



Evaluation of Border Regions in the European Union (EUREGIO)

Final Report
LIGA.Fokus 1



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in the European Union
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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 the use of cross-border health services have long since become reality. It has to be expected that with the enlargement of the European Union (EU) the mobility of the population and hence also of the patients will further increase. In addition, increasing migration movements among 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 call for 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. It

- 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 and shows areas with need for further improvements and support (chapter 4) and
- gives a conclusion and recommendations for action with regard to quality development and the strengthening of cross-border cooperation (chapter 5).

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 of 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

This chapter 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. They differ in terms of population density, socio-economic development as well as economic characteristics. Irrespective of these features, border regions face special problems due to their geographical border location in an EU Member State.

Border regions require a joint course of action to solve existing problems in the health sector. 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 patients might reach health care facilities more quickly than in their own country has in some border regions become a natural thing 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, the results of which offer deeper insights into 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 (Iögd) NRW which was responsible for the management and coordination of the project. Further project partners were 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 representatives of these institutions/organisations.

1.3.1 Project steps

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

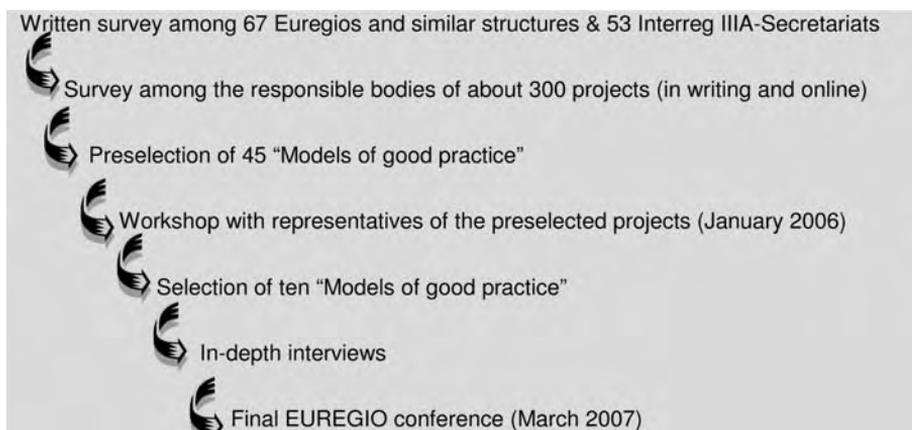


Illustration 1: Methods and project development of the "EUREGIO" project

Under the "EUREGIO" project, a written survey was conducted in 53 Interreg IIIA secretariats and in more than 60 Euregios¹ 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.

As part of 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

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 "European Region") 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.

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 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 "Iögd 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 intended for the final report of the "EUREGIO" project.

A project-related website (www.euregio.nrw.de) has been set up, 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 annex 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" 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 annex 2).

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

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 contributing considerably 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 focused 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 were 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 partnerships² 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 projects³. 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 the Euregios [24-26].

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

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.

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. the Meuse-Rhine Euregio), several Euregios may join together to form an Interreg programme area (e.g. the "EUREGIO", Euregio Rhine-Waal, euregio rhine-meuse-north and the 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.

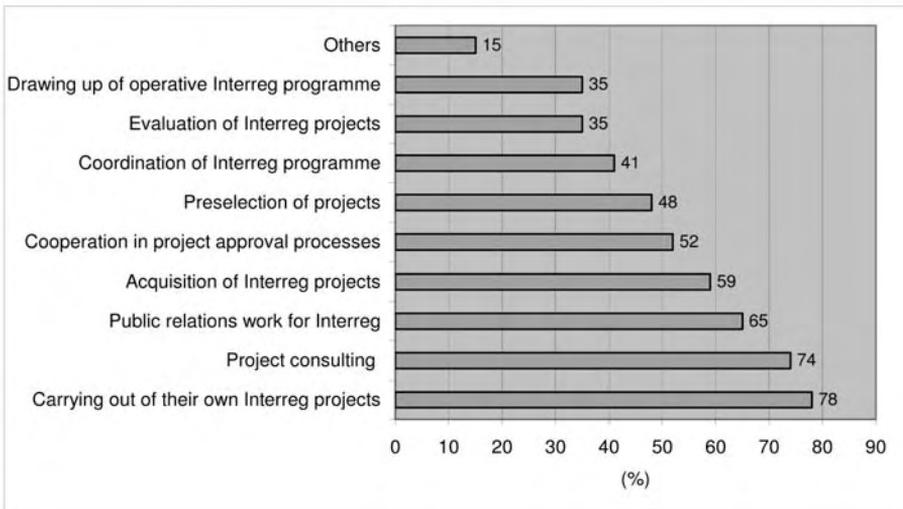


Illustration 2: Results of the survey conducted in the Euregios, Euroregions and similar structures – Tasks under the Interreg IIIA programme (out of 43 Euregios and similar structures)

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 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 point 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 Perkman [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 the Euregios and/or Euroregions under the Interreg initiative 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 (annex 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): Skårgården, 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 allowing 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.

Annex 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 annex 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

Annex 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 (Skårgården, 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 annex 4. The annex shows that in some Interreg IIIA programme areas a great number of health-related activities is being or was conducted (e.g. Finland/Estonia, Euregio Karelia, EUREGIO/Euregio Rhein-Waal/euregio rheinmaas-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 IIIA⁵.

Two programmes (Bavaria/Czech Republic, Germany/Luxembourg/ Germanophone Belgium) reported that at the moment of the survey they were not

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.

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

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.

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 "**European Region**". 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]:

- "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 struc-

tures [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 together 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 annex 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, 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.

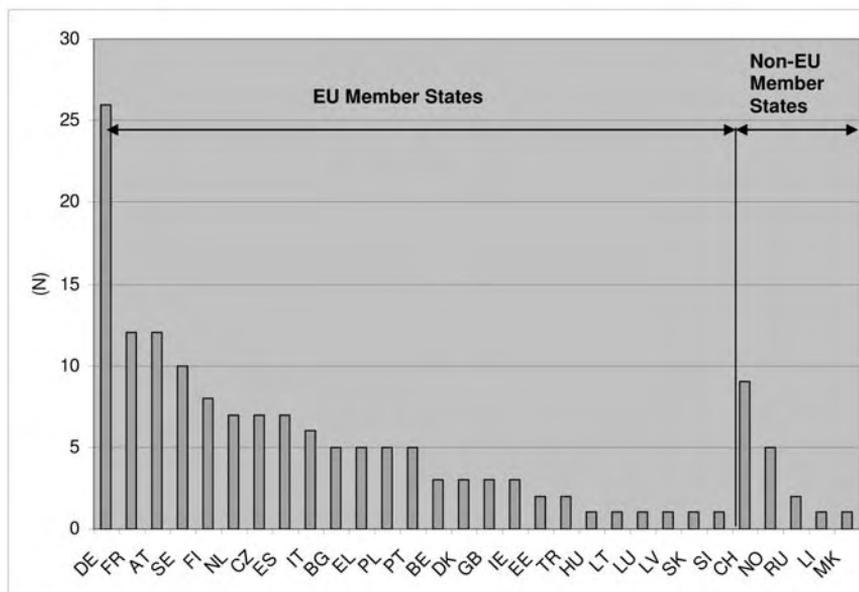


Illustration 3: Participation of EU Member States and EU Non-Member States in the interviewed 67 Euregios and similar structures.

Response rate

A total of 67 Euregios and similar structures was contacted. By March 2005, a total of 47⁶ filled-in questionnaires, of which one was relatively incomplete, had been returned.

Moreover, seven cross-border structures informed us that they were not carrying out any health-related activities/projects 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 con-

⁶ Two structures (Castilla y León - Región Norte and Castilla y León - Región 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.

cerning 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"): Skårgården, Irish Central Border Area Network (ICBAN), Euregio Benelux Middengebied (BENEGO), Regio Sempione, Euregio Tirol-Südtirol/Alto Adige Trentino, Communauté de Travail des Pyrénées, Comunidade de Trabalho Algarve Andalucía, 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] or from the project information portal at www.euregio.nrw.de.

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.

Annex 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 established 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-Mediterrània which was set up in 2004. Also in terms of the size of the region (between 570 and 332,530 km²), population density (between 1.9 and 581.6 inhabitants/km²) and unemployment rates, large "Euregional" differences became apparent.

Importance of the "health" issue

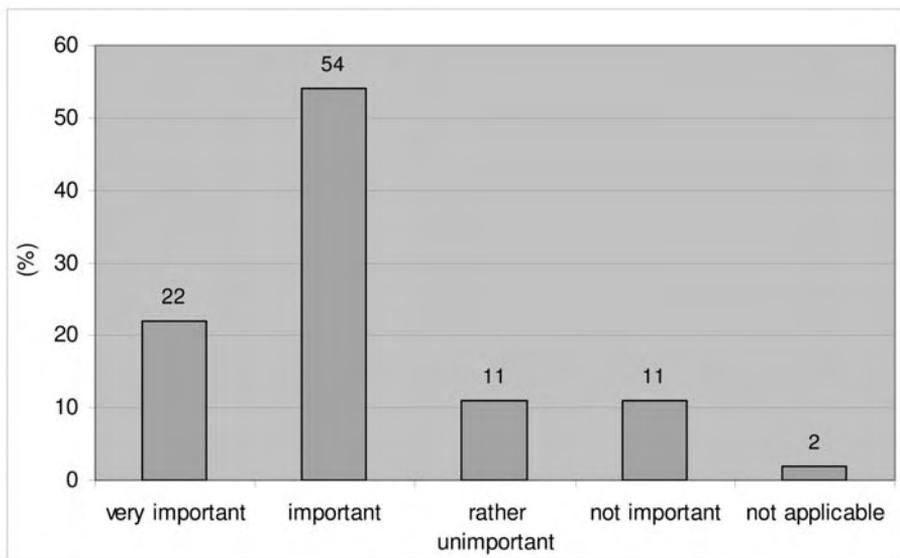


Illustration 4: Importance of the "health" issue (data in %, out of 46 Euregios or similar structures).

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 27⁷ Euregios or similar cross-border structures which established health-relevant working groups, working circles, forums or similar bodies⁸ (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 annex 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 determined if each of them maintains 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.



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).

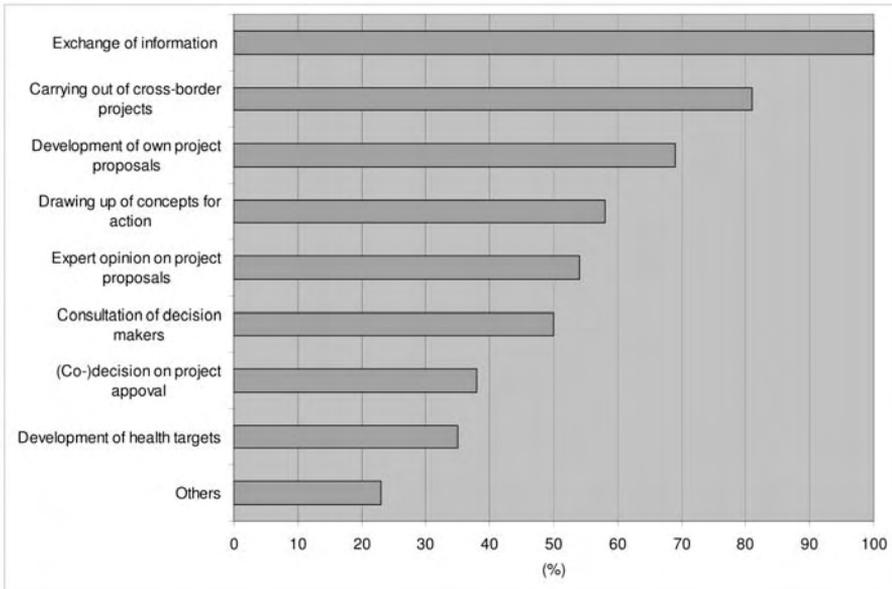


Illustration 6: Euregios and similar structures - tasks of health-relevant working groups (data in %, of 26 Euregios or similar structures)

"Health-active" Euregios and similar structures

A total of 37⁹ 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.

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.

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 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 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 in the corresponding Euregios, there are others which are focused on the exchange of health actors from various border regions in the EU. Examples are the event "European cooperations in the health sector – Added value for people, economy and regions" (27 September 2005 in Basel, Switzerland) [URL5], the workshop "Healthcare cross-border cooperation 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

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

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 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 concluded at the local or regional level. 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 transparencies can be downloaded from the project website at www.euregio.nrw.de.

In the following you will find 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 approach. 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 supra-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 are held by pro-European personalities who will not shy away from overcoming hindrances such as language problems, different social systems and structures by continuous trustful cooperation with their neighbours.

Cooperation 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 centres 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/](http://www.euroinstitut.org/epirhin/).

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

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]. 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 the 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, identical 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 searching 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 have to satisfy certain requirements. 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 fixing of objectives, the dismantling of language, cultural, legal and other barriers will take time and require staff resources. This applies in particular 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.

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].

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).

- "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. Concerning 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 calls for 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 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 inten-

sified 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 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 program-

mes, 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 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.

Here improvements are intended by the EU Commission for the future programme period. 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 to deal with the problem that in the case of treating a Dutch patient in Germany, the provision of services might be remunerated 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 individual patients, exceptions have therefore been made in isolated cases. 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. Patients need for example 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 providing comprehensive information on 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

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, attempts were made 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 problems¹²
- 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

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).

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 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

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

¹³ The question read 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?"

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

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).

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 procedures for 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 in 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. Annex 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 (Iögd), 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.

Together with a covering letter, the questionnaire (German and English) was subsequently sent to the project bodies by normal mail at the end of March 2005. Alternatively, the questionnaire was also accessible online. After the first deadline

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 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.

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. In response, we received 149 completed questionnaires about different projects, with one questionnaire 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.

	Number of sent-out questionnaires	Number of projects which 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

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

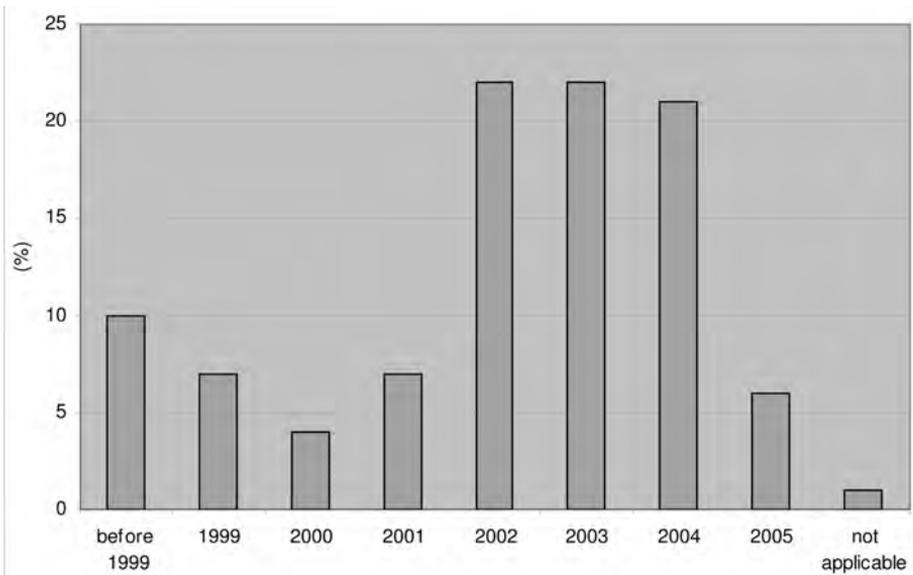


Illustration 7: Number of cross-border health projects by start of the project for the period before 1999 and for 1999 up to 2005 (N=122).

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 pro-

jects were intended as permanent activities. A great number of projects (30 %) was running 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).

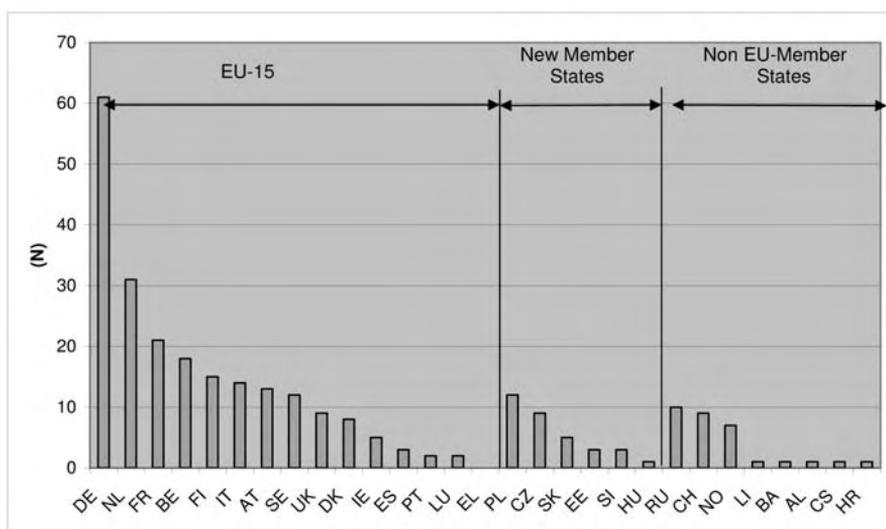


Illustration 8: Number of cross-border health projects by participating states (N=1221)

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).

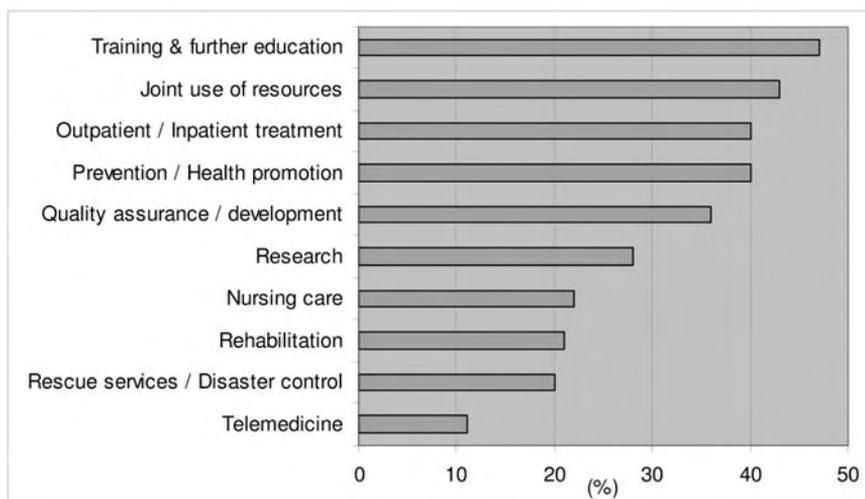


Illustration 9: Main issues of cross-border projects in the health sector (presentation of selected issues; multiple nominations were possible, N=1221)

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: 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 as the region of the Alps and the Danube.

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 topics¹⁵. So for example the issue of "Education/training and further training" mentioned most frequently by

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".

almost 50 % of the 122 projects ranks first only 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 much more frequently covered by Central and East European projects or the "care" issue by projects in Northern Europe and the Baltic Sea region than in the remaining regions.

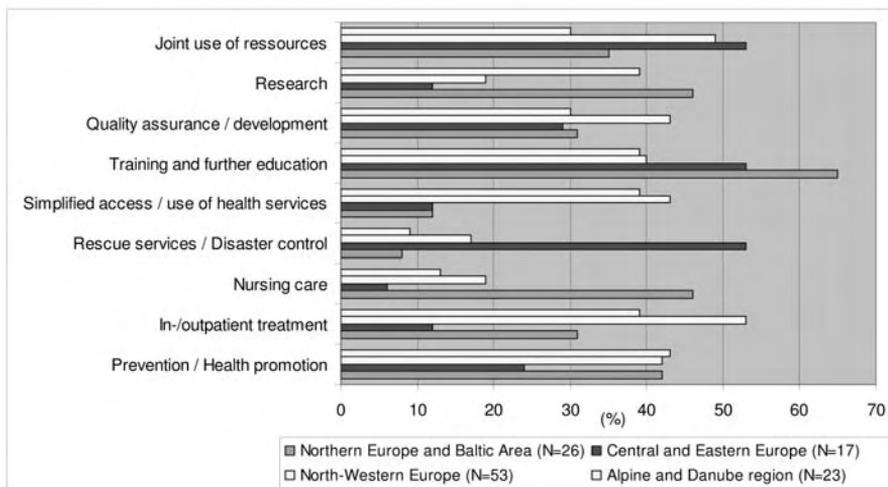


Illustration 10: Regional distribution of selected priority issues in the areas of Northern Europe and the Baltic Sea region, Central and Eastern Europe, North-West Europe as well as the region of the Alps and the Danube (proportion of total number of projects in the four geographic regions described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

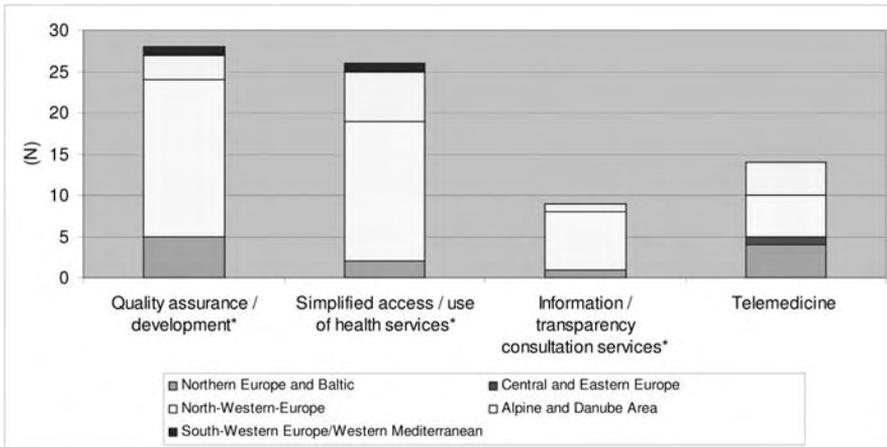


Illustration 11: Number and regional distribution of the projects which, by their own account, are dealing with the issue of quality assurance and/or quality development, simplified use or accessibility of health care services abroad, with information and transparency of counselling services or telemedicine.

*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 and 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.

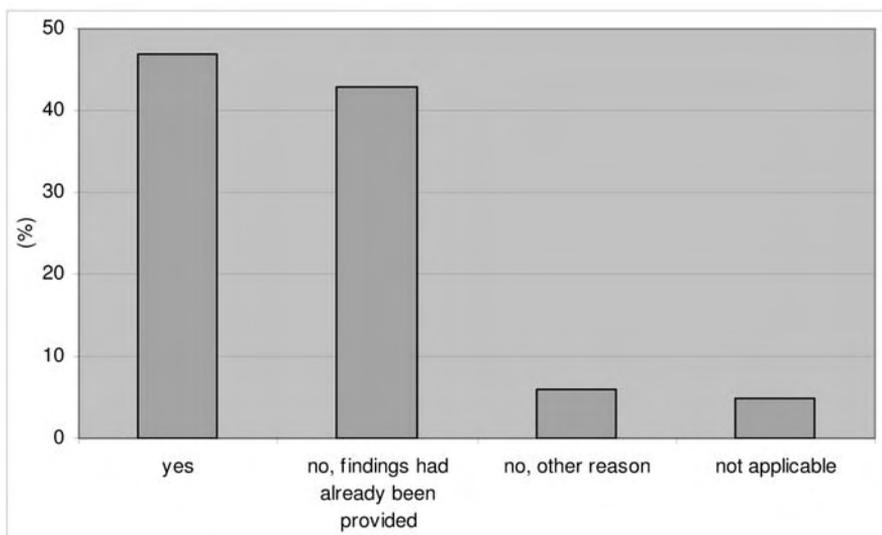


Illustration 12: Answers given by the projects (in %) in reaction to the question: "Was a clarification of needs/requirements carried out before the start of the project?" (N=122). Difference to 100 percent by rounding off.

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 reviews 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.

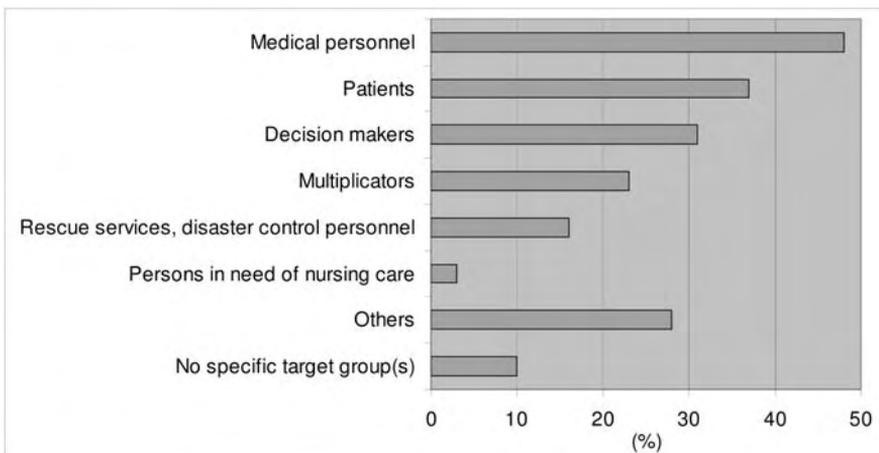


Illustration 13: Type of target group(s) addressed by the projects (N= 122; multiple options possible)

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 groups (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.

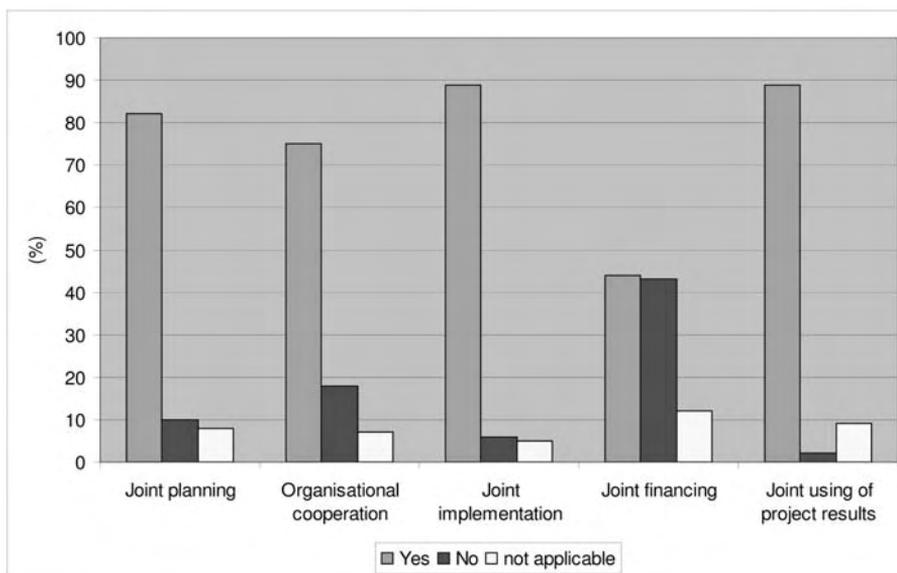


Illustration 14: Number of projects in different fields of partnership-based cooperation in percent (N=122)

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
- joint project implementation, i.e. parallel activities in the neighbouring regions will not suffice
- joint staffing (e.g. joint project manager) as well as
- joint financing, i.e. 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 gave an affirmative answer to 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 %). (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.

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)

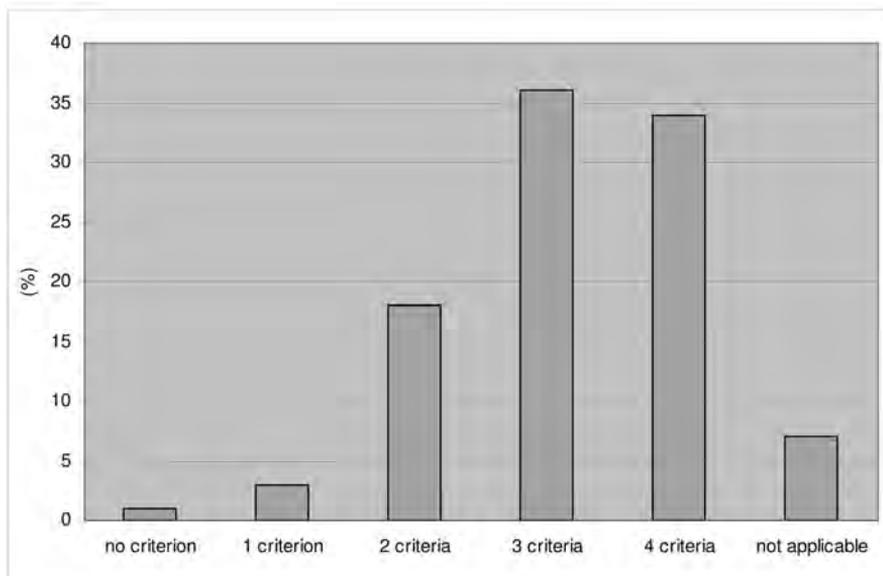


Illustration 15: Proportion of projects fulfilling none, one, two, three or four of the criteria of partnership-based cooperation of the new EFRE regulation (Regulation (EC) No 1080/2006): joint project development, joint project implementation, joint management as well as joint project funding (N = 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

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

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 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 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 contained five closed questions related to evaluation activities. The first question was whether evaluation activities were being carried out, had been carried out or were 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 revealed that just one third (34 %) of the projects surveyed had carried out or was carrying out project evaluation activities and that 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).

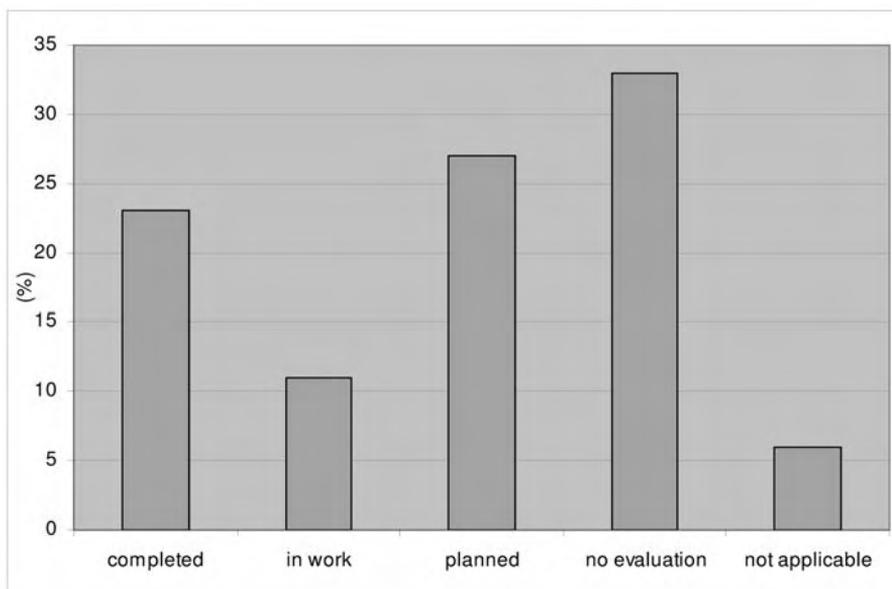


Illustration 16: Situation concerning the evaluation of cross-border health projects (N=122)

In about one third of the cases (32 %) in which an evaluation was being carried out, had already been completed or was at least in the planning stage, this evaluation was carried out in the form of a self-evaluation (s. illustration 17).

Information sources most often mentioned for an evaluation of the project impacts were 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 was being carried out, had already been completed or was at least in the planning stage, an evaluation report was or would be published.

The results show that evaluation activities as well as the publication of evaluation reports are not yet 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 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.

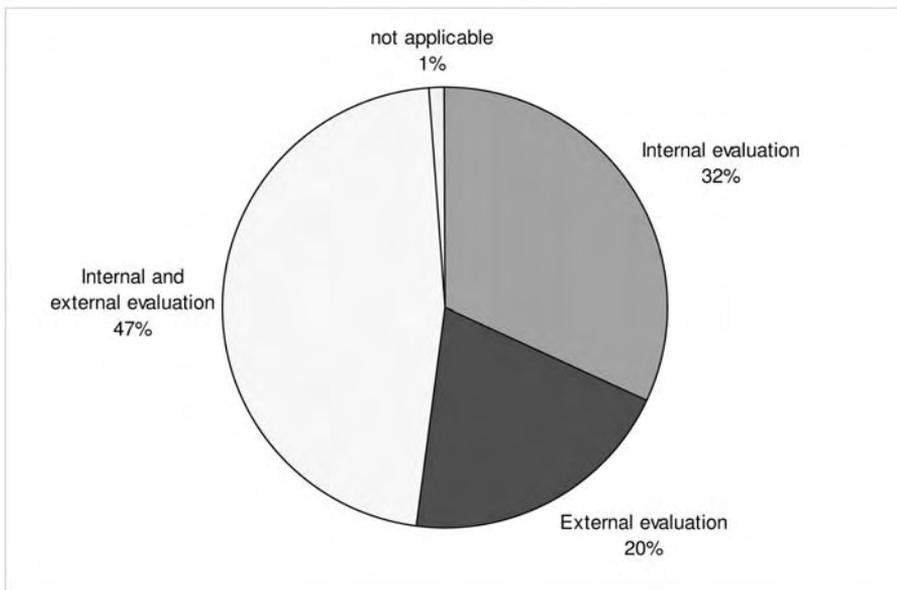


Illustration 17: Evaluation type of cross-border health projects which had already carried out evaluation activities or were carrying them out at the time of the survey or were planning to do so in future. Data given in percent (out of 75 projects).

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 %) had neither published nor intended 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 an 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, this was very often only done in the form of short project descriptions. According to information from the interviewees themselves, only one fifth (21 %) of the pro-

jects participating in the survey provided comprehensive project information on a specific project homepage.

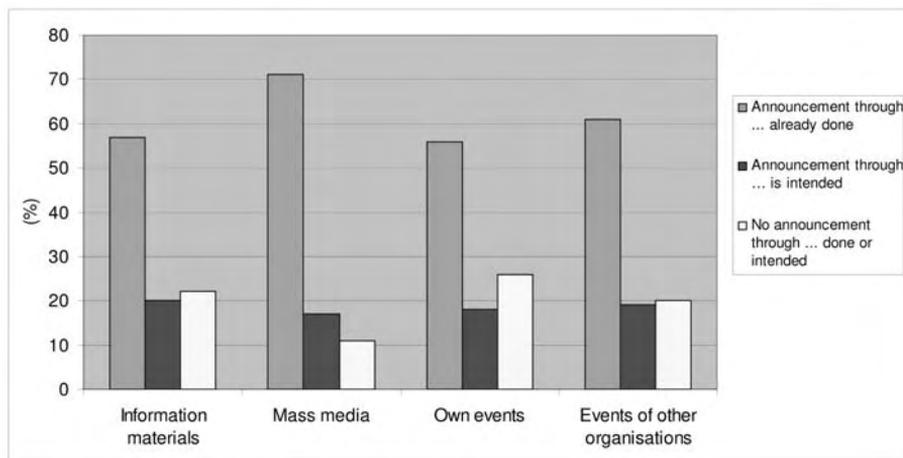


Illustration 18: Ways which have been used or should be used to make the project known in public (N=122).

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 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 and/or its products known to the public. To assess the impact of these activities on the extent 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 was shown that the projects were 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) of 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 solutions which have been successfully tested, 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.

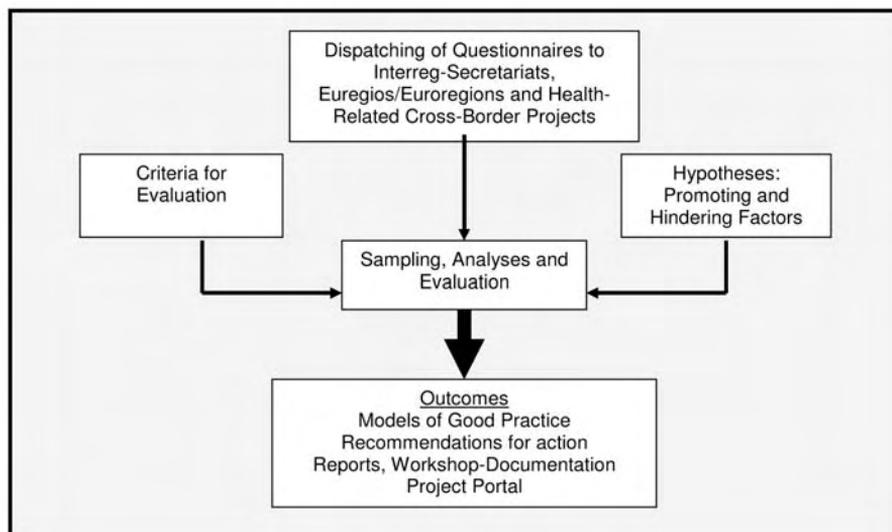


Illustration 19: Conceptual model of the "EUREGIO" project

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 Euregios 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 not 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 have been 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 treating such diverse subjects as prevention, rescue services, patient mobility, hospital cooperation, telemedicine were particularly honoured.

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 identified by "EUREGIO" were Interreg-funded. Furthermore the "EUREGIO" project compared the two Interreg IIA and IIIA programme periods. 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 registered.

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, 47 of these structures had 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 37¹⁷ 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 wor-

¹⁷ Based on the assumption that the two 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.

king groups dealing with health-relevant issues. The "EUREGIO" project identified 26 Euregios or similar cross-border 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 of these working groups are the exchange of information between members, the implementation of cross-border projects as well as the 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 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 on 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 were 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 representa-

tives 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, a number of 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 project 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 website 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 the requirements for a successful completion of the project 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

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Annexes

Annex 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 (Iögd), 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, Germany	Ulrike Wolf: "Evaluation of cross-border activities in health" (lecture)
Sept. 29, 2004	Public "Iögd 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, Ulrike Wolf: "Evaluation of cross border activities in health (EUREGIO)" (poster)
2005		
April 25, 2005	Meeting of the EPHC Board, Düsseldorf, Germany	Alfons Holleederer: "EU Project 'Evaluation of cross-border activities (EUREGIO)' " (lecture)
April 26, 2005	Preparatory Committee of the NRW State Health Conference, Düsseldorf, Germany	Alfons Holleederer: "EU Project 'Evaluation of cross-border activities (EUREGIO)' " (lecture)
June 1 – 4, 2005	6th th IUPHE Conference, Stockholm, Sweden	Alfons Holleederer, 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, Brussels, 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, Italy	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-Border Cooperation in Health Care – Model Projects and Innovative Developments" (lecture)
2006		
Jan. 20-21, 2006	Workshop "Crossborder Activities - Good Practice for 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 Socio-Political 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 Service), Frankfurt/Oder, Germany	Helmut Brand: „Was sind Euregios?“ (“What are Euregios?”) (lecture) Ulrike Wolf, Alfons Holleder, 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 (DGSM), Frankfurt a.M.on the Main /Offenbach, Germany	Ulrike Wolf, Alfons Holleder, Gudula Ward, Helmut Brand: “Grenzüberschreitende gesundheitsbezogene Aktivitäten in der EU – das Forschungsprojekt “EUREGIO” (“Cross-border 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 Holleder, 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)

Annex 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

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Brand, H., Holleder, 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.
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Wolf, U., Holleder, A., Brand, H.: Grenzübergreifende Zusammenarbeit in Europa: Was sind Euregios? Das Gesundheitswesen, 68, 2006: 667-673.

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Newsletters, position papers and articles in learned journals in which the "EUREGIO" project is mentioned

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Plümer, K.D.: Erste Internationale Fachtagung zu grenzüberschreitenden Kooperationen im Gesundheitssektor: Europa wächst zusammen, auch im Gesundheitssektor. Blickpunkt öffentliche Gesundheit 1/2006: 1. retrieved April 11, 2007 from
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Schlingensiepen, I.: Versorgung ohne Grenzen - "das Tempo der Pragmatiker ist hoch". Ärzte Zeitung, 11.4.2007

Spielberg, P.: Grenzüberschreitende Versorgung - Viel Rauch um Nichts.
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Annex 3

List of interviewed Interreg IIIA programmes

No	Programme	Border
1.	South East Finland/Russia	FI/RU
2.	Euregio Karelia	FI/RU
3.	Finland/Estonia	FI/EE
4.	Kvarken-Mittskandia	FI/SE/NO
5.	Skårgården	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/Lubuska	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 Region	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

Annex 4

Interreg IIA and IIIa-programmes: health-related priorities, measures and numbers of projects (overview)

Interreg IIIA-Programmes	Region	Interreg IIA	Interreg IIIA	No. of projects	No. of projects
		Priorities and Measures	Priorities and Measures		
North Europe and Baltic Sea Area					
Kvarken-Mittskandia	F/SE/NO	Survey: Priority "Cohesion in Kvarken-Mittskandia" – Measure "Communications" (health, rescue services) unknown (did not answer questionnaire)	Survey: measure 2.1 "Common values" (health)	2	1
Skargarden	F/SE	unknown (did not answer questionnaire)	Survey: unknown (did not answer questionnaire) Analysis of programme documents: seems to be no issue	unknown	apparently no projects
Finland/Estonia	F/EE	Survey: no specification in questionnaire	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)	1	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" (rescue services)	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)	2	7
Nord	SE/NO/FI/RU	Survey: Priority: "Human Resources and Competence" – Measure: "Research" (rescue services)	Survey: no specification in questionnaire Analysis 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)	1	existing, no number given

Interreg IIIA+Programmes		Interreg IIIA		Interreg IIIA	
Region	Region	Priorities and Measures	No. of projects	Priorities and Measures	No. of projects
Euregio Karelia	SE/FI/ NO/RU	<p>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)</p> <p>Survey: no specification in questionnaire</p>	unknown	<p>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)"¹⁸</p>	13
South East Finland/Russia	FI/RU	<p>Survey: no specification in questionnaire</p>	unknown	<p>Analysis of programme documents: Measure 3.2: "Welfare and the prerequisites for co-operation" (health care, rescue services)</p> <p>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)</p>	2
Oresund Region	SE/DK	<p>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)</p> <p>Survey: No health-related projects</p>	3	<p>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)</p>	7
Fyn/KE/R.N.	DK/DE	<p>Survey: No health-related projects</p>	0	<p>Survey: Priorität 3: "Entwicklung der Humantressourcen" – Maßnahme 3.3: "Gesundheit und Soziales" / Priority 3: "Development of Human Resources" – Measure 3.3: "Health and Social Affairs" (health)</p>	1
Sønderjylland/Schleswig	DK/DE	<p>unknown (did not answer questionnaire)</p>	unknown	<p>Survey: Did not answer questionnaire</p> <p>Analysis of programme documents: Maßnahme 3.2: "Gesundheit und Soziales" / Measure 3.2: "Health and Social Affairs" (health)</p>	Unknown
Storstrøm/Ostholstein-Lübeck	DK/DE	<p>Survey: No health-related projects</p>	0	<p>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)</p>	1
Central and East Europe					
Brandenburg / Lubuska	DE/PL	<p>Survey: Priorität 1C – Maßnahme 1.3: "Umwelt" / Priority 1C – Measure 1.3: "Environment" (disaster control)</p>	4	<p>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)</p>	11

¹⁸ Measure 2.2 also contains cross-border activities in health care (own research).

Interreg IIIA-Programmes		Region	Interreg IIA	Interreg IIIA	No. of projects	Interreg IIIA	No. of projects
			Priorities and Measures	Priorities and Measures		Priorities and Measures	No. of projects
Mecklenburg Vorpommern/Poland	DE/PL	DE/PL	Survey, Priority "Umwelt" / Priority "Environment" (disaster control)	Survey, no specification in questionnaire Analysis of programme documents: Priority 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)	3	Survey, no specification in questionnaire Analysis of programme documents: Priority 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	DE/PL	unknown (did not answer questionnaire)	unknown (did not answer questionnaire)	unknown	Survey, unknown (did not answer questionnaire) Analysis of programme documents: Priority F: „Zusammenarbeit - Kultur, Soziales, Sicherheit“ & Priority 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	DE/CZ	unknown (did not answer questionnaire)	unknown (did not answer questionnaire)	unknown	Survey, unknown (did not answer questionnaire) Analysis of programme documents: Priority J „Humanressourcen / Netzwerke“ & Priority 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	AT/CZ	Survey: Information about Interreg II projects is not available	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	DE/CZ	unknown (did not answer questionnaire)	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 ¹⁹
Northwest Europe							
Ireland/Northern Ireland	IE/UK	IE/UK	unknown (did not answer questionnaire)	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

¹⁹ Written message, questionnaire not answered.

Interreg IIIA-Programmes	Region	Interreg IIA Priorities and Measures	No. of projects	Interreg IIIA 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
Erns 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“ (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) / Priority 5: „Sozial-kulturelle Integration“ – Maßnahme 5.1: „Soziale Netzwerke/Behandlung alltäglicher Grenzprobleme“ / Priority 5: „Socio-cultural integration“ – Measure 5.1: „Social networks / Elimination of every-day border problems“ (rescue services) / Priority 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 Meas-Rhein	DE/BE/NL	Survey: Priorität „Sozio-Kulturelle Integration“ – Maßnahme „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 Gesundheitsförderungen und -organisationen“ / Priority 5: „Support of Social Integration“ – Measure 5.3: „Cooperation between health care institutions and organisations“ (health) / Priority 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

²⁰ Measure 5.1 also contains cross-border activities in health care (own research).

Interreg IIIA-Programmes	Region	Interreg IIA Priorities and Measures	No. of projects	Interreg IIIA Priorities and Measures	No. of projects
Germany/Luxembourg/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 ²¹
Saarland-Mosell/Lorraine-Western Palatinat	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 développement des services transfrontaliers“ - Mesure 1.1: „Améliorer la vie quotidienne des populations et le développement des services transfrontaliers“ (health)	5
Wallonia/Lorraine/Luxembourg	BE/FR/LU	Survey: No health-related projects	0	Survey: Priority 4: „Promotion du développement humain, valorisation des RH, intégration sociale et culturelle“ - mesure 4.1: „Développer la solidarité régionale par l'égalité des chances et de traitement“ (health, rescue services, disaster control)	4
Pamnia	FR/DE	Survey: Priorität „Intégration des PAMINA-Raumes“ - Maßnahme „Verbesserung des Informationsflusses“ / Priority „Integration of the PAMINA-area“ - Measure „Improvement of the information exchange“ (health)	1	Survey: Priority 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 infrastructure for the elimination of every-day border problems“ (health) ²²	1

²¹ Verbal message, questionnaire not answered.

²² Measure 4.2 also contains cross-border activities in rescue services & disaster control (own research).

Interreg IIIA-Programmes	Region	Interreg IIA Priorities and Measures	No. of projects existing	Interreg IIIA Priorities and Measures	No. of projects
Oberrhein Mitte-Süd – Rhin Superior Centre-Süd	FR/DE/CH	Survey: no specification in questionnaire	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) ²³	1
France/Switzerland	FR/CH	Survey: no specification in questionnaire	1	Survey: Priority 1: „Encourager un aménagement concerté et coordonné de l'espace transfrontalier“ – mesure 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 ²⁴	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 ²⁷
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

²³ Measure 1b contains also cross-border activities in rescue services (own research).

²⁴ The number of health-related projects is a result of own research.

Interreg IIIA-Programmes	Region	Interreg IIA	Interreg IIIA	No. of projects
Austria/Slovakia	AT/SK	<p>Priorities and Measures</p> <p>Survey: Information about Interreg II projects is not available</p>	<p>Priorities and Measures</p> <p>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)</p> <p>Priorität 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)</p>	6
Austria/Hungary	AT/HU	<p>Survey: Information about Interreg II projects is not available</p>	<p>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)</p> <p>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)</p>	4
Alcofra	IT/FR	<p>Survey: No health-related projects</p>	<p>Survey: Priority 2 "Identité" – Measure 2.4 : "Santé et services sociaux" (health)</p>	6
Islands	IT/FR	<p>Survey: No health-related projects</p>	<p>Survey: Priority I: Favorire l'accessibilità e l'integrazione 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)</p>	3

Interreg IIIA-Programmes	Region	Interreg IIA	Interreg IIIA
		Priorities and Measures	Priorities and Measures
		No. of projects	No. of projects
Italy/Switzerland	IT/CH	<p>Priorities and Measures</p> <p>Survey: Information about Interreg II projects is not available</p>	<p>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)</p>
Italy/Slovenia	IT/SI	<p>Survey: No health-related projects</p>	<p>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)</p>
Italy/Austria	IT/AT	<p>Survey: Priority 1 – Measure 1 (health)</p>	<p>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)</p> <p>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)</p> <p>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 infrastructures" – Measure 1.1: "Protection, preservation, revaluation of the environment and sustainable development of regions (disaster control)"</p>

Interreg IIIA-Programmes	Region	Interreg IIA	Interreg IIIA	No. of projects	No. of projects
		Priorities and Measures	Priorities and Measures		
Southwest Europe und Western Mediterranean Sea					
France/Spain	FR/ES	Survey: Information about Interreg II projects is not available	Survey: Priority 2: "Développer les activités et l'emploi" – Measure 7: "Développer la recherche et le transfert de technologie" (health); Priority 1: "Structurer et renforcer les espaces frontaliers" – measure 1: "Les espaces naturels communs: connaissance, valorisation, gestion concertée et prévention des risques" (rescue services)	unknown	2
Spain/Portugal	ES/PT	unknown (did not answer questionnaire)	Survey: unknown (did not answer questionnaire)	unknown	unknown
Spain/Marocco	ES/MA	unknown (did not answer questionnaire)	Survey: unknown (did not answer questionnaire)	unknown	unknown
Gibraltar/Marocco	UK/MA	unknown (did not answer questionnaire)	Survey: unknown (did not answer questionnaire)	unknown	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	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)	unknown	2
Italia/Albania	IT/AL	unknown (did not answer questionnaire)	Survey: unknown (did not answer questionnaire)	unknown	unknown
Greece/Albania	EL/AL	unknown (did not answer questionnaire)	Survey: Did not answer questionnaire	unknown	unknown
Greece/Former Yugoslav Republic Macedonia	EL/FYROM	unknown (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	unknown
Greece/Bulgaria	EL/BG	unknown (did not answer questionnaire)	Survey: unknown (did not answer questionnaire)	unknown	unknown
			Analysis of programme documents: Priority 3: "Quality of life – environment" – Measure 3.2 Protection of health (health)		
			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)		

Annex 5

List of interviewed cross-border structures:
Euregios/Euroregions/Working Groups

No.	Name der Struktur/ Name of Structure	Border Region
1.	Gränskommitten Östfold-Bohuslän/Dalsland	SE/NO
2.	ARKO	SE/NO
3.	Mid Nordic Committee	SE/NO/FI
4.	Skårgården	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/LabelLBE/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-I – 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

No.	Name der Struktur/ Name of Structure	Border Region
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 TransJurassienne (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 Community Castilla and Leon - Central Portugal	ES/PT
62.	Working Community 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 ¹	EL/BG/TR
67.	Euroregion "Belasica-Beles"	EL/BG/ Republic Macedonia

Annex 6

Euregions and similar structures: General Information²⁶

²⁶ The table includes only those 46 Euregios and similar cross-border structures which have returned a filled-in questionnaire.

No.	Year	Name	CountriesRegion	Area km ²	Population	Population density ²⁷	Unemployment rate
1	1981	North Europe and Baltic Sea Area Gämskommitten Östfold-Bohuslän/-Dalsland	SE/NO	no information	350.000 ¹	no information	3,0
2	1987	ARKO	SE/NO	13.600 ¹	120.000 ¹	8,8	no information
3	1987	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	1,8	10,0
5	2000	Euregio Karjala-Karelia	FI/RU	283.667 ¹	1.400.000 ¹	5,3	16,0
6	1999	Euregio Helsinki- Talinn	EE/FI	10.700 ¹	1.800.000 ⁰	168,2	6,0
7	1995	Estonia- -- Finnish 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 Central and East Europe	DK/DE	8.100 ¹	7.000.000 ¹	864,2	no information
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/Label/BE/LABE	DE/CZ	5.547	1.400.000 ¹	252,4	18,5

²⁷ 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 - Mühiviertel	DE/AT/CZ	20.000	2.000.000	100	10,0
18	2002	Euregio Silva Norica	AT/CZ	10.639	668.500	62,8	no information
		Northwest Europe					
19	1992	CAWT	UK/IRL	21.421	1.066.430	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 Scheidmond	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 Trans-Jurassienne (CTJ)	CH/FR	26.500	2.700.000	101,9	no information

No.	Year	Name	Countries/Region	Area km ²	Population	Population density	Unemployment rate
		Alps and Danube Area					
32	1990	Consell Vallois-Vallée d'Aoste du Gd St Bernard)	CH/IT	8.487	392.700	46,3	4,0
33	1997	EUREGIO via Sallina	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	EuRegion Salzburg-Berchtesgarden 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	Euregio EUREGIO West/Nyugat Pannonia	AT/HU	15.175	1.277.802	84,2	4,8
		Southwest Europe and 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
		Southeast Europe and 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 / Trakya Kent	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

Annex 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 Sønderjylland-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- – Krušnoholf	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); ²⁸ 2.) Arbeitskreis Rettungswesen (Research Group Rescue Services);
Euroregion Neisse- – Nisa- – Nysa	CZ/DE/PL	2	1.) Regionale 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-Sumava-Mühlviertel	DE/AT/CZ	4 or more	1.) Arbeitskreis Gesundheitsforum Bayern-Osterreich (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.)

²⁸ 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/LUK	4 or more	Older People, Learning Disability, Physical & Sensory Disability, Family and Childcare, Primary Care, Health Promotion, Human Resources, ICT, Communications, Mental Health, Finance, Public Health, Acute Services 1.) Arbeitsgruppe euronationales Gesundheitswesen (Working Group Euroregional Community Health); 2.) Arbeitsgruppe Patientenerberatung und -vertretung (Working Group Patient Counselling and Representation); 3.) Arbeitsgruppe Katastrophenschutz (Working Group Emergency Management)
Euregio Maas-Rheinijn	NL/DE/BE	3	1.) Euronationales 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 Rhein-Waal	NL/DE	3	1.) Arbeitskreis Gesundheit (Working Group Health); 2.) Arbeitskreis Polizei und Rettungswesen (Working Group Police and Rescue Services) ²⁹
EUREGIO	DE/NL	2 ¹	1.) Gesundheitsforum (Health Forum)
euregio rhein-maas-nord	DE/NL	2	1.) Vakgroep Welzijn (Working Group Well-Being); 2.) Vakgroep Openbare orde en Veiligheid (Working Group Public Order and Safety)
Euregio Scheidermond	BE/NL	2	1.) Health; 2.) Security and Disaster Control
Conference TransJurasienne (CTJ)	CH/FR	2	1.) Arbeitsgruppe Gesundheitspolitik/Oberheinkonferenz (Working Group Health Policies Upper Rhine Conference); 2.) Experten Ausschuss Sucht und Drogen (Expert Committee Addiction and Drugs); 3.) Experten Ausschuss Gesundheitsberichterstattung (Expert Committee Health Reporting); 4.) Experten Ausschuss Krankenkassen (Expert Committee Health Insurance Funds); 5.) Arbeitsgruppe Katastrophenhilfe Oberheinkonferenz (Working Group Emergency Aid Upper Rhine Conference) ³⁰
Regio TriRhena	DE/FR/CH	4 or more	1.) Groupe de travail "Planification et accès aux soins"; 2.) Groupe de travail "Santé et environnement"; 3.) Groupe de travail "Sanitaire et épidémiologie".
1) Comité Régional Franco-Genevois (2) Conseil du Léman	FR/CH	3	

²⁹ Further working groups or similar structures in the area of the "EUREGIO": Netzwerk/Projekt/ Stiftung "Euregionales Servicezentrum Gesundheitswesen" (ESHG) (Network/Project/Foundation "Euroregional service centre Community Health) and NRW + NL Provinzen + euregios (NRW + NL-provinces + euregios)

³⁰ 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	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) 1.) Arbeitsgruppe Gesundheitspolitik (Working Group Health Policy); 2.) Arbeitsgruppe Katastrophenhilfe (Working Group Disaster Control); 3.) Experten Ausschuss Krankenkassen (Expert Commission Sickness Funds); 4.) Experten Ausschuss Gesundheitsberichterstattung (Expert Commission Health Reporting); 5.) Experten Ausschuss Sucht und Drogen (Expert Commission Addiction and Drugs) ³¹
D-F-CH Oberheinkonferenz	CH/DE/FR	4 or more	
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) 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")
Internationale Bodenseekonferenz	AT/CH/DE/LI	4 or more	
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 Trabalho Working 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	Sectoral Commission

³¹ The Oberheinkonferenz 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 Nistos-Mesta	EL/BG FYROM/ EL/BG/ Republic Macedonia	1	1.) Cross-Border Cooperation (CBC) & Health Issue
Euroregion "Belasica-Beles"		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), Euroregion 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)

Annex 8

List of reported cross-border health related projects sorted by regions (as of mid 2005)³²

³² Here it should be noted that the list might also include projects in which health is only a subordinate issue. This could only definitely be verified for projects which had 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 which had not started 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 start	Project completion	Interreg?
Project title	1999	2000	Interreg IIA
Nordisk samarbete inom Kakkirurgi	2000	2000	Interreg IIA
Räddningshelikopter i Kvarken	01/2001	12/2003	Interreg IIA
Telemedical auditing in reconstructive oral and maxillofacial surgery			
FI/SE/NO/RU: Interreg Programme Nord	Project start	Project completion	Interreg?
Project title	01/2002	8/2002	Interreg IIA
Förberedande till förstudie: e-Health in the Northernmost Regions of Europe / Preperation for feasibility study	1999	2001	Interreg IIA
e-Health in the Northernmost Regions of Europe			
Risk assessment and management of cold-related health hazards in Arctic workplaces			
FI/SE/NO: North Calotte Council / Tornedalsradet	Project start	Project completion	Interreg?
Project title	02/1999	03/2001	Interreg IIA
Pain culture and treatment in the Northern regions	01/1997	12/2001	Interreg IIA
Telemedicine in North-West Russia	1999	2001	Interreg IIA
Risk assessment and management of cold-related health hazards in arctic workplaces	12/2003	11/2006	Interreg IIA
Psychosocial well-being of children and youth in the Arctic 2002-2003, 2004-2006	03/2002	09/2005	Interreg IIA
From Drug Road to Treatment Chain	12/2002	12/2004	Interreg IIA
Cross-border Dental care	1999	2005	other
Barents Rescue	2002	2006	other
Cooperation between health and social authorities in Lapland and Murmansk province			

2. Sweden - Norway

SE/NO : Interreg Programme Sweden / Norway	Project start	Project completion	Interreg?
Project title			
Foretagsutveckling - utan gränser ('Workplace Health Promotion in Small Enterprises')	01/1999	06/2001	Interreg IIA
SAMINOR - Samarbeid for Midt Nordens Helse	01/1999	10/1999	Interreg IIA
Utveckling av sjukhusmiljøer	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
Halsokällan	01/2003	12/2005	Interreg IIIA
Grensoverskridande halsosamarbete	01/2004	04/2004	Interreg IIIA
Grensprängande omsorg	06/2004	12/2006	Interreg IIIA

3. Finland - Russia

FI/RU: Interreg Programme Euregio Karelia, Euregio Karelia	Project start	Project completion	Interreg?
Project title			
Kahden Karjalain 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 Terveystieteiden Kehittämishanke 1994-2005, KATE-project: Development Project on Social and Health Welfare 1994-2005			
Terveystieteiden sosiaalisen koulutuksen kehittäminen sekä diakoniatöiden edistäminen	01/1996	12/1999	Interreg IIA
TELEMA (Teaching Learning Material)	N/A	N/A	Interreg IIA
Koulutusmallin luominen Diakoniatöille	08/1998	06/2000	Interreg IIA
Moniammatillisuus Karjalan lasavallan kuntoutuksessa	05/1998	09/1999	Interreg IIA
Immunologisen tietouden ja osaamisen yhteensovittaminen Kainuun ja Karjalan Tasavallan kanssa	11/1998	12/1999	Interreg IIA
Kartoitus sosiaalialan ja vammaiskoulutuksen mallin luomiseksi Kostamukseen	11/1999	06/2000	Interreg IIA
Anastasia / Co-operation project of social and health care civil organisations in North Karelia and the Karelian Republic	01/1996	12/2000	Interreg IIA
From Drug Route to Therapy Chain	05/2002	05/2004	Interreg IIIA
Health exercise project of Kainuu and Karelia 2002-2004	09/2002	12/2004	Interreg IIIA
Activation of civil activities in the villages in Karelia	01/2002	01/2005	Interreg IIIA
Medical equipment for Karelia	07/2001	01/2004	Interreg IIIA
Development of Work Safety and Occupational Health Care in the Karelian Republic	10/2002	06/2005	Interreg IIIA
	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 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 vuotiasten ja heidän perheidensä elämäntilanteen tukeminen moniammatillisena tiimiyönä	N/a	N/a	Interreg IIIA
Espoon terveydenhuolto- ja sosiaalilan ja Tallinnan Nõrmen alueen koulutus- ja kehittämisyhteistyöhanke	N/a	N/a	Interreg IIIA
FIN - EST WELFARE -Lansi -Viron sosiaali- ja terveysalan koulutus- ja kehittämishanke	N/a	N/a	Interreg IIIA
Mama+Estli Project II / Mama Ohjelma	N/a	N/a	Interreg IIIA
Mama- Eesti projekt / Mama ohjelma	N/a	N/a	Interreg IIIA
Pelastuspalvelun tuottaminen ja kehittämisen monitoriinihankkeilla	N/a	N/a	Interreg IIIA
Suomalaisen ja virolaisten sairaanhoitajien yhteistyö koulutuksen ja opiskelijavaihdon merkeissä	1996	1999	Interreg IIIA
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 (Painiteeton 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 (Sillikaar-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 Sønderjylland / Schleswig, Region Sønderjylland - Schleswig			
Project title	Project start	Project completion	Interreg?
Cittis	05/2002	05/2005	Interreg IIIA
Cross-border development of health care training (Grenzüberschreitende Entwicklung der Pflegeausbildung)	01./1999	12/2001	Interreg IIIA
DE/DK: Interreg Programme Störstrom / 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 / Lubuska			
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	06/2005	Interreg IIIA
Establishment of a disaster control unit for supra-regional deployment (Schaffung einer Katastrophenschutzinheit 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 body "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 estuary 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)	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 on primary prevention of drug addiction in the Eurogio Pomerania (Grenzüberschreitendes 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

Project title	Project start	Project completion	Interreg?
DE/PL: Euroregion Spree-Neisse-Bober			
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	09/2005	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 diseases in the Neisse Euroregion (Streetwork zur Bekämpfung von Aids und sexuellen Erkrankungen in der Euroregion Neisse)	1992	still open	N/a
"Addition 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/Sachsen-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: Euroregio Egrensis			
Project title	Project start	Project completion	Interreg?
Cross-border cooperation in care training Bavaria-Bohemia (Machbarkeitsstudie zur Umsetzung von grenzüberschreitenden Fachschulen)	01/2005	06/2004	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 start	Project completion	Interreg?
Project title		02/2004	05/2006	Interreg IIIA
	Cross-border mountain rescue services in Saxony (Grenzüberschreitende Bergrettung in Sachsen)			
	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 rehabilitation 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 Krušnohoří		Project start	Project completion	Interreg?
Project title		09/2002	08/2004	Interreg IIIA
	Conversion and extension of a building to become a rescue station (Um- und Ausbau eines Gebäudes zur Rettungswache)			
	Erection and use of a mountain rescue station in the Holzgau district in the municipality of Rechenberg-Bienenmühle (Errichtung und Betrieb einer Bergrettungswache im Ortsteil Holzgau 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: Euroregion Bayerischer Wald - Böhmenwald - Unterer Inn		Project start	Project completion	Interreg?
Project title		09/2001	11/2004	Interreg IIIA
	Mountain rescue station "House Laim" (Bergwacht Haus Lam)			

10. Czech Republic - Austria

AT/CZ: Interreg Programme Austria / Czech Republic		Project start	Project completion	Interreg?
Project title		07/2004	12/2006	Interreg IIIA
	Health Regio - Regional Network for the Improvement of Healthcare Services			

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 youth 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 for 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	Interreg IIIA
	Needs assessment of those who care for those with a mental health problem	N/a	N/a	Peace

Examination of the clinical, demographic and social predictors of past suicided behaviour			
Personal development art for young people 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 mental health promotion initiatives for young people			
CAWT: promoting healthy minds for a healthy future	N/a	N/a	Peace
CAWTF: 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
Involving rural population in improving their health and 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
Promoting the mental health of young people (12-18 years old)		03/2004	03/2006
Sharing the expertise of three health networks to the benefit of cancer patients		09/2004	09/2006
Regulation of Candida Albicans virulence factors and infection		N/a	N/a
Mobility and education programme for health sector professionals, trainees and educators		03/2003	03/2005
Prevention of teenage pregnancies through education and health ("Let's talk")		11/2003	03/2007
SURDOV (project 33) Security in the channel		N/a	05/2005
			Interreg IIIA

13. Belgium - Netherlands

NL/BE: Scheldeland			
Project title		Project start	Project completion
Euregio Zorgloket (Euregio Care Desk)		07/1996	7/1999
Arbeidsrehabilitatie en -zorg (Labour rehabilitation an care)		07/1999	06/2001
Structurerung grensoverschrijdend veiligheidsbeleid (Organizing the after-crisis phase)		12/2004	08/2005
Grensoverschrijdende Tandheelkunde onder Narcose (Cross border dental care under anaesthetics)		04/2004	12/2006
Rescue Vlissingen		06/2004	07/2005
Sensibilisering vertheersdeelnemers (Sensification of traffic participants)		01/2003	12/2004
			N/a
			Interreg IIIA

14. Belgium - Netherlands - Germany

DE/NL/BE: Interreg Programme Euregio Maas-Rhein, Euregio Maas-Rhein	Project start	Project completion	Interreg?
Project title	1996	2000	Interreg IIA
Delta plan addiction care Euregio (Deltaplan. Suchtsorge Euregio)			
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 IIA
ProfiInteg	10/2004	09/2007	Interreg IIA
Cross-border emergency medical assistance in the Meuse-Rhine Euroregion (Euregio Maas-Rijn Interventie in geval van Crisis (EMRIC) incl. EUMED)	01/2005	12/2007	Interreg IIA
Cross-border cooperation in the Euregio Meuse-Rhine to decrease risky behaviour by adolescents (Risikoverhalten Jugendlicher- Richtiggedrag adolescents)	10/2001	12/2005	Interreg IIA
Accident insurance and worksite health and safety protection in the public sector of the Euregio Meuse-Rhine (Unfallversicherung und Arbeitsschutz im öffentlichen Sektor der Euregio-Maas-Rhein)	01/2002	05/2005	Interreg IIA
Chronos, an education in chronic psychiatry	07/2004	07/2007	Interreg IIA
Euregio Health Portal (Euregionales Gesundheitsportal)	01/2002	12/2005	Interreg IIA
Quality Circle of Hospitals in the Euregio Meuse-Rhine (Qualitätskreis Euregionale Krankenhäuser)	01/2003	12/2005	Interreg IIA
CONCERT (=Cooperation in Oncology Education, Research and Treatment) in the region Meuse-Rhine	01/1997	still open	Interreg IIA
Euregional centre for metabolic diseases (Euregionales Zentrum für Metabole Erkrankungen)	2002	still open	Interreg IIA
Implementation of a MRSA protocol in cross-border hospitals (Implementierung eines MRSA Protokolls für Krankenhäuser im Grenzgebiet)	1/2000	12/2003	Interreg IIA
Integration Zorg op maat (Modellprojekt "Zorg op maat" - IZOM)	2000	still open	Interreg IIA
Cost transparency in cross-border health care provision (Kostentransparenz Grenzüberschreitender Gesundheitsversorgung)	N/a	N/a	Interreg IIA
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 IIA
Transparency in the cross-border aids supply (Transparenz in der Hilfsmittelversorgung in der Euregio Maas-Rhein)	01/2002	12/2005	Interreg IIA
Rescue services and emergency provision in the EMR (Reitungsweisen und Notfallversorgung in der EMR)	N/a	N/a	Interreg IIA
Health Card International (GesundheitsCard International - GC)	07/2000	still open	other

Cross-border cooperation between Universitätsklinikum Aachen (UKA) and Academisch Ziekenhuis Maastricht (AZM) (Grenzübergreifende Zusammenarbeit zwischen Universitätsklinikum Aachen (UKA) und Academisch Ziekenhuis Maastricht (AZM))	06/2004	still open	other
Cross-border cooperation between Academisch Ziekenhuis Maastricht (NL) and Algemeen Ziekenhuis Versalius (AZV) in Tongeren (B) (Grenzübergreifende Zusammenarbeit zwischen Academisch Ziekenhuis Maastricht (NL) und Algemeen Ziekenhuis Versalius (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 start	Project completion	Interreg?
Project title			
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 Rhein-Waal and EUREGIO bzw. euregio rhein-maas-nord, Euregio Rhein-Waal, EUREGIO			
Project title	Project start	Project completion	Interreg?
Birational 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 (Qualitätsverbesserung 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 (Kernspintomographie) 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
Intraluminal 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
Euroregional 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
Euroregional 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 medizinischen Bereich)	2003	2005		Interreg IIIA
Pre-study on cross-border purchases (Vorstudie Grenzüberschreitender Einkauf)	01/2005	12/2005		Interreg IIIA
Euroregional 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 grenzüberschreitenden 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
Borderfest	10/2002	10/2003		Interreg IIIA

16. Belgium - France - Luxembourg

BE/FR/LU: Interreg Programme Wallonia / Lorraine / Luxembourg			
Project title	Project start	Project completion	Interreg?
Cardiopole - Pole de Prévention cardio-vasculaire transfrontalier	01/2004	12/2006	Interreg IIIA
Création d'un réseau 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
Thérache 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 Oberheintal)	11/1999	10/2002	Interreg IIIA
Old, deranged - left alone (Alt, verwirrt - alleingelassen)	10/2001	4/2005	Interreg IIIA

FR/DE: Interreg Programme Saarland-Mosel / Lorraine-Western Palatinat			
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

Project title	Project start	Project completion	Interreg?
FR/DE/CH: Interreg Programme Oberrhein Mitte-Süd / Basiliensis / Oberrheinkonferenz			
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 Lorrach three-country triangle to improve the provision of health care for the chronically addicted (regional hub) (Konzeption zur Etablierung einer Einrichtung im Dreiländereck Lorrach 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 Krankenhausoperation)	2001	2006	Interreg IIA, Interreg IIA
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 IIA
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 Universitätsklinikums Basel & Kliniken des Landkreises Lorrach)	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 start	Project completion	Interreg?
Project title				Interreg IIA, Interreg IIIA
Dispositif spécialisé de soins aux toxicomanes comportant une collaboration transfrontalière		01/1999	12/2001	Interreg IIIA
Tenezi: Teleneurology cooperative platform		02/2003	12/2005	Interreg IIIA

FR/CH: Conseil de Travail Jura		Project start	Project completion	Interreg?
Project title				Interreg IIIA
Dispositif spécialisé 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 start	Project completion	Interreg?
Project title				Interreg IIA
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 Telemetizin 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 Schlink" – a cross-border addiction prevention project for adolescents (VOLL Schlink - 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 Lorrach oncology centre (iPath und iTeach, eine neue Plattform für die regionale Onkologiebesprechung am Onkologiezentrum Lorrach)		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	Interreg IIIA
Prometeo	11/2003	03/2006	Interreg IIIA
Medicine et chirurgie d'urgence	12/2002	6/2005	Interreg IIIA
DANITE	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?
HospitaItas - 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 RocksIdatec	01/2003	N/a	Interreg IIIA
Risques hydrogéologiques en montagne: parades et surveillance - RIskYdrogéô	07/2003	N/a	Interreg IIIA

24. Austria - Germany

AT/DE: Euregio Salzburg-Berchtesgadener Land-Traunstein		Project start	Project completion	Interreg?
Project title		1996	finished	Interreg IIA
Mobile drug prevention (Mobile Drogenprävention)				
Mobile drug prevention in the Berchtesgadener Land - Salzburger Land - Traunstein. Working title: "Gut beieinander" community-based drug prevention (Mobile Drogenprävention Berchtesgadener Land - Salzburger Land - Traunstein Arbeitstitel: "Gut beieinander" - 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 Syndrome" (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 start	Project completion	Interreg?
Project title		N/a	N/a	Interreg IIA
Folk medicine (Volksmedizin)		03/2003	06/2005	Interreg IIIA
Secure housing for elderly people (Sicheres Wohnen im Alter)		03/2002	12/2003	Interreg IIIA
Housing support for elderly people (Wohnberatung für Ältere)		2001	2004	Interreg IIIA
Top on Job - alcohol prevention at work (Top on Job - Alkoholprävention am Arbeitsplatz)				
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 start	Project completion	Interreg?
Project title				
Health Regio - Regional network for the improvement of healthcare services				
Child - Nutrition	Vienna Bratislava	04/2004	12/2006	Interreg III/A
Programme for master degree in clinical research (Umfassendes Curriculum zur Ausbildung von Arztforschern im Bereich der klinischen Forschung)		01/2005	12/2006	Interreg III/A
Health network Vienna - Bratislava (Gesundheitsnetzwerk Wien-Bratislava)		09/2003	still open	Interreg III/A
Cooperation between Bratislava and Vienna in medical technology and sports science. (Medizintechnische und sportwissenschaftliche Kooperation Bratislava – Wien)		06/2002	12/2004	Interreg III/A
		07/2003	06/2006	Interreg III/A
DIRECT - Development of an information platform regarding radiology for experience and communication		11/2002	11/2004	Interreg III/A

27. Austria-Slovenia

AT/SI: Interreg Programme Austria / Slovenia		Project start	Project completion	Interreg?
Project title				
International health destination (Internationale Gesundheitsdestination)				
		07/03	12/06	Interreg III/A
		12/2001	01/2003	Interreg III/A
Project title				
Health destination "Oststeiermark" - European Spa World (Gesundheitsdestination Oststeiermark - European Spa World)				
		06/2002	12/2006	Interreg III/A
		12/2001	01/2003	Interreg III/A
		01/2004	N/a	other

28. Italy-Slovenia

IT/SL: Interreg Programme Italy / Slovenia		Project start	Project completion	Interreg?
Project title		02/2004	still open	Interreg IIIA
Studies on the activity of TRAIL anticancer protein on human normal and neoplastic cells 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 transmitted 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

A/HU: Interreg Programme Austria / Hungary		Project start	Project completion	Interreg?
Project title		04/2004	12/2006	Interreg IIIA
Health Regio - Regional network for the improvement of healthcare services		09/2004	04/2007	Interreg IIIA
Worksite health and safety protection in Hungary and Austria (Arbeitssicherheit in Ungarn und Österreich)		07/03	12/06	Interreg IIIA
International health tourism destination (Internationale Gesundheitstourismusdestination)		06/02	03/03	Interreg IIIA
Pannonian competence centre of fire brigades (Pannonisches Feuerwehrkompetenzzentrum)				

A/HU: Euregio West/Nyugat Pannonia		Project start	Project completion	Interreg?
Project title		N/a	N/a	Interreg IIA
Tetra - trunked radio pilot project (Tetra-Bundelfunk Pilotprojekt)		07/03	12/06	Interreg IIIA
International health tourism destination (Internationale Gesundheitstourismusdestination)		06/02	03/03	Interreg IIIA
Pannonian competence centre of fire brigades (Pannonisches Feuerwehrkompetenzzentrum)				

30. Italy-Albania-Croatia-Serbia and Montenegro-Bosnia Herzegovina

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 cross-border 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?
SANInet - Mimesa in rete degli attori della sanità	07/2002	N/a	Interreg IIIA
SANInet 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 cardiaques par thérapie cellulaire régénératrice	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 - Regio Norte (E/P)			
Project title	Project start	Project completion	Interreg?
Social equipment of the provinces of Oureuse and Pontevedra	1998	1998	Interreg IIIA
Setting up of pilot unit to support social exclusion situations	1998	1998	Interreg IIIA
Programme of continuous education on drug addiction	04/2003	01/2005	Interreg IIIA
Reinforcement of public health attention to drug addicts	01/2003	01/2005	Interreg IIIA
Improvement of the quality of 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 - (Integracin Social, Apoyo al Desarrollo y Organizacin de Recursos Asistenciales)	11/2003	12/2004	Interreg IIIA
PROVOLGAPOR - Promotion of Volunteering in the border lands of Galicia and North of Portugal	09/2003	12/2004	Interreg IIIA
ES/PT: Castilla y Len - Regio Norte & Castilla y Len - Regio Centro			
Project title	Project start	Project completion	Interreg?
"Calegu - Telemedicina en Castilla y Len y la Sub-regio de sdude da Guarda	01/2003	2005	Interreg IIIA
CALENO - "Telemedicina en Castilla y Len y el Nordeste Transmontano"	01/2003	2005	Interreg IIIA
"Alcoholismo" - Prevencin y tratamiento del alcoholismo	01/2003	12/2005	Interreg IIIA
Red Transfrontiza de Centros de Rehabilitacin Laboral de Personas con Enfermedad Mental	07/2003	06/2005	Interreg IIIA
Drogaicohol - Mejora de accesibilidades de intervenciones en materia de alcoholismo y toxicodependencia	01.01.2003	2005	Interreg IIIA
ES/PT: Extremadura - Regio 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 - Morocco

ES/MA : Interreg-Programme Spain / Morocco		Project start	Project completion	Interreg?
Project title				
TELEMÁTICA: Creación de una red telemática entre centros sanitarios				
PASO EL ESTRECHO: Proyecto de creación de unidades de recepción de pacientes en hospitales des SAS				
COMUNICACIÓN: Atención Sanitaria de Viajeros en Tránsito por el Estrecho de Gibraltar				
TELEMEDICINA: Creación de una red telemática entre centros sanitarios				
COMUNICACIÓN II: Proyecto de creación de unidades de recepción de pacientes en hospitales des SAS				
PASO DEL ESTRECHO II: atención sanitaria de viajeros en tránsito por el estrecho de Gibraltar				
	N/a	N/a	N/a	Interreg IIIA
	N/a	N/a	N/a	Interreg IIIA
	N/a	N/a	N/a	Interreg IIIA
	N/a	N/a	N/a	Interreg IIIA
	N/a	N/a	N/a	Interreg IIIA

F) Southeast Europe and Eastern Mediterranean Sea

35. Greece - Bulgaria

EL/BG: Euroregion Nestos-Mesta		Project start	Project completion	Interreg?
Project title				
Mobile medical units for health check-ups in border areas				
		1996	1998	Interreg IIIA

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