the Øresund Region	06/2004	12/2005	Interreg IIIA
Health and Welfare development in the Øresund Region II - Development of a public health observatory for users at a regional and local level in the Øresund Region	02/2002	2/2005	Interreg IIIA
Health Emergency Planning and Cooperation in the Øresund Region	01/2004	12/2006	Interreg IIIA
The Øresund Centre for development and evaluation of clinical technical competence	05/2003	12/2004	Interreg IIIA
Development of competences in the health care sector	05/2003	12/2003	Interreg IIIA

6. Denmark - Germany

DE/DK: Interreg Programme FYN – K.E.R.N			
Project title	Project start	Project completion	Interreg?
Cittis	05/2002	05/2005	Interreg IIIA

DE/DK: Interreg Programme Sonderylland / Schleswig, Region Sonderjylland - Schlewig			
Project title	Project start	Project completion	Interreg?
Cittis	05/2002	05/2005	Interreg IIIA
Cross-border development of health care training (Grenzüberscheitende Entwicklung der Pflegeausbildung)	01/1999	12/2001	Interreg IIIA

DE/DK: Interreg Programme Storstrom / Ostholstein-Lübeck			
Project title	Project start	Project completion	Interreg?
Health and Activities in Schools (Gesundheit und Aktivität an Schulen)	08/2003	11/2006	Interreg IIIA

B) Central and East Europe

7. Poland - Germany

DE/PL: Interreg Programme Brandenburg / Lubuskia			
Project title	Project start	Project completion	Interreg?
Environment protection and disaster control (Umwelt- und Katastrophenschutz)	N/a	N/a	Interreg IIA
Greenway - Priority switching at traffic lights for emergency service cars (Greenway-Vorrangschaltungen für Einsatzfahrzeuge an Lichtsignalanlagen)	12/2001	07/2002	Interreg IIIA
Cross-border cooperation and training in disaster control (Grenzüberschreitende Zusammenarbeit und Ausbildung im Katastrophenschutz)	01/2002	01/2004	Interreg IIIA
Extension and modification of a training centre for disaster control (Aus- und Umbau einer Ausbildungseinrichtung für den Katastrophenschutz)	01/2003	01/2006	Interreg IIIA
Network for information and communication in the fields of fire brigade, rescue services and disaster control (Netzwerk zur Information und Kommunikation in den Bereichen Feuerwehr, Rettungsdienst und Katastrophenschutz)	11/2003	08/2005	Interreg IIIA
Establishment of a disaster control unit for supra-regional deployment (Schaffung einer Katastrophenschutzeinheit für überregionalen Einsatz)	10/2004	07/2006	Interreg IIIA

Setting up of a cross-border centre of competence for emergency medical aid and disaster control (Schaffung eines grenzübergreifenden Kompetenzzentrums für Notfallmedizin und Katastrophenschutz)	05/2005	still open	Interreg IIIA
Acquisition of fire engine LF 16-12 (Anschaffung Löschgruppenfahrzeug LF 16-12)	03/2003	01/2004	Interreg IIIA
Swap body “railway accident“ for danger prevention and technological support in the fields of fire prevention and disaster control (Abrollbehälter Bahnunfall zur Gefahrenabwehr und Technischen Hilfeleistung Bereich Brand- und Katastrophenschutz)	04/2004	03/2005	Interreg IIIA
Swap bod “environment and dangerous goods“ for the fields of fire prevention and disaster control (Abrollbehälter Umwelt und Gefahrgut für die Bereiche Brand- und Katastrophenschutz)	08/2002	12/2005	Interreg IIIA

DE/PL: Interreg Programme Mecklenburg Vorpommern / Poland, DE/PL/SE: Euroregion Pomerania			
Project title	Project start	Project completion	Interreg?
Analysis of the influence of the water hygiene status in the Oder estuery area on the quality of bathing water (Untersuchung zum Einfluss des wasserhygienischen Gesamtstatus im Odermündungsbereich auf die Badewassergüte)	02/1997	12/1999	Interreg IIA
Cross-border environment protection and disaster control in the districts of OVP, UER, HGW - Police, Swinemünde, Stettin (Grenzübergreifender Umwelt- und Katastrophenschutz Landkreise OVP, UER, HGW - Police, Swinemünde, Stettin)	10/1999	still open	Interreg IIA
Occupational retraining of job seekers to become occupational therapists (Umschulung von Arbeitssuchenden zum Ergotherapeuten)	1996	1998	Interreg IIA
Cross-border network for the primary prevention of drug addiction in the Euregio Pomerania (Grenzüber-schreitendes Netzwerk in der Suchtvorbeugung für die Euroregion Pomerania)	02/2002	12/2003	Interreg IIIA
Pomerania Telemedicine Network (Telemedizinisches Netzwerk zur Unterstützung der Tumorversorgung in der Euroregion Pomerania - Phase 2)	07/2002	07/2006	Interreg IIIA
Developing a concept for joint cross-border environment protection and disaster control in Barnim and Uckermark (Erarbeitung des Konzepts zum gemeinsamen Grenzüberschreitenden Umwelt- und Katastrophenschutz Barnim und Uckermark)	N/a	N/a	Interreg IIA

DE/PL: Euroregion PRO EUROPA VIADRIENA			
Project title	Project start	Project completion	Interreg?
Prevention is better than curing, prevention is cheaper than curing (Vorbeugen ist besser als heilen, vorbeugen ist billiger als heilen)	07/2002	12/2004	Interreg IIIA

DE/PL: Euroregion Spree-Neisse-Bober			
Project title	Project start	Project completion	Interreg?
Network for information and communication in the fields of fire brigades, rescue services and disaster control (Netzwerk zur Information und Kommunikation in den Bereichen Feuerwehr, Rettungsdienst und Katastrophenschutz)	11/2003	08/2005	Interreg IIIA
Cross-border health economy (Grenzüberschreitende Gesundheitswirtschaft)	N/a	N/a	Interreg IIIA
Setting up of a local branch of the DPGA in Zielona Gora (Aufbau einer Zweigstelle d. DPGA in Zielona Gora)	planned		

DE/PL/CZ: Euroregion Neisse-Nisa-Nysa			
Project title	Project start	Project completion	Interreg?
Streetwork for combating AIDS and sexually transmitted dieseases in the Neiße Euroregion (Streetwork zur Bekämpfung von Aids und sexuellen Erkrankungen in der Euroregion Neiße)	1992	still open	N/a
"Drug addiction prevention without borders" - development and implementation of target group-specific concepts for drug prevention in the cross-border region of Saxony - Poland / Saxony - Czech Republic ("Suchtprävention ohne Grenzen" - Erstellung und Umsetzung zielgruppenspezifischer Konzeptionen zur Suchtprävention im grenzüberschreitenden Bereich Sachsen-Polen/Sachen-Tschechische Republik)	02/2002	04/2004	Interreg IIIA
Streetwork medical care programme for prostitutes in the Czech Republic (Streetwork Prostituiertenbetreuung Tschechien)	1992	2002	other
Supporting migrants (KOBRA) (Migrantenbetreuung (KOBRA)	ca. 2002	2003	Interreg IIIA

8. Czech Republic - Germany

CZ/DE: Euregio Egrensis			
Project title	Project start	Project completion	Interreg?
Cross-border cooperation in care training Bavaria-Bohemia (Machbarkeitsstudie zur Umsetzung von grenzüberschreitenden Fachschulen)	01/2005	08/2004	Interreg IIIA
Academy "Haus Silberbach" (Fachakademie Haus Silberbach)	2003	N/a	Interreg IIIA
Cross-border fire brigade exercise "Böhmerwald 2003" (Grenzüberschreitende Feuerwehrübung Böhmerwald 2003)	N/a	N/a	N/a

CZ/DE: Euroregion Elbe/Labe			
Project title	Project start	Project completion	Interreg?
Cross-border mountain rescue services in Saxony (Grenzüberschreitende Bergrettung in Sachsen)	02/2004	05/2006	Interreg IIIA
Joint rescue station for emergency and mountain rescue services (Gemeinsame Rettungswache für Notfallrettung und Bergwacht)	10/2001	08/2002	Interreg IIIA
Pilot project for the promotion of human resources in the fields of health, leisure time, tourism in the 4 Saxon Euroregions (Pilotprojekt zur Förderung der Humanressourcen in den Bereichen Gesundheit, Freizeit, Tourismus der 4 sächsischen Euroregionen)	11/2002	still open	Interreg IIIA
German - Czech information and educational centre for rehabilitaion and balneology (4th-6th construction phase) (Deutsch-Tschechisches Informations- und Bildungszentrum für Rehabilitation und Balneologie - 4.-6. Bauabschnitt)	04/2002	01/2005	Interreg IIIA

CZ/DE: Euroregion Erzgebirge Krusnohori			
Project title	Project start	Project completion	Interreg?
Conversion and extension of a building to become a rescue station (Um- und Ausbau eines Gebäudes zur Rettungswache)	09/2002	08/2004	Interreg IIIA
Erection and use of a mountain rescue station in the Holzhau district in the municipality of Rechenberg-Bienenmühle (Errichtung und Betrieb einer Bergrettungswache im Ortsteil Holzhau der Gemeinde Rechenberg-Bienenmühle)	11/2003	12/2004	Interreg IIIA
Pilot project for the promotion of human resources in the fields of health, leisure time, tourism in the 4 Saxon Euroregions (Pilotprojekt zur Förderung der Humanressourcen in den Bereichen Gesundheit, Freizeit, Tourismus der 4 sächsischen Euroregionen)	11/2002	still open	Interreg IIIA

9. Czech Republic - Germany - Austria

CZ/DE/AT: Euregio Bayerischer Wald - Böhmerwald - Unterer Inn			
Project title	Project start	Project completion	Interreg?
Mountain rescue station "House Lam" (Bergwacht Haus Lam)	09/2001	11/2004	Interreg IIIA

10. Czech Republic - Austria

AT/CZ: Interreg Programme Austria / Czech Republic			
Project title	Project start	Project completion	Interreg?
Health Regio - Regional Network for the Improvement of Healthcare Services	07/2004	12/2006	Interreg IIIA

C) Northwest Europe

11. Ireland - United Kingdom

IE/UK: CAWT			
Project title	Project start	Project completion	Interreg?
Outcome Framework - Building a Culture of Young People's Participation in your Service Cross-Border project	06/2004	10/2004	Interreg IIIA
Improving Cross Border Care for those with Diabetes	N/a	N/a	Interreg IIIA
Improving Cross Border Communications for the CAWT Region	N/a	N/a	Interreg IIIA
Oral Health a Cross border Outreach Centre	N/a	N/a	Interreg IIIA
A New Chance - A Cross Border Approach to Foster Care	04/2004	still open	Interreg IIIA
Ambulance Training / Emergency Planning Room	N/a	N/a	Interreg IIIA
CAWT Development Centre	04/2002	12/2006	Interreg IIIA
Children's Services Planning and Information Project	N/a	N/a	Interreg IIIA
A cross border speciality information system foür continuous dialysis quality improvement	09/2005	08/2007	Interreg IIIA
Cross Border Carers of the disabled - a Journey of Sharing and Caring	N/a	N/a	Interreg IIIA
Cross Border Oral Maxillo Facial Service	1/2001	12/2003	Interreg IIIA
EMART - A CAWT Response to CBRN	N/a	N/a	Interreg IIIA
Epidemiological Study of Oral Health	N/a	N/a	Interreg IIIA
GP Out of Hours Services	N/a	N/a	Interreg IIIA
Health Impact Assessment - A Cross Border Approach	N/a	N/a	Interreg IIIA
Health promotion and the care of type II diabetics in primary care	N/a	N/a	Interreg IIIA
Health Protection - A New Challenge	09/2004	9/2006	Interreg IIIA
It's Good to Talk - Parents As Sex Educators	06/2004	10/2004	Interreg IIIA
Learning disability: supporting vulnerable adults and those who care for them	N/a	N/a	Interreg IIIA
North South Emergency Planning	N/a	N/a	Interreg IIIA
Recompression for deep sea divers - a cross border approach	N/a	N/a	Interreg IIIA
Sharing Cross Border Cardio Cath Services	N/a	N/a	Interreg IIIA
Steering to Safety	N/a	N/a	Interreg IIIA
Training the Trainers - Cognitive Therapy	N/a	N/a	Interreg IIIA
Workplace Health and Wellbeing Project	N/a	N/a	Interreg IIIA
Therapeutic Interventions for Non-Convicted Sex Offenders	N/a	N/a	Interreg IIIA
Awareness Training in Cognitive Therapy	N/a	N/a	Peace
Needs Assessment of those woho care for those with a mental helath problem			

Examination of the clinical, demographic and socail predictors of past suicied behaviour			
Personal development art for young peple who have been traumatised			
Research study to examine the potential for the development of cross border community care services			
Strategic approach to developing cross border menatl health promotion initiatives for young people			
CAWT: Promoting Healthy Minds for a Healthy Future	N/a	N/a	Peace
CAWT: Acknowledging the Past and Building on Peace	N/a	N/a	Peace+D161

IE/UK: Interreg Programme Ireland / Wales			
Project title	Project start	Project completion	Interreg?
Involving rural Population in improving their health e well-being	04/2003	06/2004	Interreg IIIA

12. France - United Kingdom

UK/FR: Interreg Programme Franco – British programme			
Project title	Project start	Project completion	Interreg?
Promoting the Mental Health of Young People (12-18 years old)	03/2004	03/2006	Interreg IIIA
Sharing the expertise of three health networks to the benefit of cancer patients	09/2004	09/2006	Interreg IIIA
Regulation of Candida Albicans virulence factors and infection	N/a	N/a	Interreg IIIA
Mobility and education programme for health sector professionals, trainees and educators	03/2003	03/2005	Interreg IIIA
Prevention of teenage pregnancies through education and health ("Let's talk")	11/2003	03/2007	Interreg IIIA
SURDOV (project 33) Security in the channel	N/a	05/2005	Interreg IIIA

13. Belgium - Netherlands

NL/BE: Scheldemond			
Project title	Project start	Project completion	Interreg?
Euregio Zorgloket (Euregio Care Desk)	07/1996	7/1999	Interreg IIA
Arbeidsrehabilitatie en -zorg (Labour rehabilitation an care)	07/1999	06/2001	Interreg IIA
Structurerung grensoverschrydend veiligheidsbeleid (Organizing the after-crisis phase)	12/2004	08/2005	Interreg IIIA
Grensoverschrijdende Tandheelkunde onder Narcose (Cross border dental care under anaesthetics)	04/2004	12/2006	Interreg IIIA
Rescue Vlissingen	06/2004	07/2005	Interreg IIIA
Sensibiliserung verheersdeelnemers (Sensification of traffic participants)	01/2003	12/2004	N/a

14. Belgium - Netherlands - Germany

DE/NL/BE: Interreg Programme Euregio Maas-Rhein, Euregio Maas-Rhein			
Project title	Project start	Project completion	Interreg?
Delta plan addiction care Euregio (Deltaplan Suchtsorge Euregio)	1996	2000	Interreg IIA
Cross-border health care of patients in the EMR (Grenzüberschreitende Versorgung der Patienten in der EMR)	1997	2000	Interreg IIA
The class moves! (Klasse in Bewegung!)	09/2000	07/2003	Interreg IIA
Cross-border health care provision (Framework project) (Grenzüberschreitende Gesundheitsfürsorge (Rahmenprojekt)	01/2002	12/2005	Interreg IIIA
Profinteg	10/2004	09/2007	Interreg IIIA
Cross-border emergeny medical assistance in the Meuse-Rhine Euroregion (Euregio Maas-Rijn Interventie in geval van Crisis (EMRIC) incl. EUMED)	01/2005	12/2007	Interreg IIIA
Cross-border cooperation in the Euregio Meuse-Rhine to decrease risky behaviour by adolescents (Risikoverhalten Jugendlicher- Ricicogedrag adolescenten)	10/2001	12/2005	Interreg IIIA
Accident insurance and worksite health and safety protection in the public sector of the Euregio Meuse-Rhine (Unfallver-sicherung und Arbeitsschutz im öffentlichen Sektor der Euregio-Maas-Rhein)	01/2002	05/2005	Interreg IIIA
Chronos: an education in chronic psychiatry	07/2004	07/2007	Interreg IIIA
Euregio Health Portal (Euregionales Gesundheitsportal)	01/2002	12/2005	Interreg IIIA
Quality Circle of Hospitals in the Euregio Meuse-Rhine (Qualitätskreis Euregionale Krankenhäuser)	01/2003	12/2005	Interreg IIIA
CONCERT (=Cooperation in Oncology Education, Research and Treament) in the region Meuse-Rhine	01/1997	still open	Interreg IIIA
Euregional centre for metabolic diseases (Euregionales Zentrum für Metabole Erkrankungen)	2002	still open	Interreg IIIA
Implementation of a MRSA protocol in cross border hospitals (Implementierung eines MRSA Protokolls für Krankenhäuser im Grenzgebiet)	1/2000	12/2003	Interreg IIIA
Integration Zorgt op maat (Modellprojekt "Zorg op maat" - IZOM)	2000	still open	Interreg IIIA
Cost transparency in cross-border health care provision (Kostentransparenz Grenzüberschreitender Gesundheitsversorgung)	N/a	N/a	Interreg IIIA
Health care provision for patients with chronic diseases in the Euregio Meuse-Rhine (Versorgung von Patienten mit Chronischen Krankheiten in der Euregio Maas-Rhein)	N/a	N/a	Interreg IIIA
Transparency in the cross-border aids supply (Transparenz in der Hilfsmittelversorgung in der Euregio Maas-Rhein)	01/2002	12/2005	Interreg IIIA
Rescue services and emergency provision in the EMR (Rettungswesen und Notfallversorgung in der EMR)	N/a	N/a	Interreg IIIA
Health Card International (GesundheitsCard international - GCI)	07/2000	still open	other

Cross-border cooperation between Universitätsklinikum Aachen (UKA) and Academisch Ziekenhuis Maastricht (AZM) (Grenzuebergreifende Zusammenarbeit zwischen Universitaetsklinikum Aachen (UKA) und Academisch Ziekenhuis Maastricht (AZM)	06/2004	still open	other
Cross-border cooperation between Academisch Ziekehuis Maastricht (NL) and Algemeen Ziekenhuis Versalius (AZV) in Tongeren (B) (Grenzuebergreifende Zusammenarbeit zwischen Academisch Ziekenhuis Maastricht (NL) und Algemeen Ziekenhuis Vesalius (AZV) in Tongeren (B)	11/2002	still open	N/a
Contracting Belgian Health Care	2001	2004 (ongoing)	N/a

15. Netherlands - Germany

DE/NL: Interreg Programme Ems-Dollart region, Ems-Dollart region			
Project title	Project start	Project completion	Interreg?
Centre for drug addiction prevention and information (Fachstelle für Suchtprävention und -information)	06/1999	05/2000	Interreg IIA
Improvement of outpatient socio-psychiatric care (Verbesserung der ambulanten sozialpsychiatrischen Versorgung)	01/1999	12/1999	Interreg IIA
Network rescue services / fire prevention (Netzwerk Rettungswesen/Brandschutz)	04/2004	03/2006	Interreg IIIA

DE/NL: Interreg Programme euregio rhein-maas-nord, Euregio Rehin-Waal and EUREGIO bzw. euregio rhein-maas-nord, Euregion Rhein-Waal, EUREGIO			
Project title	Project start	Project completion	Interreg?
Binational institute for rehabilitation technologies (Binationales Institut für Rehabilitationstechnologien)	03/1998	09/1998	Interreg IIA
Development of outpatient treatment programmes (Entwicklung von ambulanten Behandlungsprogrammen)	07/1999	10/2001	Interreg IIA
Cross-border cooperation in rescue services (Grenzüberschreitende Zusammenarbeit im Rettungswesen)	11/1997	04/2000	Interreg IIA
Boundless patient treatment in the Euregio Rhein-Waal (Patientenbehandlung ohne Grenzen für spezielle Krankheitsbilder in der Euregio Rhein-Waal)	03/1996	06/1999	Interreg IIA
Improvement of quality in treatment teams (Qualitätsverbesserung in Behandlungsteams)	10/1996	10/1998	Interreg IIA
Improvement of quality in treatment teams - a one-year expansion and consolidation phase (Qualitäts-verbesserung in Behandlungsteams eine einjährige Ausbau- und Verfestigungsphase)	01/1999	12/1999	Interreg IIA
Traumatology in the ERW (Traumatologie in der ERW)	1997	02/1999	Interreg IIA
Model project "Needs and quality analysis", Euregio Rhine-Waal (Modellprojekt "Bedürfnis und Qualitätsanalyse", Euregio Rhein-Waal)	11/1999	06/2001	Interreg IIA

Information brochure "Comparison of German/Dutch education and training courses in the health care sector" (Co-production ERW/EURES) (Informationsbroschüre "Vergleich von DE/NL Ausbildungen in der Gesundheitsversorgung" - Ko-Produktion ERW/EURES)	N/a	1997	Interreg IIA
Model project MRI (Magnetic resonance imaging) cross-border economic use of outstanding medical achievements (Modellprojekt MRI (Kernspinthomographie) wirtschaftliche Nutzung spitzenmedizinischer Leistungen grenzüberschreitend)	2000	2001	Interreg IIA
Diabetis foot (Diabetes Fuß)	04/2003	03/2005	Interreg IIIA
Improvement of the functional convalescence of CVA-patients by electro-stimulation (Verbesserung der funktionalen Genesung von CVA - Patienten durch Elektrostimulation)	01/2004	12/2007	Interreg IIIA
Intraluminar oxygenation of the gastrointestinal tract (Intraluminäre Oxygenierung des Magen-Darm-Traktes)	08/2003	02/2005	Interreg IIIA
VINCENT 50 - Scanning of the diabetical foot (VINCENT 50 - Scanning des diabetischen Fußes)	12/2004	11/2006	Interreg IIIA
Euregional service centre for health (ESG) (Euregionales Servicezentrum für Gesundheit (ESG)	09/2002	06/2006	Interreg IIIA
German-Dutch Alliance of Help for the Addicted (Deutsch-niederländische Suchthilfe- und Selbsthilfeverbund)	6/2003	06/2006	Interreg IIIA
German-Dutch housing/supply zone Dinxperlo-Suderwick (Deutsch-niederländische Wohn-/Versorgungszone Dinxperlo - Suderwick)	10/2002	12/2006	Interreg IIIA
Cross-border danger prevention plan (Grenzüberschreitender Gefahrenabwehrplan)	01/2003	06/2005	Interreg IIIA
Euregio health portal in the Euregios Maas-Rhine, rhein-maas-nord and Rhein-Waal (EGP) (EuregioGesundheitsPortal in den Euregios Maas-Rhein, rhein-maas-nord und Rhein-Waal (EGP))	01/2002	12/2005	Interreg IIIA
Euregional coordination of patient concerns (Euregionale Koordination von Patientenbelangen)	06/2003	07/2004	Interreg IIIA
Cross-border use of medical care (Grenzüberschreitende Nutzung von Gesundheitsversorgung)	07/2003	12/2004	Interreg IIIA
Cross-border advanced training in the field of medical care (Grenzüberschreitende Fortbildung im medizinschen Bereich)	2003	2005	Interreg IIIA
Pre-study on cross-border purchases (Vorstudie Grenzüberschreitender Einkauf)	01/2005	12/2005	Interreg IIIA
Euregional employment of rescue helicopters (Euregionaler Einsatz Rettungshubschrauber)	01/2003	12/2003	Interreg IIIA
Viking	02/2004	01/2007	Interreg IIIA
Cross-border health care in the Euregio rhein-maas-nord (Grenzüberschreitende Gesundheitsversorgung in der euregio rhein-maas-nord)	01/2003	01/2006	Interreg IIIA
Zorg op maat (ZOM) / Integration Zorg op maat	01/1997	still open	Interreg IIA, Interreg IIIA
Mobility in cross-border health care (Mobilität in der grenzüberschreitenen Gesundheitsversorgung)	N/a	still open	Interreg IIIA
Cross-border advanced training in the field of medical care - Gfo. Med (Grenzüberschreitende Fortbildung im medizinischen Bereich - Gfo.med)	05/2003	12/2005	Interreg IIIA
Cross-border victim support (Grenzüberschreitende Opferhilfe)	01/2002	03/2005	Interreg IIIA
Bordertest	10/2002	10/2003	Interreg IIIA

16. Belgium - France - Luxembourg

BE/FR/LU: Interreg Programme Wallonia / Lorraine / Luxemburg			
Project title	Project start	Project completion	Interreg?
Cardiopole - Pole de Prévention cardio-vasculaire transfrontalier	01/2004	12/2006	Interreg IIIA
Création d'un reseau transfrontalier de Maisons du Diabète	10/2004	09/2007	Interreg IIIA
Déterminants biométriques et biologiques du risques d`ostéoporose accru chez le male	10/2004	10/2007	Interreg IIIA
LuxLorSan	07/2002	7/2005	Interreg IIIA

17. Belgium - France

FR/BE: Interreg Programme France/Wallonia-Flanders			
Project title	Project start	Project completion	Interreg?
Plate-forme promotion Santé	N/a	N/a	Interreg IIIA
Plate-forme transfrontalière des toxicomanies et autres conduites à risques	N/a	N/a	Interreg IIIA
Thiérache santé	2002	still open	Interreg IIIA
Accessibilité et mobilité en santé	01/2002	01/2005	Interreg IIIA
Programmes transfrontaliers santé	09/2002	09/2005	Interreg IIIA
Observatoire Franco-Belge de la Santé (OFBS)	N/a	N/a	N/a

18. France - Germany

FR/DE: Interreg Programme Pamina			
Project title	Project start	Project completion	Interreg?
Health in the Upper Rhine Valley (Gesundheit im Oberrheintal)	11/1999	10/2002	Interreg IIA
Old, deranged - left alone (Alt, verwirrt - alleingelassen)	10/2001	4/2005	Interreg IIIA

FR/DE: Interreg Programme Saarland-Mosel / Lorraine-Western Palatinate			
Project title	Project start	Project completion	Interreg?
Comparison of the health care systems in the Saarland and in Lorraine (Vergleich der Gesundheitssysteme im Saarland und in Lothringen / Outil de comparaison économique des systèmes de santé en Sarre et en Moselle)	06/2002	12/2006	Interreg IIIA

19. France - Germany - Switzerland

FR/DE/CH: Interreg Programme Oberrhein Mitte-Süd / Basiliensis / Oberrheinkonferenz			
Project title	Project start	Project completion	Interreg?
Development of a cross-border cooperation model for rehabilitation in the Upper Rhine area (Entwicklung eines grenzüberschreitenden Kooperationsmodells für die Rehabilitation am Oberrhein)	N/a	N/a	Interreg IIA
Conception for the establishment of an institution in the Lörrach three-country triangle to improve the provision of health care for the chronically addicted (regional hub) (Konzeption zur Etablierung einer Einrichtung im Dreiländreck Lörrach zur Verbesserung der Versorgungssituation chronisch Abhängiger (Drehscheibe)	N/a	N/a	Interreg IIA
Cross-border addiction prevention in the Ortenaukreis and Département du Bas-Rhin (Grenzüberschreitende Suchtprävention im Ortenaukreis und Département du Bas-Rhin)	N/a	N/a	Interreg IIA
Health in the Upper Rhine valley (Gesundheit im Oberrheintal)	11/1999	10/2002	Interreg IIA
Health report for the Upper Rhine valley (Gesundheitsbericht für das Oberrheintal)	7/1999	9/2001	Interreg IIA
Thermal- and fitness centre Neuwiller – 2nd Phase (Thermal- und Fitnesszentrum Neuwiller - 2. Abschnitt)	N/a	N/a	Interreg IIA
Open cross-border cooperation of hospitals (Geöffnete grenzüberschreitende Krankenhausko-operation)	2001	2006	Interreg IIA, Interreg IIIA
Cross-border cooperation project to improve the provision of health care for drug addicts in the three-country triangle (Grenzüberschreitendes Kooperationsprojekt zur Verbesserung der Versorgung Suchtmittelabhängiger im Dreiländereck)	01/1998	12/1999	Interreg IIIA
Disaster Management Operations Dictionary, part I) (Wörterbuch für Katastropheneinsatz, Teil I)	06/1999	09/2001	other
Cartography of big-size equipment and of specialized medical services (Kartographie der Großgeräte und des spezialisierten Versorgungsangebotes)	09/1996	09/1997	other
Cross-border rescue flights of the Swiss rescue flight services REGA (Grenzüberschreitende Rettungsflüge der Schweizer Rettungsflugwacht REGA)	N/a	N/a	other
Medical care for seriously burnt patients from Alsace in Ludwigshafen (Versorgung Schwerbrandverletzter aus dem Elsass in Ludwigshafen)	2003	08/2005	N/a
Joint system for retrieving free hospital beds (Gemeinsames Abrufsystem für freie Krankenhausplätze)	06/2004	still open	N/a
Pathology across the Rhine (Online Transfer von diagnostischen Daten zw. Institut für Pathologie des Universitätsspitals Basel & Kliniken des Landkreises Lörrach)	03/2003	still open	N/a
Epi-Rhin - A Transborder Reporting Scheme for Communicable Diseases (Epi-Rhin - Grenzüberschreitendes Meldesystem für übertragbare Krankheiten	09/2001	still open	N/a
TESUS - Cooperation in the field of telemedicine (TESUS - Kooperation im Bereich der Telemedizin)	N/a	N/a	N/a

20. France - Switzerland

FR/CH: Interreg Programme France / Switzerland			
Project title	Project start	Project completion	Interreg?
Dispositif spècialisé de soins aux toxicomanes comportant une collaboration transfrontalière	01/1999	12/2001	Interreg IIA, Interreg IIIA
Teneci: Teleneurology cooperative platform	02/2003	12/2005	Interreg IIIA

FR/CH: Conseil de Travail Jura			
Project title	Project start	Project completion	Interreg?
Dispositif spècialisé de soins aux toxicomanes comportant une collaboration transfrontalière	1999	2001	Interreg IIIA

D) Alps and Danube Area

21. Austria - Switzerland - Germany - Liechtenstein

DE/AT/CH/LI: Interreg-Programme Alpenrhein / Bodensee / Hochrhein, Internationale Bodenseekonferenz (IBK) - Euregio Bodensee			
Project title	Project start	Project completion	Interreg?
Cross-border addiction and drug prevention in terms of general health promotion (Grenzüberschreitende Sucht- und Drogenprävention im Sinne der allgemeinen Gesundheitsförderung)	N/a	N/a	Interreg IIA
Unlimited Help of Self-Management of Children and Teenagers with Asthma Bronchiale (Grenzenlose Hilfe zur Selbsthilfe EU-Projekt zur Asthmaschulung im Kindes- und Jugendalter)	04/2004	04/2008	Interreg IIIA
Children in balance (KiG), Obesity competence centre, Euregio Bodensee/Lake Constance (Kinder im Gleichgewicht (KiG), Adipositas Kompetenz-Zentrum Euregio Bodensee)	12/2003	06/2008	Interreg IIIA
Crossborder Telematics in Laboratory Medicine in the "Euregio Bodensee" (Grenzüberschreitende Telemedizin im Laborbereich in der "Euregio Bodensee")	01/2004	06/2006	Interreg IIIA
Human-friendly living space in the Lake Constance area (Menschengerechter Lebensraum Bodensee)	N/a	N/a	Interreg IIIA
“VOLL Schlank“ – a cross-border addiction prevention project for adolescents (VOLL Schlank - grenzüberschreitendes Suchtpräventionsprojekt für Jugendliche)	01/2002	06/2005	Interreg IIIA
Rescue services in the Lake Constance region (Rettungswesen im Bodenseeraum)	2003	N/a	other
Coordination among universities of applied sciences as well as in the field of advanced training for health professionals (Koordination im Fachhochschulbereich sowie in der Weiterbildung in den Gesundheitsberufen)	2000	still open	N/a
iPath and iTeach: a new platform for regional oncology meetings in the Lörrach oncology centre (iPath und iTeach: eine neue Plattform für die regionale Onkologiebesprechung am Onkologiezentrum Lörrach)	04/2003	12/2004	N/a

22. Italy - France

IT/FR: Interreg Programme Alcotra			
Project title	Project start	Project completion	Interreg?
Transalp Cardiovasculaire	01/2003	11/2005	Intereg IIIA
Prometeo	11/2003	03/2006	Interreg IIIA
Medicine et chirurgie d´urgence	12/2002	6/2005	Interreg IIIA
DANTE	01/2004	01/2006	Interreg IIIA
Centre périnatal de proximité transfrontalière	10/2003	still open	Interreg IIIA
Prise en charge patients seropositifs	09/2004	09/2006	Interreg IIIA
Oral Pathology, co2 super-pulse laser, histology	09/2004	still open	Interreg IIIA
"Politiche per la Famiglia: Pubblica Amministrazione, Operatori Sociali, partecipazione del Terzo Settore nella produzione dei servizi	02/2004	01/2006	Interreg IIIA

23. Italy - Switzerland

IT/CH: Interreg Programme Italy / Switzerland			
Project title	Project start	Project completion	Interreg?
Hospitalitas - Healthcare Online Shared Platform for Increasing Tessin and Lombardy Immigrants` Treatment and Assistance	01/2003	01/2006	Interreg IIIA
Improving Health for Improving the quality of life of Cross-Border Citizens	01/2004	01/2007	Interreg IIIA
Cooperation in training for workers in public protection	09/2002	09/2005	Interreg IIIA
Specialisation for a better management of rescue interventions	09/2004	09/2006	Interreg IIIA
Implementation of common procedures for land management in prevention, emergency and post-event	09/2002	09/2005	Interreg IIIA
Wood as a common resource: integrated system in the prevention of fire	09/2002	09/2004	Interreg IIIA
Common procedure for the protection of artistic and cultural heritage in case of calamity	09/2002	10/2004	Interreg IIIA

IT/CH: Rat Wallis-Valle d´Aoste			
Project title	Project start	Project completion	Interreg?
PRINAT "Creating a centre of natural risks in the mountains COTRAO-PRINAT"	11/2003	09/2006	Interreg IIIA
Development d´outils méthodologiques pour la détection et la propagation des éboulements de masse - Acronyme Rockslidetec	01/2003	N/a	Interreg IIIA
Risques hydrogéologiques en montagne: parades et surveillance - RIskYdrogéo	07/2003	N/a	Interreg IIIA

24. Austria - Germany

AT/DE: Euregio Salzburg-Berchtesgardener Land-Traunstein			
Project title	Project start	Project completion	Interreg?
Mobile drug prevention (Mobile Drogenprävention)	1996	finished	Interreg IIA
Mobile drug prevention in the Berchtesgadener Land - Salzburger Land – Traunstein. Working title: "Guat beieinand"' community-based drug prevention (Mobile Drogenprävention Berchtesgadener Land - Salzburger Land - Traunstein Arbeitstitel: "Guat beinand" - Gemeindeorientierte Suchtprävention)	03/2002	12/2005	Interreg IIIA
Video on the prevention of the "Sudden Infant Death Syndrome (SIDS) (Video zur Prävention des "Sudden Infant Death Sysndrome" (SIDS)	07/2001	05/2002	Interreg IIIA
Euregio-map showing the rescue services of the region (Euregio-Karte mit den Rettungsdiensten in der Region)	05/1997	01/1998	other

25. Austria - Italy

IT/AT: Interreg Programme Italy / Austria			
Project title	Project start	Project completion	Interreg?
Folk medicine (Volksmedizin)	N/a	N/a	Interreg IIA
Secure housing for elderly people (Sicheres Wohnen im Alter)	03/2003	06/2005	Interreg IIIA
Housing support for elderly people (Wohnberatung für Ältere)	03/2002	12/2003	Interreg IIIA
Top on Job - alcohol prevention at work (Top on Job - Alkoholprävention am Arbeitsplatz)	2001	2004	Interreg IIIA
Security in the mountains - cooperation between Tyrol and Veneto (Sicherheit am Berg - Kooperation zwischen Tirol und Veneto)	01/2003	12/2004	Interreg IIIA
Cross-border cooperation in patients' health care / patients' treatment (Grenzüberschreitende Zusammenarbeit in der Patientenversorgung/Krankenbehandlung)	08/2003	12/2005	Interreg IIIA
IKI - Internet - disaster control - information system (IKI - Internet-Katastrophenschutz-Informationssystem)	04/2002	12/2004	Interreg IIIA
Fastlink Tyrol	01/2003	12/2006	Interreg IIIA

26. Slovakia - Austria

AT/SK: Interreg Programme Austria / Slovakia			
Project title	Project start	Project completion	Interreg?
Health Regio - Regional Network for the Improvement of Healthcare Services	04/2004	12/2006	Interreg IIIA
Child - Nutrition Viennna Bratislava	01/2005	12/2006	Interreg IIIA
Programme for Master Degree in Clinical Research (Umfassendes Curriculum zur Ausbildung von Arztforschern im Bereich der klinischen Forschung)	09/2003	still open	Interreg IIIA
Health network Vienna - Bratislava (Gesundheitsnetzwerk Wien-Bratislava)	06/2002	12/2004	Interreg IIIA
Cooperation between Bratislava and Vienna in medical technology and sports science. (Medizintechnische und sportwissenschaftliche Kooperation Bratislava – Wien)	07/2003	06/2006	Interreg IIIA
DIRECT - Development of an Information platform regarding Radiology for Experience and Communication	11/2002	11/2004	Interreg IIIA

27. Austria-Slovenia

AT/SI: Interreg Programme Austria / Slovenia			
Project title	Project start	Project completion	Interreg?
International health destination (Internationale Gesundheitsdestination)	07/03	12/06	Interreg IIIA
Trilateral wellness education (Trilaterale Wellness-Ausbildung)	12/2001	01/2003	Interreg IIIA

AT/SI: Euregio Steiermark/ Nordost-Slowenien			
Project title	Project start	Project completion	Interreg?
Health destination "Oststeiermark" - European Spa World (Gesundheitsdestination Oststeiermark - European Spa World)	06/2002	12/2006	Interreg IIIA
Trilateral wellness education Austria - Hungary - Slovenia (Trilaterale Wellnessausbildung Österreich - Ungarn - Slowenien)	12/2001	01/2003	Interreg IIIA
Regional employment pact of Graz and surrounding area; health region of Graz and surrounding area (Regiona-ler Beschäftigungspakt Graz und Umgebung; Gesundheitsregion Graz und Umgebung)	01/2004	N/a	other

28. Italy-Slovenia

IT/SI: Interreg Programme Italy / Slovenia			
Project title	Project start	Project completion	Interreg?
Studies on the activity of TRAIL anticancer protein on human normal and neoplastic cells	02/2004	still open	Interreg IIIA
Ricerca, Territorio, Divulgazione scientifica. Il caso della borelliosi di Lyme sul Carso transfrontaliero. The "LYME BORELLIOSI" on the crossborder "CARSO" region	03/2002	still open	Interreg IIIA
Assessment of risk of infection by "LYME BORELLIOSI" and other tick trasmitted infections: development of risk maps	01/2005	06/2007	Interreg IIIA
No walls	01/2004	12/2006	Interreg IIIA
Observatory for the social policies in Friuli Venezia Giulia Region and in Slovenia Republic	03/2004	03/2007	Interreg IIIA
Cross Border Cooperation for the Delivery of Health Services	04/2004	12/2006	Interreg IIIA

29. Austria-Hungary

AT/HU: Interreg Programme Austria / Hungary			
Project title	Project start	Project completion	Interreg?
Health Regio - Regional Network for the Improvement of Healthcare Services	04/2004	12/2006	Interreg IIIA
Worksite health and safety protection in Hungary and Austria (Arbeitssicherheit in Ungarn und Österreich)	09/2004	04/2007	Interreg IIIA
International health tourism destination (Internationale Gesundheitstourismusdestination)	07/03	12/06	Interreg IIIA
Pannonian competence centre of fire brigades (Pannonisches Feuerwehrkompetenzzentrum)	06/02	03/03	Interreg IIIA

AT/HU: Euregio West/Nyugat Pannonia			
Project title	Project start	Project completion	Interreg?
Tetra - trunked radio pilot project (Tetra-Bündelfunk Pilotprojekt)	N/a	N/a	Interreg IIA
International health tourism destination (Internationale Gesundheitstourismusdestination)	07/03	12/06	Interreg IIIA
Pannonian competence centre of fire brigades (Pannonisches Feuerwehrkompetenzzentrum)	06/02	03/03	Interreg IIIA

30. Italy-Albania-Croatia-Serbia and Montenegro-Bosnia Herzigovina

IT/AL/HR/BA/SCG: Interreg Programme Italy / Eastern Adriatic Countries			
Project title	Project start	Project completion	Interreg?
Futuro Donna	07/2004	07/2007	Interreg IIIA
International Centre for education and information in animal health and food safety in partnership with crossborder adriatic states (CIFIV)	06/2004	12/2007	Interreg IIIA

E) Southwest Europe and Western Mediterranean Sea

31. Italy-France

IT/FR: Interreg Programme Islands			
Project title	Project start	Project completion	Interreg?
SANnet. - Mmessa in rete degli attori della sanitá	07/2002	N/a	Interreg IIIA
SANnet II - Armonizzazione delle procedure in ambito sanitario	02/2004	N/a	Interreg IIIA
Mare, costa e dintorni: (Modelli di intervento a confronto per la progettazione e l'attivazione di reti di salute)	N/a	N/a	Interreg IIIA

32. Spain - France

ES/FR: Interreg Programme Spain / France			
Project title	Project start	Project completion	Interreg?
Utilisation des cellules souches de l´adulte pour le traitement des maladies cardiaquer par thérapie cellulaire régeneratrice	01/2003	10/2006	Interreg IIIA
Sécurité Urgences Pyrénées	01/2002	02/2006	Interreg IIIA

ES/FR: not Interreg			
Project title	Project start	Project completion	Interreg?
Common Cross-Border Hospital Cerdanya and Capcir	2005	2008	other

33. Spain - Portugal

ES/PT: Galicia - Regiáo Norte (E/P)			
Project title	Project start	Project completion	Interreg?
Social equipment on the provinces of Oureuse and Pontevedra	1998	1998	Interreg IIA
Setting up of pilot unity to support social exclusion situations	1998	1998	Interreg IIA
Program of continuous education on drug addiction	04/2003	01/2005	Interreg IIIA
Reinforcement on Public Health Attention to Drug Addicts	01/2003	01/2005	Interreg IIIA
Improvement on the quality of the public health attention	01/2004	01/2006	Interreg IIIA
Border letter on Equipment for Health (Galicia - North Portugal)	11/2004	12/2005	Interreg IIIA
Promotion and optimizing of rescue services in emergencies	N/a	07/2006	Interreg IIIA
ISADORA -(Integración Social, Apoyo al Desarrollo y Organización de Recursos Asistenciales)	11/2003	12/2004	Interreg IIIA
PROVOLGAPOR -. Promotion of Volunteering in the border lands of Galicien and North of Portugal	09/2003	12/2004	Interreg IIIA

ES/PT: Castilla y León - Regiáo Norte & Castilla y León - Regiáo Centro			
Project title	Project start	Project completion	Interreg?
"Calegu - Telemedicina en Castilla y León y la Sub-região de saúde da Guarda	01/2003	2005	Interreg IIIA
CALENO - "Telemedicina en Castilla y Leó y el Nordeste Transmontano"	01/2003	2005	Interreg IIIA
"Alcoholismo" - Prevención y tratamiento del alcoholismo	01/2003	12/2005	Interreg IIIA
Red Transfrontenza de Centros de Rehabilitación Laboral de Personas con Enfermedad Mental	07/2003	06/2005	Interreg IIIA
Drogalcohol - Mejora de accesibilidades de intervenuones en materia de alcoholismo y toxicode pendencia	01.01.2003	2005	Interreg IIIA

ES/PT: Extremadura - Regiáo Centro			
Project title	Project start	Project completion	Interreg?
Professional Training in Health	10/2003	12/2004	Interreg IIIA
Inovar e Harmonizar estrategias formativas - Professional Training	01/2004	12/2005	Interreg IIIA

34. Spain - Marocco

ES/MA: Interreg-Programme Spain / Morocco			
Project title	Project start	Project completion	Interreg?
TELEMÁTICA: Creación de una red telemática entre centros sanitarios	N/a	N/a	Interreg IIIA
PASO EL ESTRECHO: Proyecto de creación de unidades de receoción de pacientes en hospitales des SAS	N/a	N/a	Interreg IIIA
COMUNICACIÓN: Atención Sanitaria de Viajeros en Tránsito por el Estrecho de Gibraltar	N/a	N/a	Interreg IIIA
TELEMEDICINA:. Creacion de una red telematica entre centros sanitarios	N/a	N/a	Interreg IIIA
COMUNICACIÓN II: Poryecto de creacion de unidades de recepcion de pacientes en hospitles des SAS	N/a	N/a	Interreg IIIA
PASO DEL ESTRECHO II: atencion sanitaria de viajeros en transito por el extrecho de Gibraltar	N/a	N/a	Interreg IIIA

F) Southeast Europe and Eastern Mediterranean Sea

35. Greece - Bulgaria

EL/BG: Euroregion Nestos-Mesta			
Project title	Project start	Project completion	Interreg?
Mobile medical units for health check ups in border areas	1996	1998	Interreg IIA