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Cross-border health activities in the Euregios: Good practice for better health☆

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Abstract

Background: Health-related cooperation between neighbouring countries has a long tradition in the European Union, especially in the transfrontier structures well-known under the label of Euregio or Euroregion.
Objective: Overview and analysis of cross-border health-related activities in the Euregios.
Methods: The EU-funded project "EUREGIO" carried out a systematic inventory analysis of cross-border health projects. It is based on written surveys among 53 Interreg IIIA secretariats, 67 Euregios and 328 project bodies. The responses of 122 health projects were considered.
Results: 37 Euregios or similar cross-border structures established health-relevant working groups, working circles, forums or projects. The cross-border health projects cover a wide spectrum of issues, e.g., education and training, patient care, prevention, and disaster control. Target groups were in most cases medical personnel, patients or decision-making bodies. Four official criteria for cooperation (joint project development, implementation, staffing and financing) are met by the great majority of projects. However, the survey shows a lack of information, publication and evaluation.
Conclusions: Cross-border cooperation in health is underrepresented in many regions. The project results point to great potentials which should be further developed both in terms of quantitative and qualitative aspects. Recommendations are given for project actors and stakeholders.

Keywords: Cross-border cooperation; Euregio; Euroregion; Interreg; Health policy; Health project

1. Historical development and framework conditions of the Euregios in Europe

In the border regions of the 25 Member States of the European Union (EU), about 32% of the population live on about 46% of the area [1]. Border regions are often economically weak areas. They differ in terms of population density, socio-economic develop-

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ment as well as economic characteristics. Depending on these characteristics, border regions are faced with specific problems owing to their border position in a Member State. Cross-border cooperation is intended to help reduce the disadvantages of the border regions, promote their integrated development and improve the living conditions of the population in these areas.

In the EU, cross-border cooperation started with a "pioneer and take-off phase" initiated by the Euregios themselves between the end of the 1950s and the beginning of the 1960s [2]. The term "Euregio" means "**Eu**ropean **Regio**n". 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. With the "EUREGIO" on the German-Dutch border, the first Euregio – often referred to as the "model" for cross-border cooperation – was created in 1958. In the 1970s, further Euregios were established along the German-Dutch border: the Euregio Rhine-Waal, Euregio Meuse-Rhine, Ems Dollart Region and rhine-meuse-north euregio. Meanwhile, a multitude of Euregios and Euroregions have been set up along the internal and external borders of the old as well as new EU Member States. Some border regions experience a real "Euregio boom".

During recent years, the issue of cross-border cooperation in the health sector has featured prominently on the political agenda [3,4]. The main triggers for this development were the regulations of the European Court of Justice (EUCJ), such as, 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 in 2001 and meetings of the health ministers in Malaga and Menorca in 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 provide a framework for developing cooperation between health systems [5]. Then the European Commission decided to establish a "High Level Group on Health Services and Medical Care" [6]. This High Level Group, also known as "Madelin Group", started to work in the mid of 2004. It works on the following 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. 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 regarding Community action on health services [7]. The responses to the consultation show a clear lack of up-to-date and complete data on cross-border care.

2. Cross-border structures in Europe

The major task of Euregios and similar structures is to promote and coordinate cross-border cooperation. This may take the form of political lobbying, examination of legal options, counselling and supporting project applicants, for example, in the search for project partners, distribution of information and fund raising for the implementation of projects. From a wide variety of possible political areas (e.g., social affairs, traffic, tourism, environment, and health), Euregios select a limited number of issues on which they concentrate. The label "Euregio" or "Euroregion" is no legally protected term. Criteria for the identification of Euregios have been fixed by the Association of European Border Regions (AEBR) [8], but up to now no generally binding definition of a Euregio has been given. Such a definition seems to be hardly possible, given the fact that Euregios differ with regard to their structure, organisation and development [9]. Due to this definition problem, there are no confirmed figures on the present number of Euregios. Moreover, new Euregios are being created every year and "old" ones may be dissolved again. Special cases are the cross-border structures set up in Scandinavia. They cover by far larger areas than the traditional Euregios. These structures are called "Euregio-similar structures" [8] or "Scandinavian groupings" [10]. The Euregio construct is however not to be found in all EU Member States. Cross-border cooperation implies that authorities and other organisations of directly neighbouring border regions work together across one or several joint national borders. This form of cooperation should not be confused with interregional cooperation under which organisations working together may be located anywhere within different neighbouring or far remote countries [11].

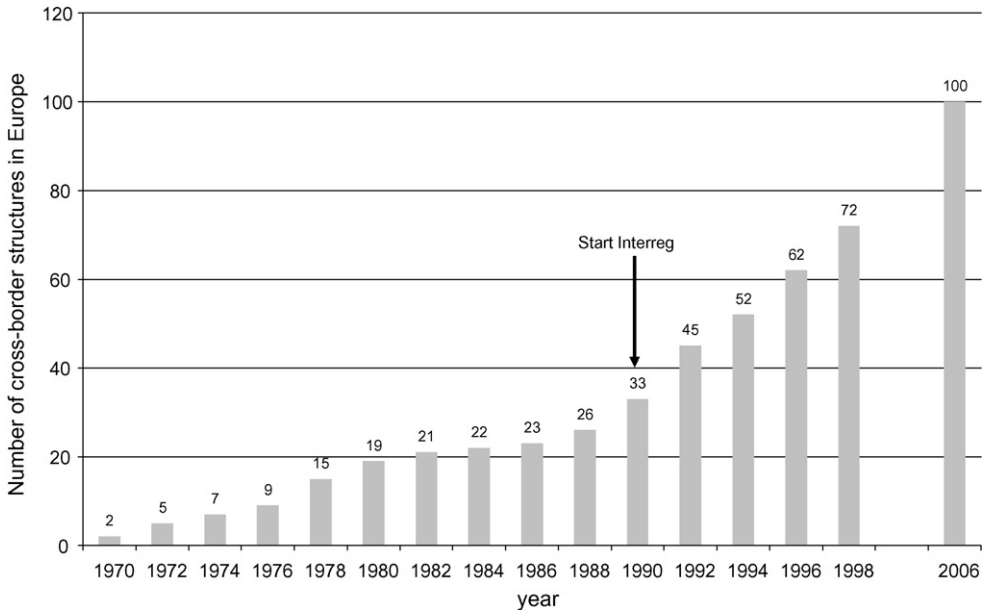

Fig. 1. Development of cross-border structures in Europe (figures of 1970–1998 according to [10], data for the year 2006 based on own research (list under www.euregio.nrw.de).

Particularly since the 1990s, a clear increase in cross-border structures has been registered (see Fig. 1). Cross-border cooperation and the establishment of Euregios have been encouraged by various developments at the European level (keyword "Europe of the Regions"). Special importance is attached to the financial support which the regions have received from the Interreg Community initiative which supports cooperation between the European regions from the European Regional Development Fund (ERDF) [12]. The Interreg Community initiative was introduced in 1990 and is mainly aimed at promoting cooperation between neighbouring border regions with the intention of abolishing existing structural weaknesses. Under "strand A" more than two-thirds of the Interreg budget of 5.8 billion Euros were made available during the 2000–2006 project period [13].

3. The project "Evaluation of cross-border activities in the European Union (EUREGIO)" and methods

The project "EUREGIO – Evaluation of border regions in the European Union" started in June 2004 [14–16]. This 3-year project was funded by the European Union under the Public Health Programme. The objectives of the project were:

- 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.
- To examine promoting and hindering factors.

Under this project, a written survey was conducted in the Joint Secretariats of the 53 Interreg III A programmes as well as among more than 67 Euregios and working associations along the internal and external borders of the 15 "old" EU Member States[1] (in the following referred to as the EU-15). The questionnaires were sent out at the beginning of November 2004. They achieved a response rate of 68% from the Interreg secretariats and 85% from the Euregio secretariats and working associations. The survey was limited to the internal and external borders of the EU-15.

[1] EU-15: Belgium, Denmark, Germany, Finland, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Austria, Portugal, Sweden, Spain and Great Britain.

The objective of this first survey was to give an overview of the scope and type of cross-border health activities in the cross-border structures and to identify contact persons of health-relevant cross-border projects and Interreg projects carried out since 1994. With the help of questionnaire-based surveys, expert interviews and expert meetings and conferences, the study collected data on a great variety of cross-border health-related projects and other activities. 328 cross-border health-related Projects were identified which were or are still being carried out along the internal and external borders of the EU-15.

These projects were subjected to a second survey to gain further substantial information on the projects. At the end of the survey, 151 completed questionnaires were returned by the 328 projects (46%). The survey was restricted to projects of the last 10 years. Projects to which at least one of the following criteria applied were not considered for the final analysis:

- The project had not yet been started.
- 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.

Altogether 122 projects were considered and analysed in detail[2]. More than 90% of the 122 selected projects received EU grants. These were in general funds from the Interreg Community initiative. Pertaining to the number of projects per country involved projects with German participation take first place, followed by projects with Dutch and French participation. Further analysis outcomes give an unprecedented insight into cross-border cooperation in the health sector.

Subsequent to the analysis phase, "good practice models" were identified. Each project was peer-reviewed by two experts of the "EUREGIO" project steering group on the basis of preliminarily defined criteria. The representatives of the selected projects were invited to the two-day workshop "Cross-Border Activities – Good Practice for Better Health" in January 2006 in Germany [14]. 37 projects were presented in detail in the working groups and proposals for the strengthening of cross-border cooperation in the health sector developed. About 100 representatives from 15 European countries attended the event.

In March 2007, the "European Health Policy" conference was held in Düsseldorf under the German presidency of the EU Council. All in all, more than 200 international guests participated in this event. The final conference of the "EUREGIO" project was part of this event. The participants of the conference discussed the main results of the "EUREGIO" project and adopted recommendations for action concerning quality development and the strengthening of cross-border cooperation [16].

4. Results of the cross-border health projects in the Euregios

The first survey shows that many Euregios are active in the health sector. This may be in the form of financial support to facilitate or allow access to Interreg or other grants. Euregios can also provide support in finding project partners or in public relations work. 37 Euregios or similar cross-border structures could be identified with at least one health-relevant activity such as a project, working group, working circles, forums or similar bodies. A distinction should be made between Euregios with only isolated projects and other Euregios putting the major focus on the health issue. Fig. 2 gives a geographical overview of Euregios and similar structures with health-relevant working groups along the internal and external borders of the EU-15.

Euregios which are very active in the health sector are in the north-west of Europe the Rhine-Waal and Meuse-Rhine Euregios as well as the EUREGIO located on the German-Dutch and on the German-Dutch-Belgian border with many years of experience in cross-border cooperation. On the border between Ireland and Northern Ireland, the organisation "Cooperation and Working Together" which initiates and carries out a great number of health-relevant projects has been set up. 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

[2] An internet-based project information pool has been set up on the website of the "EUREGIO" project at www.euregio.nrw.de.

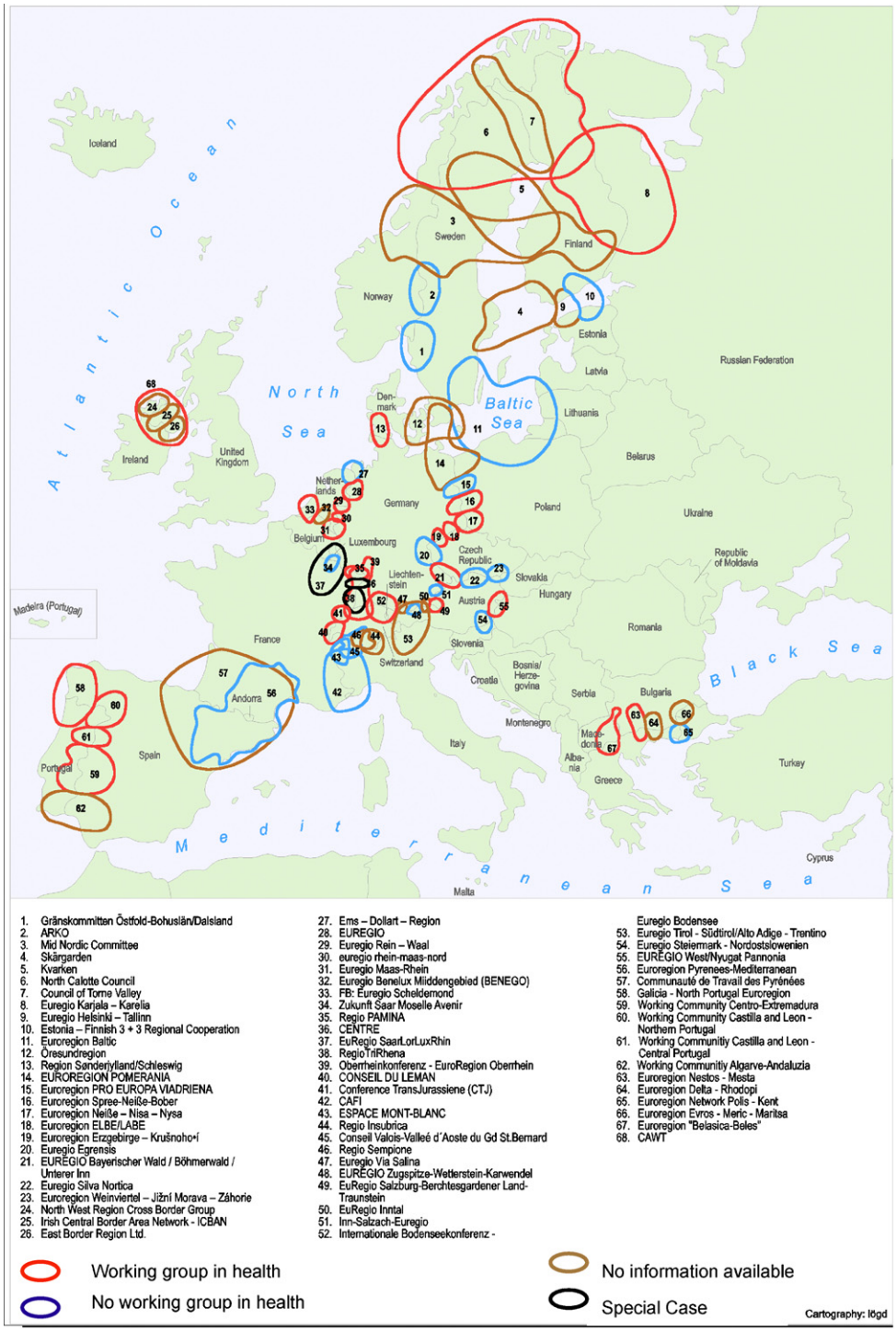

Fig. 2. Geographical overview of health-relevant working groups in Euregios and similar structures along the internal and external borders of the EU-15.

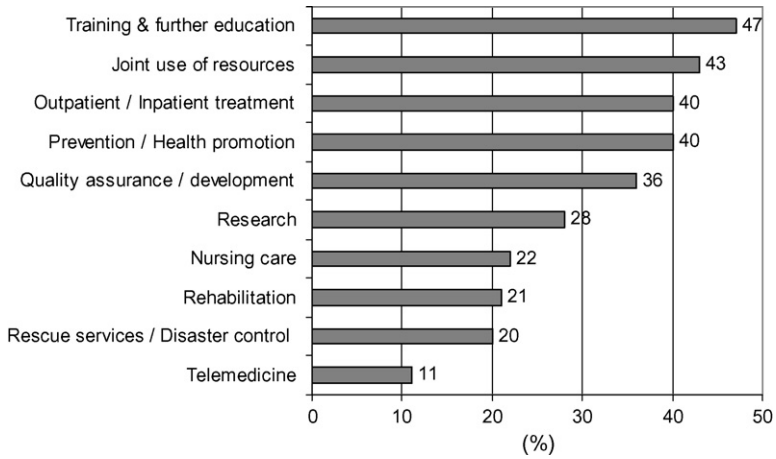

Fig. 3. Main issues of cross-border projects in the health sector (presentation of selected issues; multiple nominations are possible, $N = 122$).

example, recorded along the border between Spain and Portugal.

One objective of the first survey was to identify contact partners of ongoing and completed cross-border projects in the health sector. In a complementary survey, a questionnaire was sent to the responsible bodies of these projects. Cross-border projects cover a wide variety of thematic areas (see Fig. 3). The most frequently mentioned issues include education and further training, the joint use of resources, outpatient or inpatient treatment of patients as well as prevention and health promotion. Other topics such as telemedicine or self-help were in contrast almost neglected. The most frequently mentioned target groups were medical personnel, followed by the group of patients as well as the group of decision-making bodies. Only a tenth of the projects replied that the project had no specific target group.

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. In cases, where these had been specified, this had mostly been achieved through discussions within the project group, discussions and interviews with external experts, written surveys conducted in the target groups, literature researches or analysis of secondary data.

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

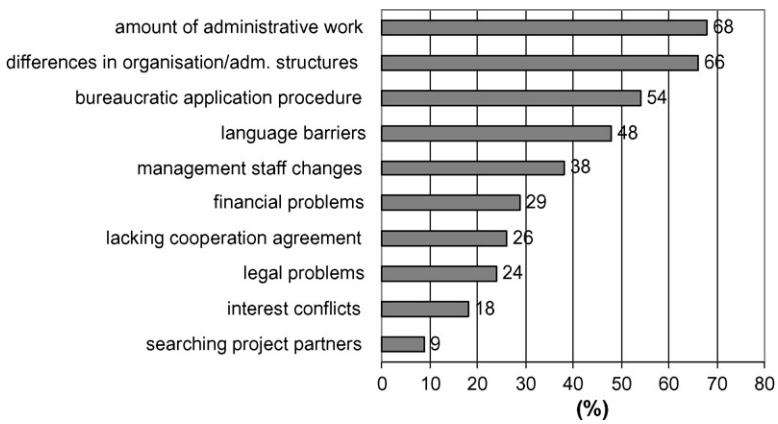

Fig. 4. Main appearance of hindering factors in the view of the responsible project bodies (multiple nominations are possible, $N = 122$).

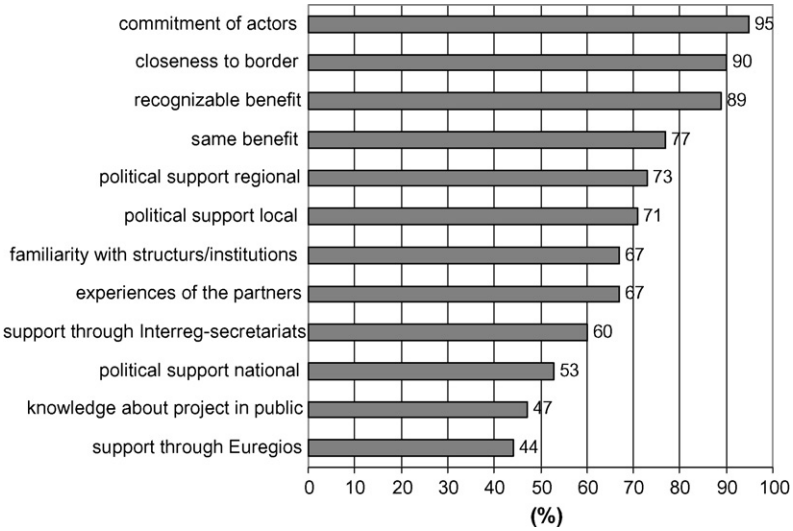

Fig. 5. Main appearance of promoting factors in the view of the responsible project bodies (multiple nominations are possible, $N = 122$).

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. 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,
- 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., joint budget and only one contract.

These requirements were surveyed in the questionnaire. The analysis shows that more than two-thirds of the projects positively answered questions about joint planning, organisational cooperation, joint project implementation as well as joint use of project results. Joint financing, however, applied to no more than almost half of the projects (44%). One-third of the projects cooperated in all four areas mentioned in the European Regional Development Fund regulation.

At the time of the survey, 38% of the total number of 122 projects had already been completed. The project terms varied between 4 months and more than 4 years. An important aspect is the sustainability of a project. In some Interreg programmes, sustainability is a necessary prerequisite for a successful project proposal. The project questionnaire contained a number of questions on the sustainability aspect. The analysis of the questionnaires showed that:

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

The aspect of project evaluation was also treated in the project questionnaire by closed questions. It was asked, 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, to survey methods as well as publication of the corresponding reports. The results revealed that one-third of the projects (35%) did not plan any project evaluation activities at all. More than one-third (36%) had carried out or was carrying out a project evaluation. About one-fourth (29%) was planning evaluation

activities when the survey started. Project evaluation activities often take the form of a self-evaluation. Information sources most often mentioned for an evaluation of the project impacts were spontaneous feedbacks from the target group, followed by interviews among specific target groups.

An evaluation report was or would be published in nearly two-thirds of the cases (61%) in which an evaluation was being carried out, had been carried out or was in the planning stage.

The distribution of project information in public contributes to securing financial, political and institutional support as well as to the acceptance of a project. Almost one-third of the projects (29%) had neither published nor intended to publish its results in the form of final reports or evaluation reports.

The responsible project bodies were also asked about hindering and promoting factors applying to their project. For more than two-thirds of the projects, hindering factors consist in a very high amount of administrative work during the project term, and about half of the interviewees were of the opinion that projects were held back by bureaucratic project application procedures. About one-third of the projects mentioned financial problems. One-fourth of the 122 examined projects said that legal problems had occurred. Difficulties arise at the micro as well as macro level (Fig. 4).

The most "useful factors" are, however, factors in the direct project environment at micro level. The commitment of the project actors is the most important factor for the success of cross-border health projects and is mentioned by nearly all projects. Closeness to the border and recognizable benefit of the project for the population follow next. In two-thirds of the projects surveyed, the partners working together had already gathered previous experiences in cross-border cooperation. Personal commitment of the project actors is connected with the risk that projects may go downhill if key personalities leave the project. Political support at the regional and local level was regarded as a strongly promoting factor (Fig. 5).

5. Discussion: good practice for better health

The findings of the surveys demonstrate that involvement in cross-border cooperation varies considerably in the Euregios. Some Euregios are very active when it comes to health, whereas others have not been involved at all. Cross-border cooperation in health is still underrepresented in many border regions. Quite a number of cross-border health-related projects have meanwhile been initiated, but they differ considerably in terms of issues to be treated, duration and quality.

A positive aspect we found out about cross-border cooperation in the health sector is that many projects ensure sustainability and that nearly all projects meet two or more "partnership-criteria". But we also repeatedly noticed that on a number of projects hardly any or no information was publicly available. Almost one-third of the projects had neither published nor intended to publish project reports. Documentations about the projects are only partly available. This is somewhat astonishing because Interreg projects are obliged to draw up so-called progress reports as well as final reports. A central database for all projects would be desirable for the future to make information about single projects accessible to the public and to facilitate a more intensified exchange between the projects.

The results obtained point to the requirements for a successful project implementation and to areas in which support through third parties is needed. Particularly activities such as project evaluation, the development of target criteria as well as public relations work and project documentation seem to require further improvement. Evaluation is not generally common. Therefore, in 2004, the members of the high-level process of reflection on patient mobility and healthcare developments in the European Union recommended to evaluate existing cross-border health projects, in particular Euregio projects [17].

Promoting and hindering factors give indications of how cross-border work in health could be supported. Projects very much rely on the personal commitment of the actors involved. Financial problems and application procedures were regarded as the most hindering factors. The survey results point to the requirements which should be fulfilled for successful project cooperation and indicate the fields in which further action is needed. These include political support of the projects at the different levels (local, regional, national), support through Interreg-Secretariats and Euregio offices or public knowledge about the projects.

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

In the course of the project "EUREGIO – Evaluation of border regions in the European Union", the main results of the surveys were submitted to representatives of the projects, of Euregio- and Interreg offices and to policy makers at the workshop "Cross-Border Activities – Good Practice for Better Health" (January 2006) and at the final project workshop (March 2007). During these workshops, good-practice models were presented and proposals on how to strengthen cross-border cooperation in the health sector discussed in detail. The conferences have shown that there is great need among the project actors to exchange their views, to learn from each other and to establish new contacts. Based on the present results and findings, the "EUREGIO" project team has developed comprehensive recommendations[3] for action with regard to quality development and strengthening of cross-border cooperation [16]. These recommendations are intended to promote the quality of cross-border health projects, to improve the corresponding framework conditions and to facilitate cross-border cooperation in the health sector. They were presented at the final conference of the "EUREGIO" project in 2007. More than 200 participants from 27 states discussed and adopted these recommendations. The first part of these recommendations is meant for project actors:

1. Determine the need for and effectiveness of the project.
2. Ensure the availability of sufficient staff and financial resources.
3. Ensure the cross-border added value for the region.
4. Ensure early and continuous cooperation based on partnership.
5. Create a sense of commitment and define responsibilities.
6. Pay more attention to public relations and project documentation.
7. Ensure good political and senior management support.
8. Evaluate projects adequately.
9. Initiate steps to ensure sustainability of the activities at an early stage.
10. Use the experiences of other projects.
11. Reduce bureaucratic hindrances for Interreg (summary).

The above-mentioned problems are in most cases hindrances which may occur within the general environment of the cooperation projects and which cannot be solved by the partners at the local level. Support from the European, national or regional level is therefore necessary. The second part includes recommendations to those actors in order to provide suitable framework conditions:

1. Create a legal basis.
2. Ensure partnership-based cooperation.
3. Promote the exchange of experiences and information.
4. Facilitate access to grants/funding.
5. Reduce bureaucratic hindrances for Interreg.
6. Strengthen the role of the Euregios and similar cross-border structures.
7. Ensure the quality of the projects (summary).

Both at the European and national level as well as among the project actors at the regional and local level there is an increasing demand for information. Legal problems are often mentioned as an obstacle to cross-border health care provision. The European Commission launched a public consultation on how to ensure legal certainty regarding cross-border health services under Community law, and to support cooperation between the health systems of the Member States [7]. In addition, there is need to improve the exchange of experiences and information about models of good practice. Various activities of the "EUREGIO" project (e.g., conferences, project database) 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 [14,16]. This creates further potential for development. Euregios are often referred to as a "testing laboratory of European integration" and in particular the Euregios of the new EU Member States can profit from these experiences in the EU-15. Transparency and evaluation of cross-border activities in health are needed as a basis for decisions in health policy regarding the adaption of existing activities and to build up new activities especially in the new EU

[3] Recommendations in detail available at www.euregio.nrw.de.

Member States. It would promote the development of further steps towards European integration.

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