

Access to Healthcare in European Territorial Cooperation programmes



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Introduction

1

The right to timely access to good quality, affordable, preventative and curative health care for everyone is proclaimed in the European Pillar of Social Rights, however access to healthcare must significantly improve in the EU. In some Member States, waiting times and costs remain significant barriers to access to healthcare. Since March 2020 the pandemic has put health systems under severe pressure and has underlined the importance of strong coordination at EU level to defend and promote citizens' health. In such a context, ensuring universal and timely access to quality healthcare has become a key issue. Increased efforts are needed to improve the efficiency and sustainability of health systems.

There are significant imbalances in access to healthcare in the EU. These are related to demographic, environmental, social and territorial factors.

First, it is clear that health systems in the EU face a **demographic challenge** as Europe is experiencing extraordinary population ageing. In the absence of audacious policy actions, the burden of increasingly common chronic diseases will rise for individuals, care systems and society. Furthermore, while

increased public expenditure dedicated to health is financing new and advanced treatments, there could be less employment and less productivity in the general workforce. In such a perspective, health policy appears key for the future of Europe, but needs to be designed in a wider framework.

Looking at the **environmental dimension**, the overall health of the EU population is closely linked to the quality of air, water and food. Notably, air pollution is a major cause of premature death and disease. It is also the single largest environmental health risk in Europe. The latest estimates by the European Environment Agency show that fine particulate matter (PM2.5) continues to cause the most substantial health impacts. Most Europeans live in areas, especially cities, where air pollution can be high. Recently, studies have suggested that air pollution increases the incidence and the severity of Covid-19.

Important asymmetries in access to healthcare can be seen from a **social perspective**. Factors like income, gender and marginalisation (e.g., unemployed people, Roma) result in very different situations. Lower income groups face more obstacles

to healthcare access. The share of self-reported unmet healthcare needs (especially due to cost) is usually higher among low-income households. Overall, the five Member States with most unmet needs are Estonia, Greece, Latvia, Romania and Poland. So, social disparity in access to healthcare is relatively more important in the Eastern part of the Union. Attention should be paid to other groups with restricted access to healthcare, such as single person households or informal workers. In addition, individual characteristics - such as low literacy, language or cultural background, social inhibition, isolation, lack of trust between provider and patient, and geographical mobility - can hinder access to healthcare. In areas such as dental care and mental healthcare, out of pocket payments are common in several Member States. In 2020 and 2021 mental illnesses among young people have risen as an effect of the pandemic, so it is worth noting that the European Year of Youth 2022 foresees actions in support of mental health. Support for young people with stress, anxiety or depression cannot be exclusively for wealthy families.

Key input indicators such as the ratio of hospital beds and the number of doctors per inhabitant reveal major **territorial disparities at regional and local level**. Those indicators, in a Eurostat report published in 2021¹, are central components for access to healthcare and show a trend. In 2018, there were 2.4 million hospital beds in the EU, a decrease of 7.6% over the previous decade, resulting in 537 beds per 100 000 inhabitants, or one bed per 186 people. The decline is due to budget cuts following the 2008 crisis, as well as changes in health policies and the development of medicine and technology. At a more granular level, **EU citizens living in peripheral areas, such as mountain areas, have worse access in terms of distance to health and care services**. This is especially true of **communities living in some European border areas**, such as the Alps and the Pyrenees.

The pandemic has shown both the vulnerability and the strategic importance of the cross-border

dimension where health is concerned. In the first months of the pandemic, unilateral decisions to close borders for health reasons were taken by some Member States, which showed a lack of coordination at EU level. At the same time, important experiences of cross-border solidarity in the health field occurred since March 2020, such as transfers of patients from one Member State to another. At the beginning of April 2020, the European Commission published guidelines on EU emergency assistance in cross-border cooperation for healthcare. To alleviate overstretched healthcare facilities, national, regional and local health authorities were called to make full use of existing structures and mechanisms to work together to assist patients in need of critical care by offering available hospital beds and health professionals. The European Commission also encouraged health professionals to share expertise and skills, working hand in hand across borders. During the long period of the pandemic, both approaches continued. Several decisions concerning movement restrictions continued to be taken by Member States. At the same time, the EU Digital Covid certificate was established to refrain from unnecessary restrictions on EU citizens travelling in the EU, a new form of coordination in health policy.

It is clear that the pandemic has necessitated a rethink of the importance of health in the EU agenda. The extraordinary movement of Ukrainian refugees across Europe following Russia's invasion is further emphasising this importance. Nevertheless, **health remains a policy with limited EU integration**. It is true that in 2017 the European Pillar of Social Rights enshrined the right for everyone to properly access healthcare in the 20th principle. However, according to the Treaty, **the EU does not define health policies, nor the organisation and provision of health services and medical care**. Rather, its action serves to complement national policies and support cooperation between Member States in the field of public health. Important progress was made in 2011 with the **Directive on patients' rights in cross-border healthcare**. The Directive, whose transposition into national legislations was delayed

by some Member States until the second half of 2015, ensures patient mobility and access to safe and high-quality healthcare in the Union. Cross-border patient treatments have been monitored annually since 2014. As one could expect, the 2020 report showed that due to the pandemic, the movement of people, including cross-border patients, was seriously reduced.

If the EU regulatory role appears soft, **the capacity of the EU to finance health interventions through Cohesion Policy funds is significant**. This includes the opportunity to support **cross-border and transnational cooperation projects**². These projects have to be promoted by public authorities working at different scales, also involving associations and private bodies. Such a network is necessary not only to face cross-border or transnational problems, but also to design, develop or implement intervention models or even policies. In the case of health, **the primacy of Member States makes cross-border cooperation projects particularly challenging** because they imply a key role for actors (ministries, agencies, large hospitals) that are normally far from where the project is developed and should produce results. **The European Parliament** resolution of March 2022 refers to 'cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation'³ and **calls on the European Commission to make full use of its competence in health policy** to support national and regional authorities in strengthening health systems. It also **invites Member States to maximise their efforts to remove barriers hampering access to health services for citizens living in cross-border areas**.

In such a complex framework, data show that **cooperation projects aimed at improving access to healthcare have been funded by the EU all over the Union, but more intensely in Eastern Europe**. Also, **access to healthcare seems more frequently addressed cross-border**, including with non-Member States (both pre-accession and neighboring countries).

For example, the key role played in spring 2022 by Moldova taking in Ukrainian refugees, including dealing with health issues, reiterates the importance of health sector cooperation beyond EU borders, i.e. in a macroregional perspective. Nonetheless, the cross-border and transnational dimensions both play a pivotal role in promoting access to healthcare throughout the Union, even if to different degrees. The findings of this report show that although cross-border programmes aim at healthcare services and promoting social inclusion, transnational projects are fundamental for promoting product, process and social innovation.

¹ Eurostat regional yearbook 2021 edition, <https://ec.europa.eu/eurostat/documents/3217494/13389103/KS-HA-21-001-EN-N.pdf/1358b0d3-a9fe-2869-53a0-37b59b413ddd?t=1631630029904>

² For examples of EU funding, supporting the response to Covid-19, see Interact, 'Interreg supports healthcare – how Interreg projects and partners helped during the early stages of Covid-19', 12th October 2020, <https://www.interact-eu.net/library#3103-publication-interreg-supports-healthcare-how-we-responded-covid-19>

³ European Parliament resolution of 8 March 2022 on cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation (2021/2100(INI)), https://www.europarl.europa.eu/doceo/document/TA-9-2022-0058_EN.html

Access to healthcare: Mapping and classification

2

2.1 The Macrodata global view

This Macrodata global view is based on a desk analysis of 'Access to healthcare' projects under European Territorial Cooperation programmes collected through the KEEP.eu database.

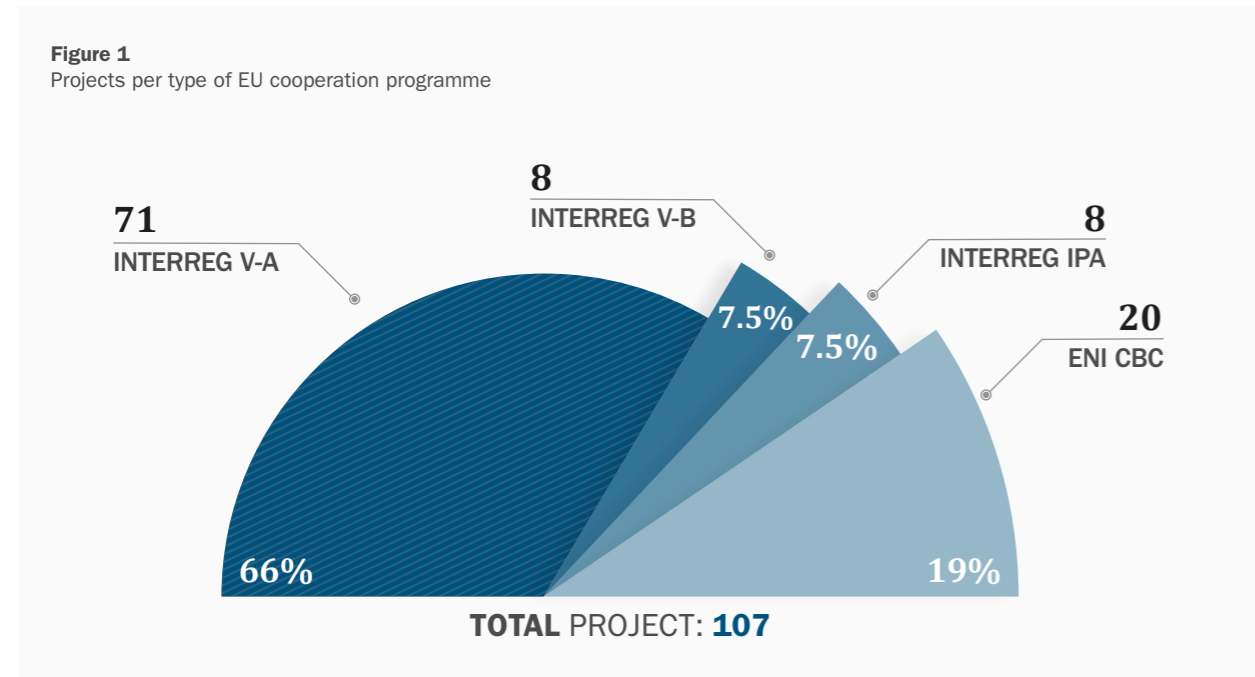
Since 'Access to healthcare' is not a specific topic filtered in the database, the mapping was based on the following thematic criteria and keywords:

- 'Health and social services' as project priority (Theme 1 in the database)
- 2014-2020 programming period
- Type of cooperation programme to ensure that all ETC strands (transnational, cross-border and interregional cooperation) were included in the research
- Project budget and expenditure
- Geographical coverage

This analysis highlighted 107 projects tackling 'Access to healthcare'. These are all listed under 'Health and social services' in the KEEP.eu database



The **107 projects** were funded under European Territorial Cooperation with more than EUR 221 million in the 2014-2020 period.

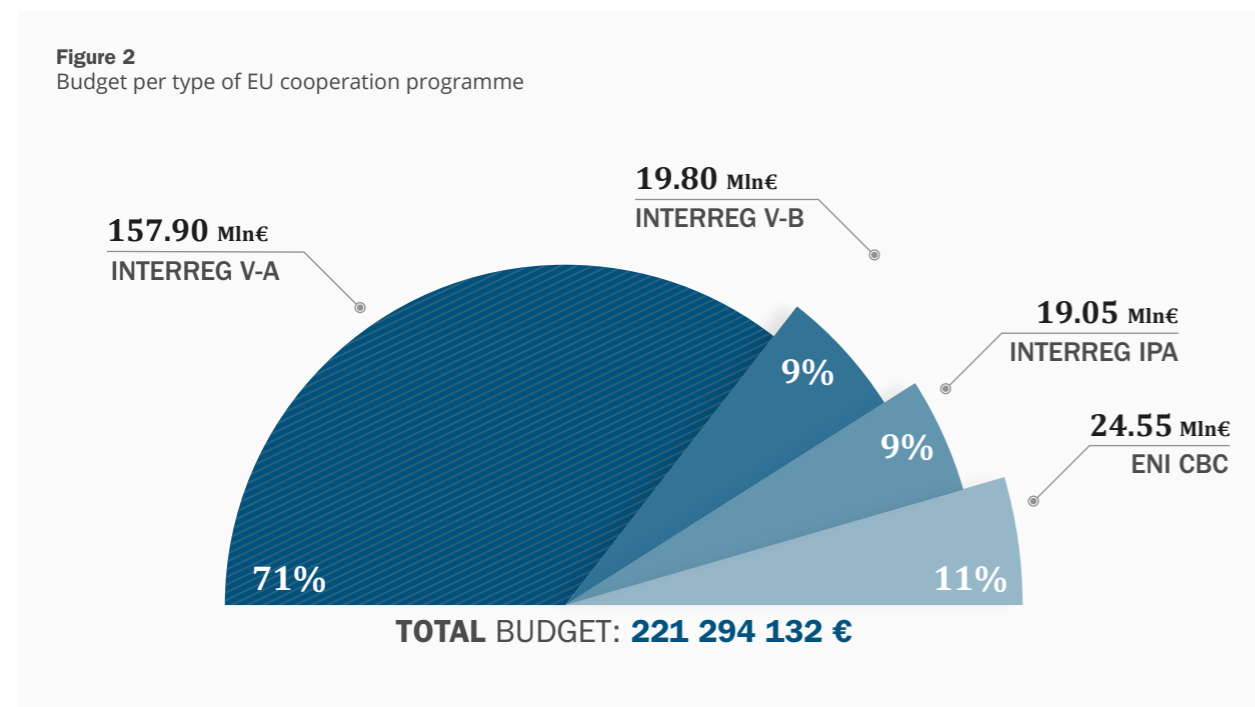


They belong to different types of EU cooperation programmes as follows:

- **71 projects** (66% of the total) under **Interreg V-A** (cross-border)
- **20 projects** (19%) financed by **ENI CBC**
- **8 projects** (7.5%) under **Interreg V-B** (transnational)

- **8 projects** (7.5%) under **Interreg IPA** (cross-border)

The first point to note is the predominance of cross-border projects, making up 92.5% of projects linked to access to healthcare. The other 7.5% refer to projects promoted by transnational cooperation programmes.

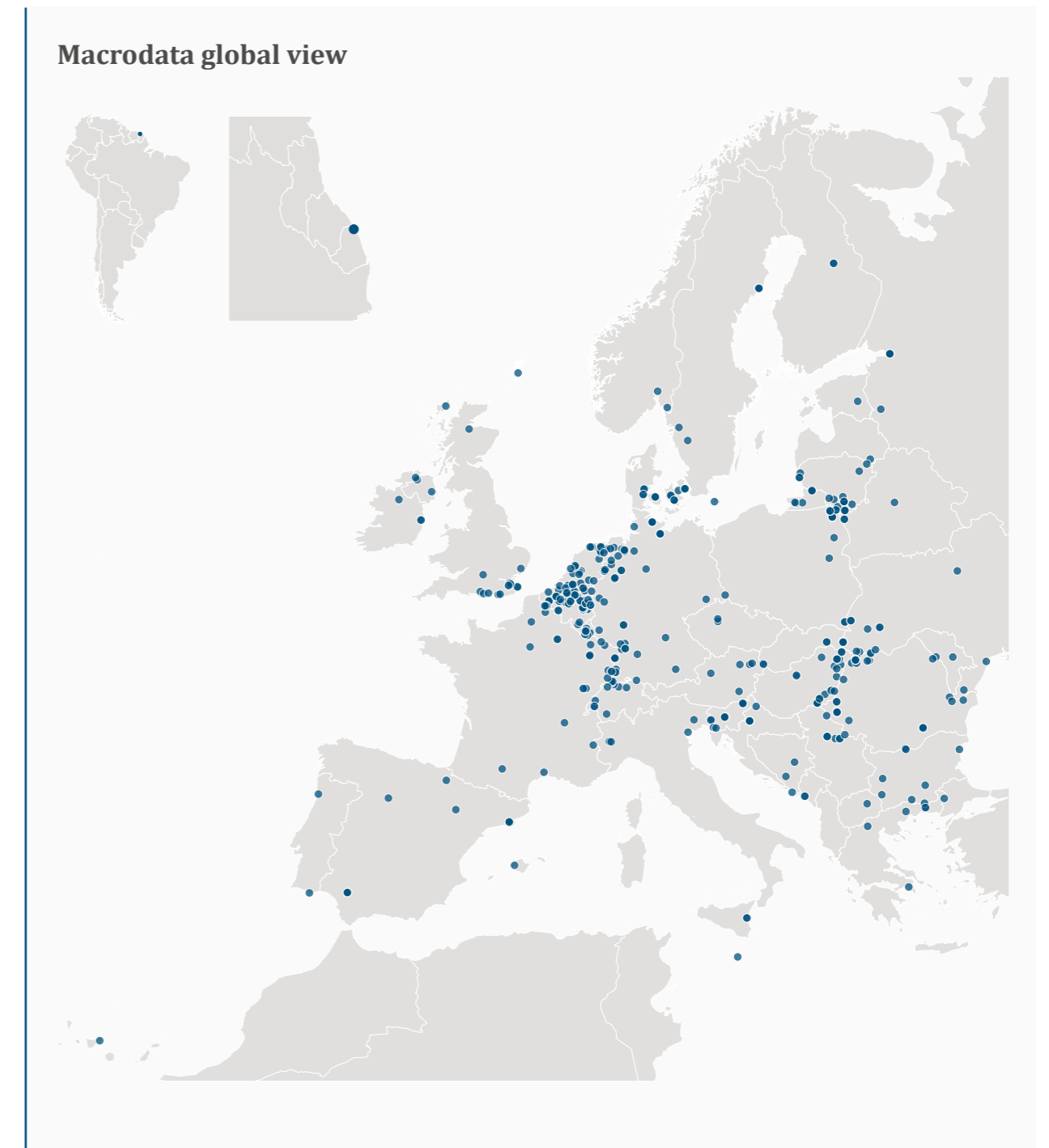


These proportions are reflected in financial data: with a total budget of **EUR 221 294 132** (on average, about EUR 2 million per cooperation project), the resources are similarly distributed:

- **EUR 157 896 914 (71%** of total resources) under **Interreg V-A**
- **EUR 24 550 942 (11%** under **ENI CBC**

- **EUR 19 795 160 (9%)** under **Interreg V-B**
- **EUR 19 051 116 (9%)** under **Interreg/IPA**

The following map shows the geographical distribution of project partners.



2.2 Thematic clusters

Thematic clusters are homogeneous groups of interventions dealing with different aspects of the same (or tightly linked) themes related to access to healthcare. Thus, thematic clusters include projects pursuing similar objectives, with common features, or proposing joint solutions to common problems, highlighting the added value of European cooperation.

The project thematic clustering was based on four criteria:

- Thematic Objective for the 2014-2020 programming period
- Specific topic of the project
- Type of European cooperation programme
- Investment priority and type of interventions



Territorial cooperation projects dealing with access to healthcare can be divided into **four thematic clusters**:

- 1. Healthcare provision** referring to projects supplying healthcare services in areas where they lack or need improved equipment for specialised diagnosis and treatment, specific professional skills, new management models and facilities (e.g., 'B4B – Bridges for Birth' financed by 2014 - 2020 INTERREG V-A Slovakia – Austria programme with new equipment for one hospital and transport arrangements for neonatal emergencies);
- 2. Social inclusion** covering projects fostering access to healthcare services for vulnerable groups (children, elderly, migrants, people with different abilities, etc.) and citizens living in peripheral areas. These are often obliged to travel across borders to reach services of sufficient quality⁴ (e.g., 'Better accessibility of specialized healthcare services for elderly population of Grodno and Utena counties' financed by the 2014 – 2020 Latvia – Lithuania – Belarus ENI CBC programme promoting integrated actions for high-quality specialised day surgery and outpatient services);

3. Innovation including projects dealing with different aspects of innovation, such as developing new health technologies, new products, procedures and/or processes, proposing innovative solutions and organisational models to improve healthcare services (e.g., BONE - Bio-fabrication of Orthopaedics in a New Era under 2014 - 2020 INTERREG VB North-West Europe to increase the regions' innovation capacity in electrospinning technology based on regenerative medicine);

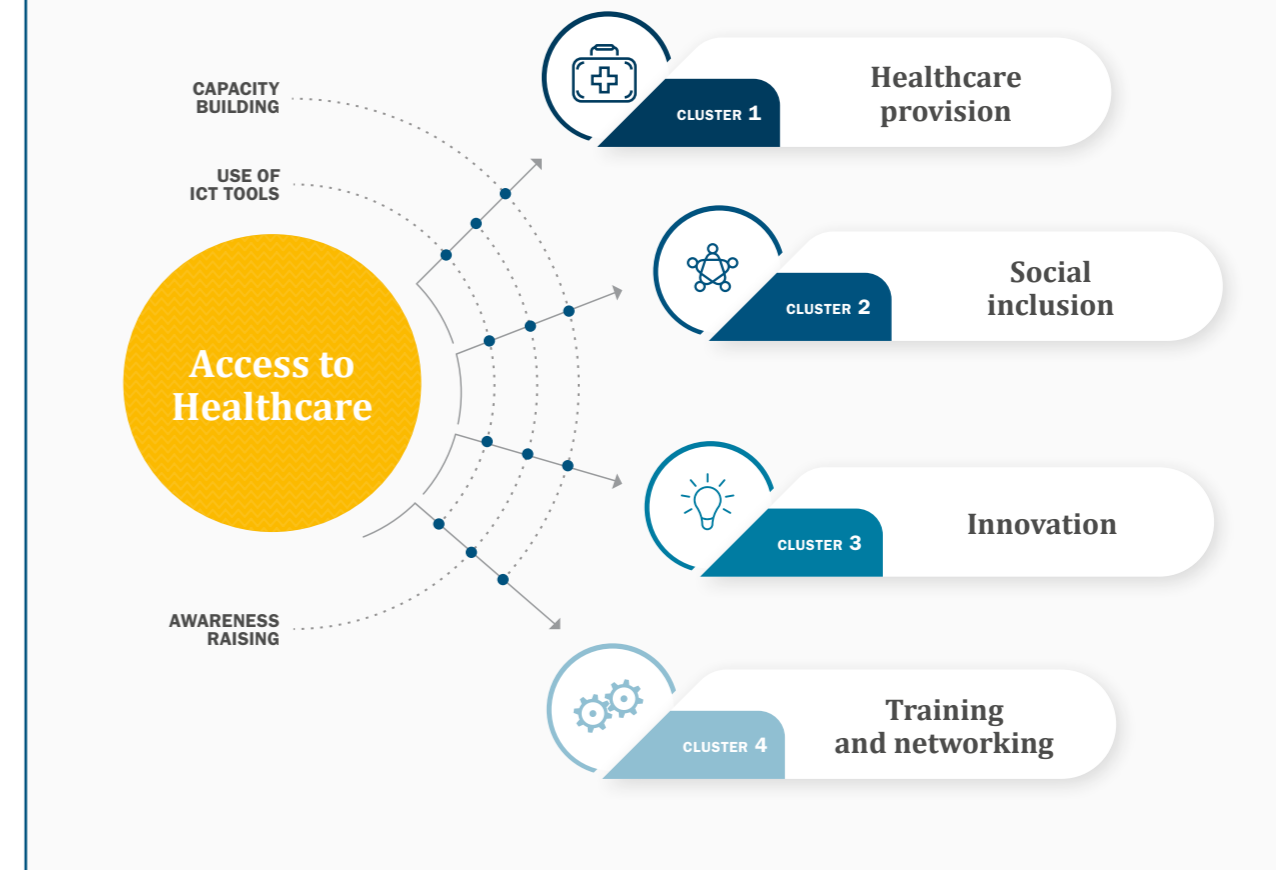
4. Training and networking encompassing projects to improve health professional skills and competences on specific diseases or healthcare domains through education, training on the use of new equipment/technologies, development of healthcare networks and expertise mobility (e.g., ZORO - Zorghoute Arbeidsmarkt under 2014 - 2020 INTERREG V-A Belgium - The Netherlands developing and testing several training modules).

Furthermore, three **main cross-cutting themes** appear to be tackled, to different degrees, by the projects, namely: **1. capacity building** through exchanges of experience, identification of best

practices and knowledge transfer among project partners, **2. awareness raising** on the availability of quality healthcare services or, for instance, on the importance of healthy lifestyles, on preventative diagnosis and treatment of common and rare

diseases addressed to specific target groups and/or the population and **3. use of ICT** to reach patients in a fast, safe and cost-effective way also in remote and unpopulated areas.

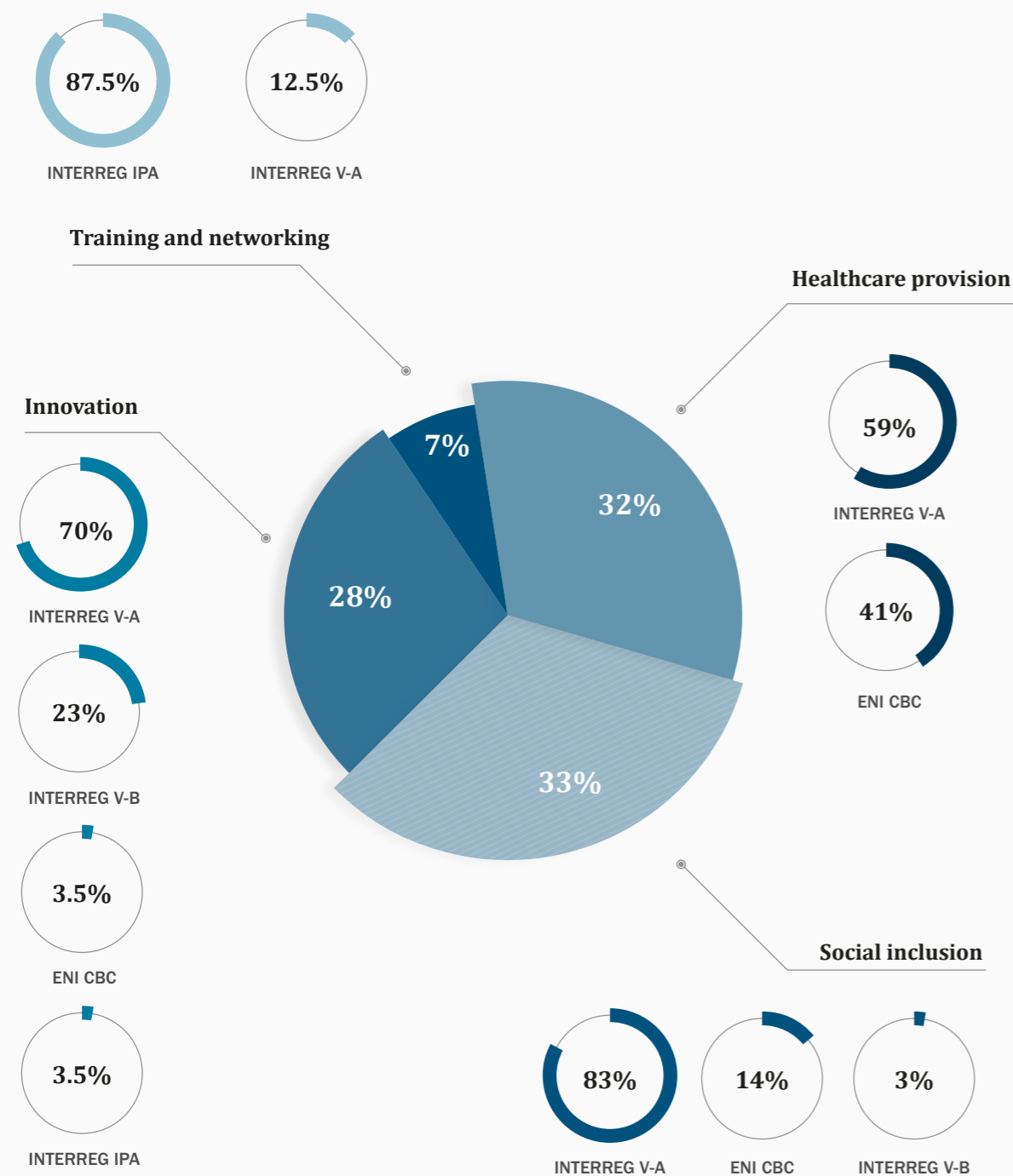
Figure 3
Thematic clusters



⁴ For more details on cross-border patient mobility and reimbursement, see European Commission, Directorate - General for Health and Food Safety (DG SANTE), 'Cross-Border Patient Mobility in Selected EU Regions - Final Report', Brussels, 24 February 2022, https://ec.europa.eu/health/publications/cross-border-patient-mobility-selected-eu-regions_en

As shown in the figure below, the **'Social inclusion'** cluster contains the most projects (35) and **33%** of the number of projects on access to health and social services under Interreg V-A, ENI CBC and Interreg V-B.

Figure 4
Projects per thematic clusters and type of EU cooperation programme



The second cluster concerns **'Healthcare provision'** with 34 cooperation projects (**32%**) under Interreg V-A and ENI CBC followed by the **'Innovation'** cluster covering 30 projects (**28%**) financed by Interreg V-A, Interreg V-B, Interreg IPA and ENI CBC programmes.

The **'Training and networking'** cluster includes eight projects (**7%**) financed mostly by Interreg IPA (7 projects) and one Interreg V-A.

The **'Social inclusion'** cluster counts on EUR 75 277 037, or **34% of the budget** for 'Health and social services' projects followed by the **'Innovation'** cluster with EUR 72 034 400 or 32.5%.

It is worth stressing that the **'Healthcare provision'** cluster budget is EUR 53 042 997 (24%), notwithstanding the many projects it covers. This is probably because, on average, projects to provide healthcare services require a lower budget.

Finally, the **'Training and networking'** cluster has a budget of EUR 20 939 697, or 9.5% of the total.

The total investment in European Territorial Cooperation projects aimed at improving access to healthcare is of more than EUR 221 million.

CLUSTERS	NUMBER OF PROJECTS	CLUSTERS' TOTAL BUDGET / EXPENDITURE €	% CLUSTERS' TOTAL BUDGET / EXPENDITURE ON ALL CLUSTERS	AVERAGE OF PROJECTS' TOTAL BUDGET / EXPENDITURE €
HEALTHCARE PROVISION	34	53 042 997	24.0%	1 560 088
SOCIAL INCLUSION	35	75 277 037	34.0%	2 150 772
INNOVATION	30	72 034 400	32.5%	2 401 147
TRAINING AND NETWORKING	8	20 939 697	9.5%	2 617 462
TOTAL	107	221 294 131	100%	2 068 169

2.3 Geographical distribution of projects and partners

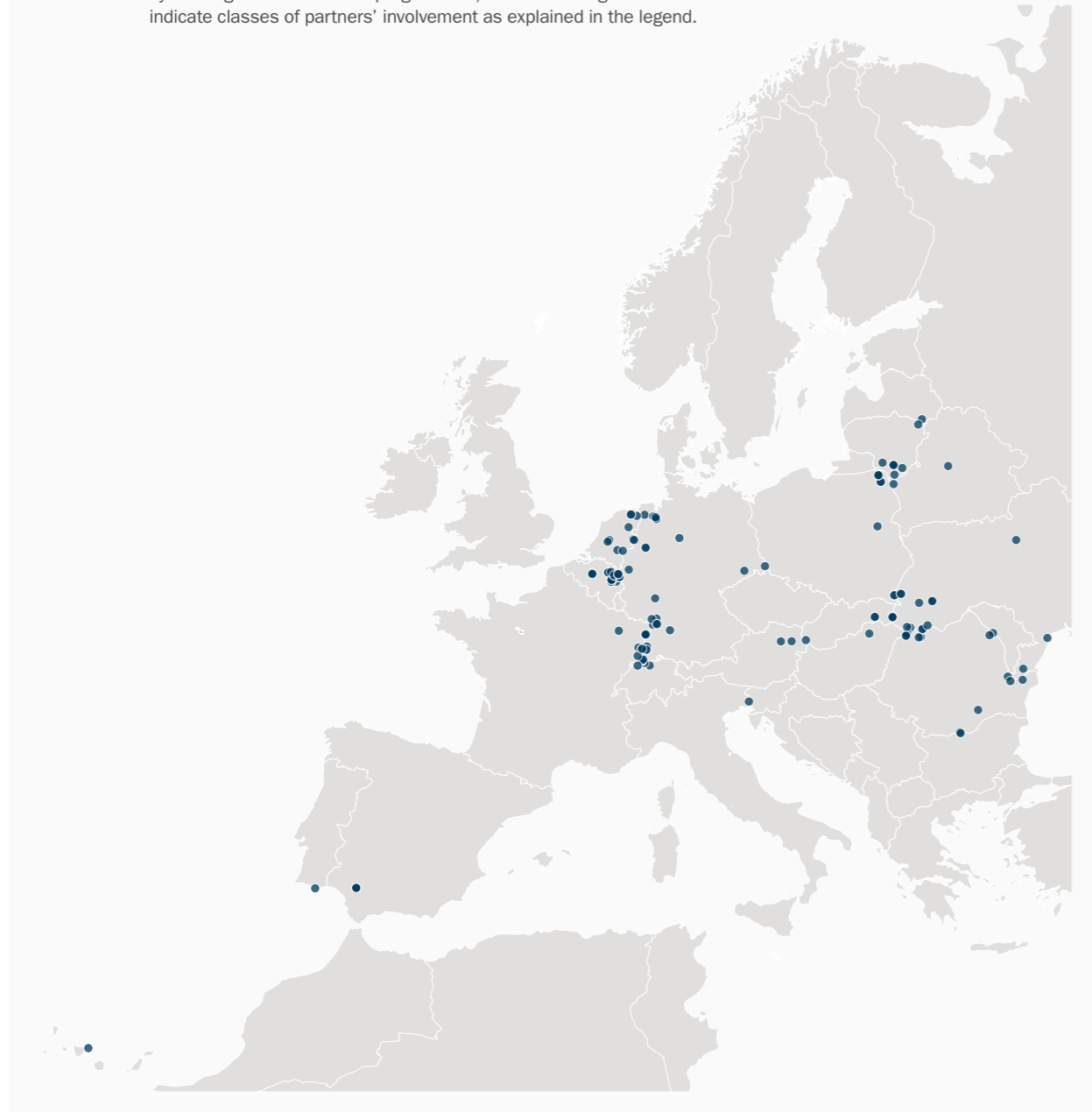
The following pages present maps showing the geographical distribution of 'Access to healthcare' project partners based on the number of partners per thematic cluster. This shows the European

countries where access to healthcare is tackled most in terms of healthcare provision, social inclusion, innovation or training and networking.



Healthcare provision

The map shows the geographical distribution of partners involved in the projects (funded by Interreg V-A and ENI CBC programmes). The different graduations of the same colours indicate classes of partners' involvement as explained in the legend.



Social inclusion

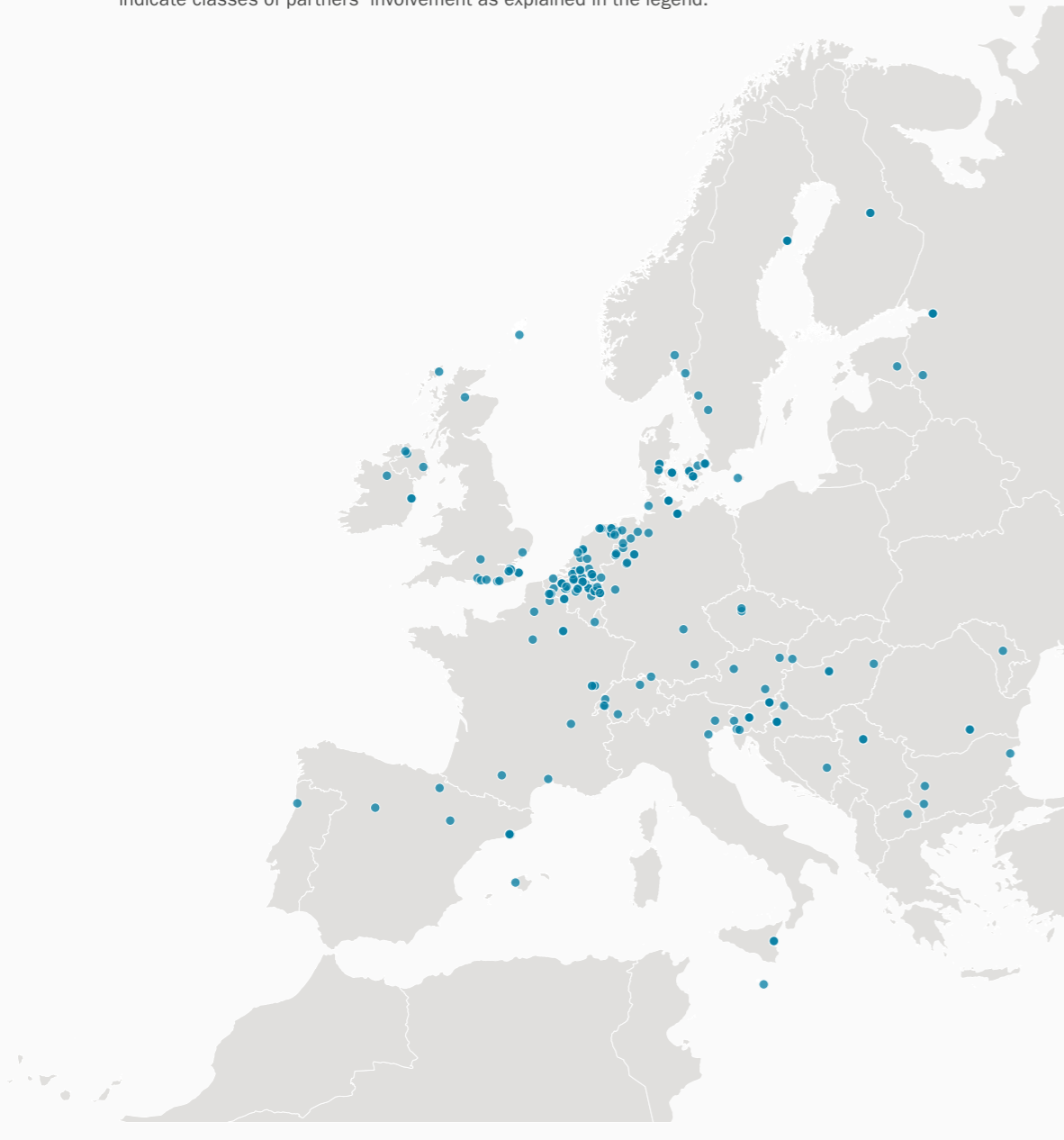
The map shows the geographical distribution of partners involved in the projects (funded by Interreg V-A, ENI CBC and Interreg V-B programmes). The different graduations of the same colours indicate classes of partners' involvement as explained in the legend.





Innovation

The map shows the geographical distribution of partners involved in the projects (funded by Interreg V-A, Interreg V-B, Interreg IPA and ENI CBC programmes). The different graduations of the same colours indicate classes of partners' involvement as explained in the legend.



Training and networking

The map shows the geographical distribution of partners involved in the projects (funded by Interreg V-A, Interreg IPA programmes). The different graduations of the same colours indicate classes of partners' involvement as explained in the legend.



2.4 Examples of projects

For analysis purposes, some projects were selected as examples of how 'Access to healthcare' has been tackled under European cooperation programmes. These were identified based on the following criteria:

- **Relevance** of the project capacity to address EU Thematic Objectives for the 2014-2020 programming period in the framework of European Territorial Cooperation programmes, considering their specific objectives, outputs and results, also verifying how they handle cross-cutting themes such as capacity building, awareness raising and the use of ICT;
- **Type of cooperation** to ensure all European Territorial Cooperation strands are represented;
- **Geographical coverage and territorial impacts** with positive effects on target groups and communities;
- **Capacity to introduce innovation** through new approaches, models and tools;

- **Possible transferability of project results** in the 2021-2027 EU programming cycle.

This selection led to **eleven examples of projects**, which were also selected based on the number of projects and their 'weight' in each thematic cluster.

The following pages present **examples of projects per thematic cluster** giving details of the funding programmes and types of cooperation, project partnerships, allocated budgets, thematic objectives, cross-cutting themes and activities. In addition there are highlights of territorial impacts, innovative features and transferability of the projects.

All information is from Keep.eu, as well as from related programme and project websites.

■ PROGRAMME

2014 - 2020 POLAND - BELARUS - UKRAINE
ENI CBC

■ BUDGET

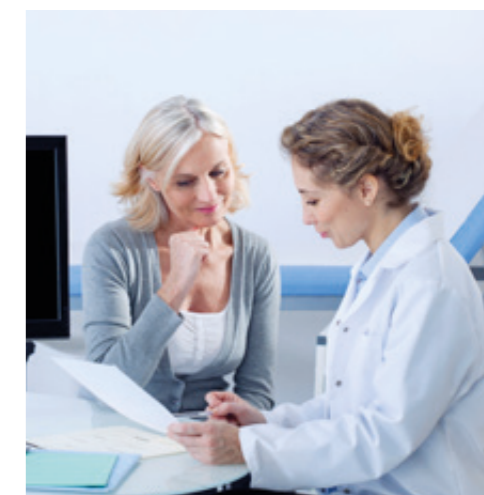
EUR 2 148 647

■ SPECIFIC/THEMATIC OBJECTIVE

Common challenges in the field of safety and security

■ CROSS-CUTTING THEMES

Capacity building, awareness raising



MHCPFO - Model Health Care Program to Fight Osteoporosis in area of Polish-Belarusian border

Improving the quality of healthcare in orthopaedics/rheumatology with a particular focus on osteoporosis is a common challenge in the borderland between Poland and Belarus. This area has insufficient medical infrastructure, a lack of specialists and model solutions in diagnostics and treatment as well as a low level of awareness on osteoporosis consequences.

The objective of the project is to develop health protection through implementation of the 'Model Health Care Program to Fight Osteoporosis' joint initiative of Grodno and Suwalki Hospitals. This should enhance access to high quality health care services for diagnostics and the treatment of osteoporosis. The project should improve medical infrastructure, increase the expertise of medical staff based on exchanges of experience and good practices, deepen knowledge, as well as increase awareness of inhabitants on prevention and early diagnosis to take effective treatment and lead normal, comfortable lifestyle.

HIGHLIGHTS

- Access to diagnosis and care of osteoporosis lacking in the cross-border area
- Purchase of specialised medical equipment for diagnosis and treatment of osteoporosis, raised medical staff skills and awareness for prevention and early diagnosis

LEAD PARTNER

**Dr. Ludwik Rydygier Voivodeship
Hospital in Suwalki**
(Podlaskie Voivodeship, Poland)

PARTNERS

**Hrodna City Clinical Hospital
of Emergency Care**
(Hrodna Oblast, Belarus)



Healthcare provision

PROGRAMME

2014 - 2020 INTERREG V-A SPAIN - PORTUGAL (POCTEP)

BUDGET

EUR 1 539 196

SPECIFIC/THEMATIC OBJECTIVE

Strengthen the cross-border cooperation strategies between actors in the cooperation area

CROSS-CUTTING THEMES

Capacity building, awareness raising, use of ICT



NUMA - Nuevo Modelo Asistencial

The project promotes a new welfare model based on involving pharmacies as new local agencies to innovate healthcare processes as they have regular personal contact with people suffering from chronic diseases.

The project uses ICT tools, remote management technology, enabling pharmacies to improve both the relationship between patients and healthcare professionals as well as monitoring of their conditions and preventing frailty. During implementation, the project promotes telemedicine as a standard practice for diagnostics, care and healthcare performance assessment.

The project also foresees the implementation of a pilot for the evaluation and comparative study of this innovative service in the cross-border area. This should enhance cooperation between citizens and institutions of both countries as well as foster coordination between healthcare services in the cross-border area.

HIGHLIGHTS

- Promotion of a new healthcare model based on stronger coordination between cross-border healthcare services and citizens, through data collected by pharmacies
- Use of ICT devices to improve early diagnostics, care and monitoring of patient conditions, also at a distance

LEAD PARTNER

Consejería de Salud y Familias
(Andalucía, Spain)

PARTNERS

Universidad de Sevilla (Spain)
Real e ilustre Colegio Oficial de Farmaceuticos de Sevilla (Spain)
Administração Regional de Saude do Algarve (Algarve, Portugal)



Healthcare provision

PROGRAMME

2014 - 2020 INTERREG V-A SLOVAKIA - AUSTRIA

BUDGET

EUR 426 600

SPECIFIC/THEMATIC OBJECTIVE

Strengthen institutional cooperation

CROSS-CUTTING THEMES

Capacity building, awareness raising



B4B - Bridges for Birth

The border region around Bratislava has strong population growth requiring a well-functioning cross-border healthcare system. However, a lack of cooperation between Slovakia and Austria in this area leads to inequalities in access to local health services, especially in care for neonatal emergencies. Without cross-border rescue trips, neonates must be transferred from Hainburg an der Donau State Hospital - which does not have a paediatric ward- to Murgelbach State Hospital which is 74km away whilst Bratislava Children's University Hospital is only 16km away.

The project aims at defining the potential for future patient care through a strategic plan and cooperation in the transport of neonatal emergencies from LK Hainburg to the nearby Bratislava Children's University as an example for a future rescue contract. It also includes a pilot project to demonstrate an alternative for the follow-up care of newborns in the Hospital of Hainburg an der Donau.

HIGHLIGHTS

- Provision of care services for newborns in a border area lacking paediatric infrastructure
- Development of a strategic plan to transport neonatal emergencies across the border and guarantee prompt intervention for new-born patients

LEAD PARTNER

Ministry of Health of the
Slovak Republic

PARTNERS

NÖ Landesgesundheitsagentur (Austria)
MECCA - Institut für nachhaltige
Entwicklung von Regionen
(Austria)



Healthcare provision

PROGRAMME

2014 - 2020 LATVIA - LITHUANIA - BELARUS ENI CBC

BUDGET

EUR 893 694

SPECIFIC/THEMATIC OBJECTIVE

Promotion of social inclusion and fight against poverty

CROSS-CUTTING THEMES

Capacity building, awareness raising



Better access to specialised healthcare services for elderly population of Grodno and Utena counties

One of the most pressing issues in Utena (Lithuania) and Grodno (Belarus) counties in recent decades is population decline due to low birth rates, negative net migration and premature mortality. Accessibility and quality of healthcare services in the counties are insufficient especially for the elderly. There is no possibility to get specialised outpatient and day surgery services close to home and waiting times are long. This leads to delayed health care, which requires more complex treatments. This project aims to create preconditions for longer and healthier living for the elderly and lower the risks of disability or premature death, social exclusion and poverty. It promotes integrated actions to ensure access to high-quality public specialised day surgery and outpatient services for diabetes, ophthalmology, and urology, increased awareness of the target group and improved knowledge for health professionals.

HIGHLIGHTS

- Provision of high-quality, specialised, public outpatient and day surgery services for diabetes, ophthalmology and urology, for elderly people in rural cross-border areas lacking facilities
- Capacity building for health professionals to ensure more qualified healthcare services, lowering the risks of disabilities and premature death for older people

LEAD PARTNER

Public institution Utena Hospital
(Utena County, Lithuania)

PARTNERS

Health care institution "Grodno County Clinical Hospital"
(Grodno Oblast, Belarus)



Social inclusion

PROGRAMME

INTERREG V-A ROMANIA - HUNGARY

BUDGET

EUR 68 387

SPECIFIC/THEMATIC OBJECTIVE

Improved preventive and curative health-care services across the area

CROSS-CUTTING THEMES

Capacity building, awareness raising



Babies across borders – Connecting health services in obstetrics – gynaecology and neonatal care between emergency Clinical County Hospital Pius Brinzeu Timisoara and the Paediatric Clinic of Szeged

The project foresees construction and medical equipment for the Emergency Clinical County Hospital Pius Brinzeu in Timișoara. This includes reconstruction and endowment of the Department of Obstetrics-Gynaecology and installation of an electronic patient records system for intensive care in the Paediatric Clinic of the University of Szeged as well as new medical equipment and furniture. The partners also contribute to new soft measures such as exchanges of experience through specialised medical conferences (videoconferences and workshops), harmonised therapeutic guidance and recommendations for obstetrics-gynaecology and neonatology to develop common cooperation, awareness raising for the rural population in Timiș County, professional meetings in Szeged and dissemination of project results.

HIGHLIGHTS

- Purchase of medical equipment and exchanges of know-how to improve prevention and care for obstetrics, gynaecology and neonatology in rural cross-border areas
- Promotion of a new strategic approach to strengthen cooperation between health professionals through specialised medical conferences and harmonised therapeutic guidance

LEAD PARTNER

Timisoara County
(Romania)

PARTNERS

Emergency Clinical County Hospital 'Pius Brinzeu' Timisoara (Romania)
University of Szeged (Hungary)



Social inclusion

PROGRAMME

2014 - 2020 INTERREG V-A GREECE - BULGARIA

BUDGET

EUR 599 177

SPECIFIC/THEMATIC OBJECTIVE

To improve access to primary and emergency health care (at isolated and deprived communities) in the area

CROSS-CUTTING THEMES

Capacity building, awareness raising, use of ICT tools



EHEALTH MONITORING - Improving Healthcare Access through a Personal Health Monitoring System

The project aims at improving access to primary and emergency healthcare (in isolated and deprived communities) in the cross-border area between Greece and Bulgaria through personal mobile healthcare based on a mobile video supporting device. This saves time for both patients and health professionals by reducing unnecessary visits and tests, while guaranteeing that critical cases are seen more quickly.

The project provides extensive real-time and reliable biomedical data and system networking along with a new scalable innovative remote health monitoring system that can integrate future needs.

HIGHLIGHTS

- Supply of primary and emergency telemedicine healthcare for people living in isolated and deprived communities in the cross-border area
- A new user-friendly scheme with intelligent remote healthcare monitoring enabling a more equitable healthcare system by reducing geographical and physical barriers for individuals

LEAD PARTNER

Welfare and solidarity Center of Komotini Municipality (Greece)

PARTNERS

Central Union of Municipalities in Greece, Municipality of Kirkovo (Bulgaria), Public Benefit Non-Profit Association 'EURORADAR' (Bulgaria), Special Account for Research Funds of Democritus University of Thrace (Greece)



Social inclusion

PROGRAMME

2014 - 2020 INTERREG IPA CBC BULGARIA - NORTHERN MACEDONIA

BUDGET

EUR 116 926

SPECIFIC/THEMATIC OBJECTIVE

Improving the competitiveness of regional businesses

CROSS-CUTTING THEMES

Capacity building, use of ICT tools



Integration of European healthcare standards and innovations to develop a cross-border health cluster

The project aims to integrate European healthcare standards and innovations by promoting cross-border cooperation between Bulgaria and Northern Macedonia involving people (students, young medical experts) and institutions (medical organisations, facilities, universities).

This initiative addresses common issues related to the healthcare systems in both countries, as well as a lack of highly qualified personnel and a brain drain of young medical experts.

The project promotes cooperation and innovative healthcare practices in the two neighbouring regions using new technologies, capacity building events, as well as exchanges of know-how and best practices among medical professionals in the target region.

These joint actions and activities are establishing a Cross-border Healthcare Cluster to promote cooperation and further growth in cross-border entrepreneurial activity.

HIGHLIGHTS

- A new cross-border healthcare cluster to align healthcare services to European standards in an area lacking qualified health professionals
- Adoption of new technologies and innovative practices along with capacity building activities for health professionals

LEAD PARTNER

Bulgarian Medical Association - Branch Blagoevgrad (Bulgaria)

PARTNERS

Public Health Foundation Clinical Hospital - Shtip (Northern Macedonia)



Innovation

PROGRAMME

2014 - 2020 INTERREG VB NORTH-WEST EUROPE

BUDGET

EUR 3 406 301

SPECIFIC/THEMATIC OBJECTIVE

To enhance enterprise innovation in North West European regions

CROSS-CUTTING THEMES

Capacity building, use of ICT tools



BONE - Bio-fabrication of Orthopaedics in a New Era

A distinctive problem for North-West Europe is the preponderance of osteoporosis, leading to the highest rates of bone fractures of all EU regions. This problem can be addressed using solutions in the emerging field of regenerative medicine, smart implants. 3D scaffolds created using electrospinning can support skeletal bone regeneration and replace the need for tissue donors, repeat operations or ongoing medication.

This project aims to accelerate the valorisation of cost-effective 3D smart implants using electrospinning technology through collaboration between research institutes, business support and industry organisations. BONE will develop and test new products (ESP technology and 3D smart implants) in real time and increase the regions' innovation capacity in regenerative medicine electrospinning technology. There will be intensive collaboration between innovation leaders (Westphalia, London, Paris) strong innovators (Vlaams-Brabant, Southern-Limburg, Ireland) and moderate innovators (Nord-pas-de-Calais).

HIGHLIGHTS

- Increased innovation capacity for regenerative medicine electrospinning technology through cooperation among innovation leaders in the programme area, with high potential for transferability to other regions with many osteoporosis sufferers
- Development of 3D smart implants using electrospinning technology to cure bone fractures

LEAD PARTNER

University of Maastricht
(Netherlands)

PARTNERS

Fraunhofer Institut für Lasertechnik (Germany), The Electrospinning Company Limited (United Kingdom), Fianium Ltd (United Kingdom), Spraybase (Ireland), Katholieke Universiteit Leuven, vertegenwoordigd door KU Leuven Research & Development (Belgium), Université de Lille (France), Medicen Paris Region (France)



Innovation

PROGRAMME

2014 - 2020 INTERREG V-A ITALY - MALTA

BUDGET

EUR 1 711 236

SPECIFIC/THEMATIC OBJECTIVE

Enhance innovation and research to satisfy development needs of the cooperation area

CROSS-CUTTING THEMES

Capacity building, use of ICT tools



MEDIWARN - Virtual biosensor for medical warning precursors

MEDIWARN aims to develop a system to monitor the vital parameters of patients using a peripheral sensory system. The project capitalises on knowledge from the method used up to now, Early Warning Score (EWS), overcoming a lack of personnel that reduces welfare performance. Data are sent to a central station equipped with a dedicated computer hosting a mathematical model, which provides interpretations on the clinical status of patients and how this status could evolve before vital functions deteriorate, triggering alerts.

Unlike EWS, health personnel are promptly informed about the clinical conditions of each patient as the department computer, equipped with artificial intelligence, provides a picture of the evolution of the patient's clinical status. This information is also sent to mobile devices held by medical personnel.

HIGHLIGHTS

- A new system to ensure high levels of healthcare in areas lacking specialised personnel by monitoring vital parameters as well as exchanging patients' clinical data, also across borders.
- A peripheral sensory system guarantees updated information on patients' clinical conditions and analyses possible evolutions of ailments.

LEAD PARTNER

University of Catania - Department of Civil Engineering and Architecture (Italy)

PARTNERS

University of Malta - Faculty of Medicine and Surgery, Department of Surgery (Malta)
Azienda Ospedaliero - Universitaria "Policlinico - Vittorio Emanuele" U.O.C. Anestesia e Rianimazione 2 (Italy)



Innovation

PROGRAMME

2014 - 2020 INTERREG V-A BELGIUM
- THE NETHERLANDS (VLAANDEREN -
NEDERLAND)

BUDGET

EUR 2 005 508

SPECIFIC/THEMATIC OBJECTIVE

Improving the match between supply and demand in the cross-border labour market to better exploit the labour potential

CROSS-CUTTING THEMES

Capacity building



ZORO - Zorgroute Arbeidsmarkt

An ageing population, increasing demand for home care, self-care via apps and person-tracking budgets all require innovative solutions. The healthcare sector also sees the need to continuously adapt to digital and social evolutions.

Project ZORO aims to better prepare healthcare students and employees in the cross-border territory between Belgium and the Netherlands. The emphasis is on developing and testing four training modules: interprofessional collaboration, technological agility, intrapreneurship as well as ethical and interpersonal aspects of healthcare. Training partners in Flanders and the Netherlands are working with simulation dolls, role playing, games and other methods to bring work as close as possible to training. The quality and effectiveness of these courses are guaranteed by the University of Antwerp with the wider healthcare sector through focus groups and a sounding board group.

HIGHLIGHTS

- Enhanced skills of healthcare professionals to face the increasing demand for home care and to use digital technology for diagnostics and care in cross-border areas
- Promoting and testing innovative training modules for health professionals and students

LEAD PARTNER

APB Gouverneur Kinsbergencentrum (Belgium)

PARTNERS

Curio (Netherlands), **RHIZO 4** (Belgium), **Scalda Stichting voor middelbaar beroepsonderwijs en volwassen educatie** (Netherlands), **University of Antwerp** (Belgium), **Vives Zuid vzw** (Belgium), **Zorggroep Ter Weel** (Netherlands)



Training and networking

PROGRAMME

IPA CBC CROATIA - BOSNIA AND
HERZEGOVINA - MONTENEGRO

BUDGET

EUR 1 116 030

SPECIFIC/THEMATIC OBJECTIVE

To improve the quality of public health and social care services across the border

CROSS-CUTTING THEMES

Capacity building, use of ICT tools



TELE.DOC - Innovative Trauma and Injury Management Practices for Improved Patient Care in Cross Border Area

TELE.DOC aims to improve public healthcare services in three hospitals in the southern part of the cross-border area of Croatia (Dubrovnik), Bosnia and Herzegovina (Mostar) and Montenegro (Kotor) by introducing innovative working methods (telemedicine) and practices (medical protocols) related to trauma and major injury treatment. The specific objective of the project is to implement innovative healthcare practices to improve the treatment of trauma patients, investing in existing physical and human capacity by using ICT solutions to ensure medical staff knowledge sharing and networking. The project intends to balance the level of services in the three hospitals - Kotor hospital being the least equipped and with no proper trauma department. Professionals can improve their capacities to provide quicker and more efficient treatment, as all the hospitals face a lack of professional staff. Project outputs are a newly established network of trauma departments in hospitals connected through ICT tools that ensure audio-visual communication, exchanges of medical information, consultation of medical staff, education, pilot projects and a network of general hospitals in the cross-border area.

HIGHLIGHTS

- Improved trauma and injury healthcare services in cross-border areas lacking qualified personnel through capacity building and networking
- Use of ICT tools to establish a network of hospitals also enabling exchanges of information and consultations

LEAD PARTNER

General Hospital Kotor (Montenegro)

PARTNERS

Mostar Canton Hospital 'Dr.Safet Mujić' (Bosnia and Herzegovina), **Dubrovnik General Hospital** (Croatia), **Municipality of Kotor** (Montenegro)



Training and networking



European Territorial Cooperation supporting access to healthcare

3

3.1 Specific objectives, interventions and possible synergies of projects per thematic cluster

Initial evidence of the project is that **'Healthcare provision'** projects are exclusively covered by cross-border programmes (59% of projects to provide healthcare services are financed under Interreg V-A and 41% by ENI CBC). Projects aim to **increase institutional cooperation** across borders and set the conditions for improved healthcare governance and services, including the purchase of new equipment for hospitals and pilot actions for patient transport and health professional mobility. The cross-border projects should **build public-private partnerships** and plan joint solutions to decrease border hindrances through the active participation of healthcare providers, citizens and insurance companies. This will enable harmonised procedures as well as common protocols and patient registers. Cooperating to ensure cross-border healthcare provision appears feasible, where citizens' needs can be identified in given areas (especially in Eastern Europe) and territorial solutions can be jointly elaborated.

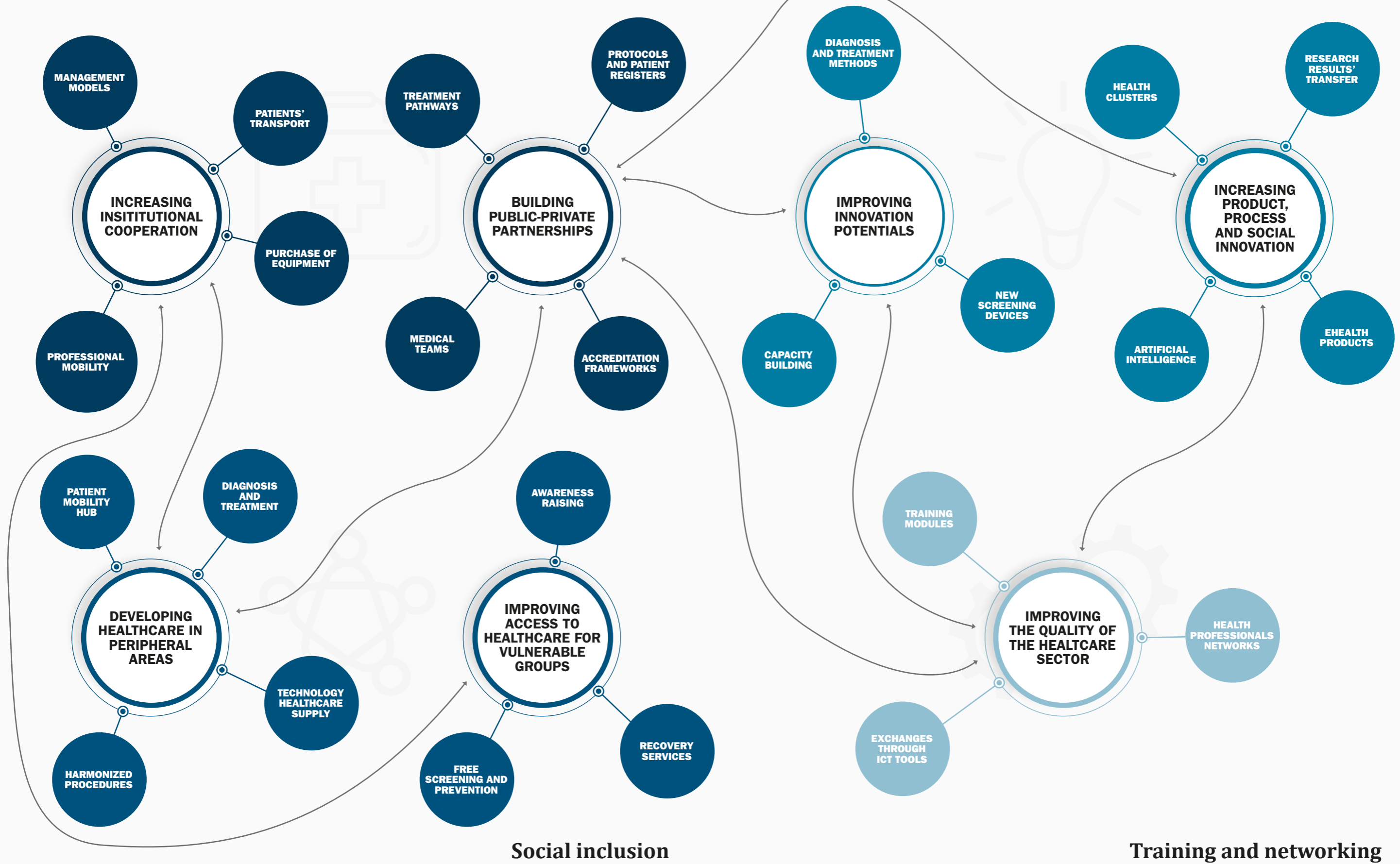
'Social inclusion' projects are mainly tackled by cross-border programmes (83% of healthcare projects under Interreg V-A and 14% under ENI CBC) with a minor contribution from transnational programmes (3% Interreg V-B). The projects aim to **develop social and healthcare services in peripheral regions**, such as rural and mountain areas. As an example, these projects promote telemedicine to reach patients in a fast, safe and cost-effective way. They also foresee joint programmes ensuring diagnosis and treatment of specific diseases. All in all, these projects aim to **improve access to preventative and curative services especially for the most vulnerable people**. This involves screening, prevention and rehabilitation programmes, including awareness raising campaigns and patient mobility pilot projects.

'Innovation' is tackled by all types of European Territorial Cooperation programmes: 70% Interreg V-A, 23% Interreg V-B, 3.5% ENI CBC and 3.5%

Figure 5
Possible synergies between types of intervention

Healthcare provision

Innovation



Interreg IPA. These projects look **to improve innovation potential by promoting cooperation between SMEs, R&D centres and high education institutions** to develop new diagnosis and treatment methods as well as to foster exchanges of experience, lessons learned and best practices. This would result in **increased product, process and social innovation** through the application of research results, innovative solutions and new technologies in the healthcare sector. Boosting innovation implies mobilising highly specialised actors. In this case, the transnational scale can be of fundamental importance, which explains the presence of all cooperation strands in this cluster.

'**Training and networking**' projects (87.5% under Interreg IPA and 12.5% under Interreg V-A) aim to **improve the quality of healthcare services** by matching the supply and demand of qualified healthcare personnel through training of students

and health professionals, building professional networks and guaranteeing exchanges of medical information, consulting staff and educational activities also using ICT tools. The predominance of IPA projects in this cluster shows the importance of enhancing competences and mutual trust when a solid basis for cooperation is still needed.

Based on their specific objectives, these thematic clusters can be considered **as interlinked systems**, whose components can produce **synergies** and create **added value** thanks to their multiplier effects. For instance, outputs of a project focusing on innovation can be used to guarantee diagnosis and treatments, contributing to healthcare services and widening the possibilities for people to access quality healthcare.

The previous figure shows the possible synergies between the types of intervention.

3.2 Examples of potential synergies between projects

Projects tackling 'Access to healthcare' during the 2014-2020 programming period can offer experience that could be further enhanced by connecting project outcomes and actors.

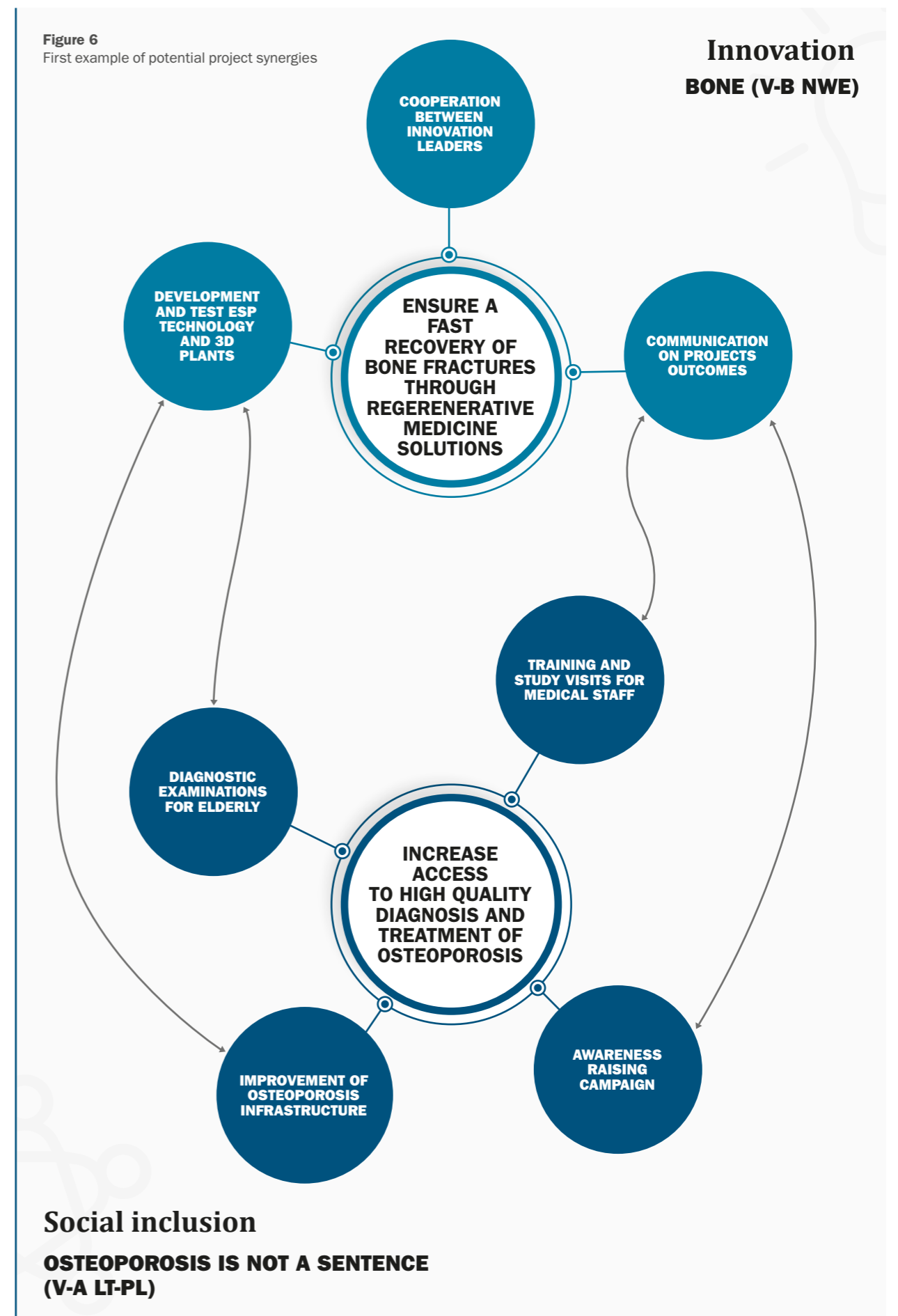
Examples of **potential synergies between projects** show how cooperation project outputs could be a common knowledge background to bridge new project ideas for the benefit of local communities.

An example could be connecting **BONE - Bio-fabrication of Orthopaedics in a New Era (V-B North-West Europe)**, offering innovative curative

solutions for bone fractures based on regenerative medicine technology, and **Osteoporosis is not a sentence (V-A Lithuania – Poland)**, a cross-border pilot programme to fight osteoporosis through diagnostic examinations, improved equipment and training health professionals.

A common branch of medicine and the match between supply and demand of technologies and professional skills could be a good starting point for future cooperation.

Figure 6
First example of potential project synergies

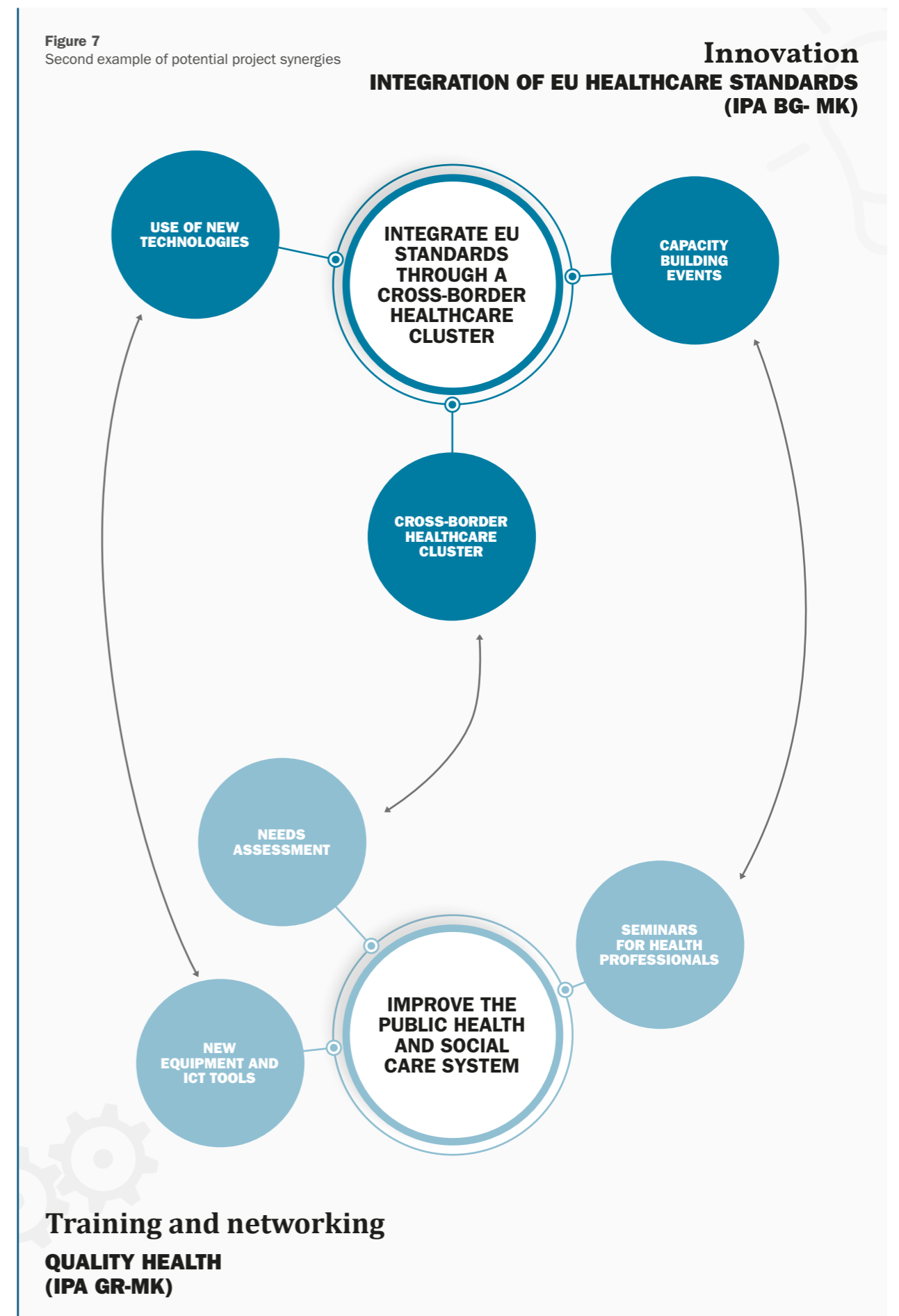


Additional possible synergies may be found with the projects **Integration of European healthcare standards and innovations to develop a cross-border health cluster (Interreg IPA Bulgaria-Republic of North Macedonia)** and **Quality Health (Interreg IPA Greece – Republic of North Macedonia)**. The first project aims to promote innovative healthcare practices using new technologies, capacity building events and the establishment of a Cross-border Healthcare Cluster. The second project looks to improve the public health

and social care system through the purchase of new equipment and training for health professionals.

Both interventions aim to help align healthcare systems to EU standards and improve the quality of health and social services through exchanges of experience and education in neighboring countries, laying the groundwork for future common procedures and practices with enhanced professional skills as a basis for more efficient and inclusive access to healthcare.

Figure 7
Second example of potential project synergies



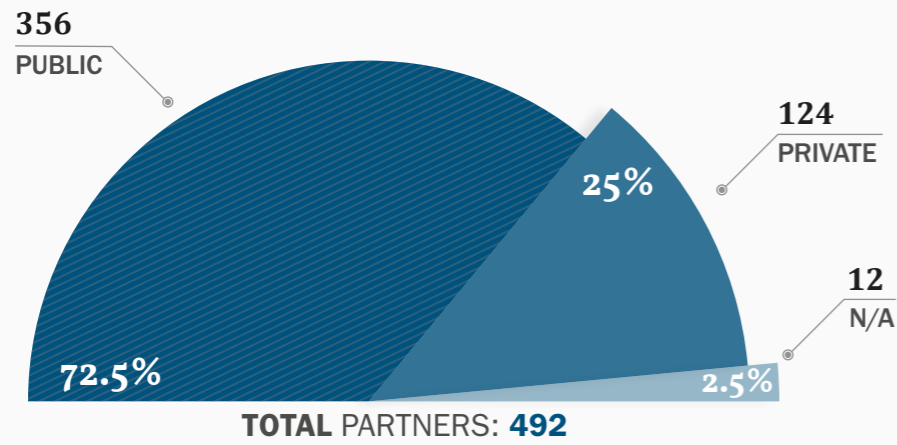
3.3 Partnerships

The first evidence of the analysis on cooperation project partners is the **pivotal role played by public authorities and institutions** when dealing with 'Access to healthcare'.

Public organisations represent 72.5% project partners and 85.8% of the eligible expenditure. They

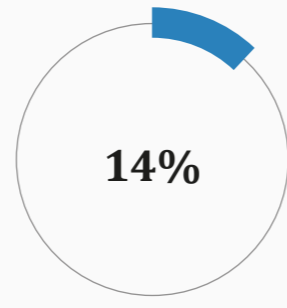
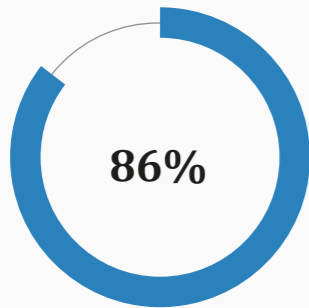
are the majority of **lead partners (79%)** and **project partners (70%)**. Public authorities are mainly municipalities, counties and regional administrations as well as municipal/county hospitals (altogether some 50%). Other public institutions are universities or university hospitals along with other public healthcare centres.

Figure 8
Partners per legal status and budget



PUBLIC
178 082 997 €

PRIVATE
28 962 862 €



TOTAL BUDGET: 207 490 595 €

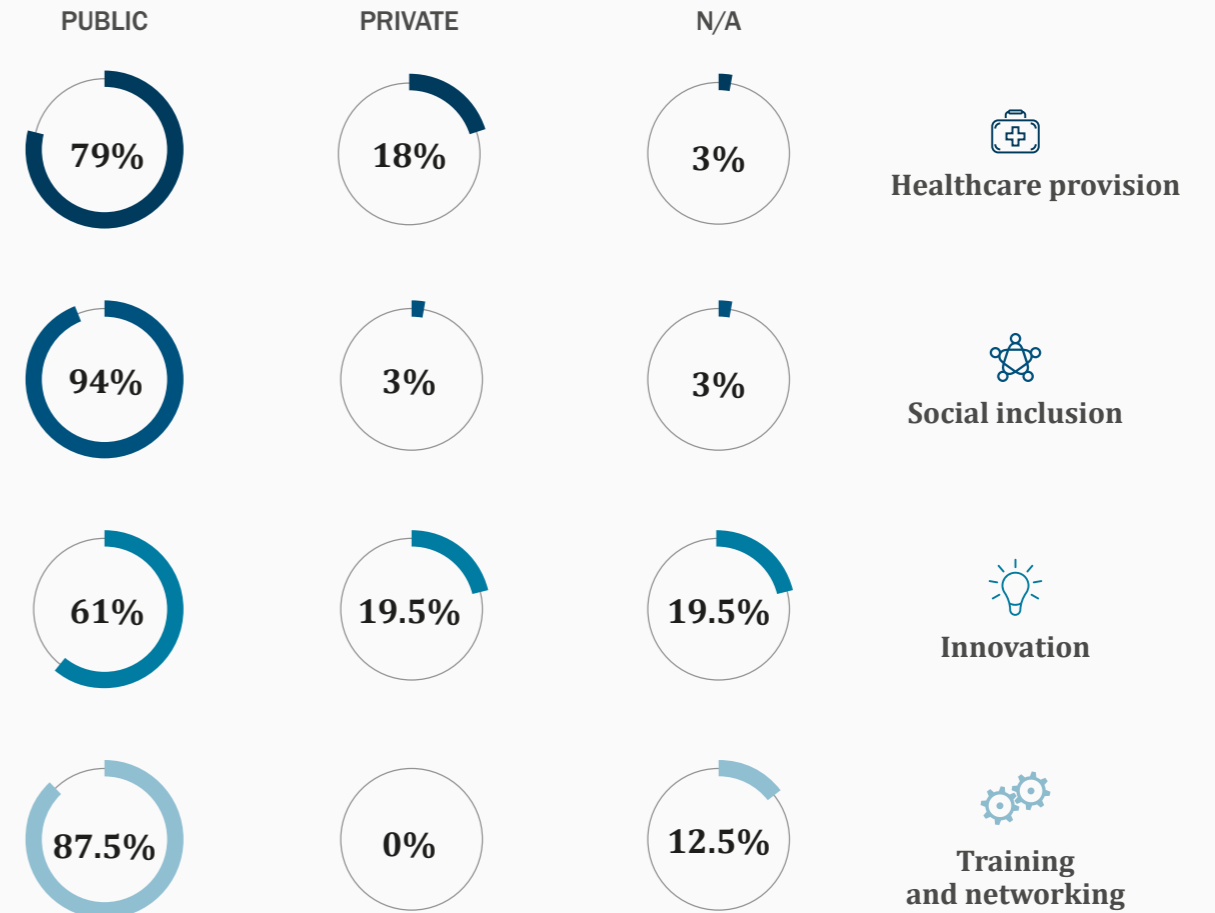
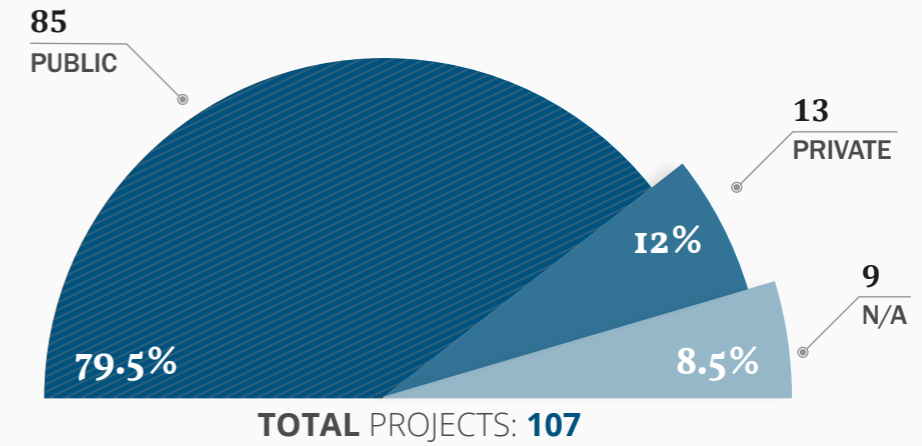
Note: The amount of N/A is 0.2%

As lead partners, public organisations hold 94% of the partners' eligible budget. This falls to 81% when including public project partners.

Public lead partners are the most represented in all thematic clusters: 94% of projects managed by public lead partners are under 'Social inclusion'. Public lead

partners are also the majority (79%) for 'Healthcare provision' projects and for 'Training and networking' (88%). The share of public lead partners is lower in the 'Innovation' thematic cluster, 61%.

Figure 9
Public and private lead partners per thematic cluster





Lessons for the future

4

'Access to healthcare' is a multifaceted concept that includes the depth and coverage of healthcare services, affordability and availability for all segments of the society, the quality of organisational and management models as well as specific professional skills and health technologies.

During the 2014-2020 programming period, European Territorial Cooperation programmes pursued 'Access to healthcare' through a variety of initiatives that can be broadly organised into four interlinked thematic clusters: 1. **'Healthcare provision'** to overcome territorial disparities in the supply of healthcare services, 2. **'Social inclusion'** to guarantee preventative and curative treatments for all citizens, 3. **'Innovation'** to improve the quality of healthcare systems through new organisational models, processes and products, and 4. **'Training and networking'** to increase the competences of health professionals and foster cross-fertilisation among different healthcare domains.

In line with cooperation objectives, projects dealing with 'Access to healthcare' also tackle cross-cutting themes, such as **capacity building** for those involved in the healthcare sector, **awareness raising** especially addressed to vulnerable target groups and **use of ITC tools** to reach patients even in peripheral areas.

The analysis also highlighted differences among types of European cooperation programmes.

What emerges is the **predominance of cross-border programmes in all the thematic clusters**, especially for providing healthcare services and equipment or patient and health professional mobility. **Transnational programme contributions appear relevant in the innovation cluster**, i.e. when mobilisation of highly specialised actors is key.

Probably due to the social relevance of the objectives, **public institutions are the most involved** actors in cooperation partnerships, both as lead partners and as project partners. This evidence could be further

addressed and explored by interregional cooperation programmes, such as Interreg Europe, which offer opportunities for regional and local public authorities across Europe to share ideas and experience on public policy to enhance cooperation governance, including on innovation and social progress.

For geographical coverage, there are projects tackling 'Access to healthcare' throughout Europe although to a different extent. Analysis of the distribution of projects and partners shows that **interventions are mostly in Northern (especially for innovation) and Eastern Europe** (healthcare provision and social inclusion), often including EU neighbouring countries. This may be linked not only to the type of cooperation, but also to social and economic conditions as well as historical relations.

The **new regulatory framework for Interreg during the 2021-2027** period, among other

specific objectives, pursues equal and timely access to good quality, sustainable and affordable healthcare services across borders and improving the accessibility, effectiveness and resilience of healthcare systems and long-term care services across borders. Interreg is regulated under the European Regional Development Fund (ERDF), so the same health related objective can be selected by national or regional authorities when designing their **ERDF** programmes. Furthermore, these goals may be pursued also through other EU funding programmes managed in a shared way between the EU and the national/regional level, with the **European Social Fund Plus**, or directly managed by the European Commission following a sectoral approach, such as **EU4Health** and **Horizon Europe**. The main themes tackled by these three important EU programmes are exemplified in the table below.

PROGRAMME	
EUROPEAN SOCIAL FUND PLUS (ESF+) https://ec.europa.eu/european-social-fund-plus/en	
MANAGEMENT	SHARED MANAGEMENT BETWEEN EU AND REGIONAL/NATIONAL LEVEL
TERRITORIAL SCOPE	REGIONAL/ NATIONAL
MAIN THEMES	<ul style="list-style-type: none"> ■ Actions to implement principles from the European Pillar for Social Rights on social inclusion (relevant for health), employment, education & skills; ■ Supporting EU policy implementation and national structural reforms in these fields; ■ Contributing to Member State efforts to improve social inclusion and integration (relevant for health) and reduce unemployment, advance quality and equal opportunities in education and training.

PROGRAMME	
EU4HEALTH https://eu4health.eu	
MANAGEMENT	DIRECT MANAGEMENT AT EU LEVEL
TERRITORIAL SCOPE	EU LEVEL
MAIN THEMES	<ul style="list-style-type: none"> ■ Boost EU's preparedness for major cross-border health threats; ■ Strengthen health systems so they can face epidemics as well as long-term challenges; ■ More equitable access to medicines and medical devices, more prudent and efficient use of antimicrobials, medical and pharmaceutical innovation and greener manufacturing.

PROGRAMME	
HORIZON EUROPE (PILLAR II, CLUSTER 1: HEALTH) https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe_en	
MANAGEMENT	DIRECT MANAGEMENT AT EU LEVEL
TERRITORIAL SCOPE	EU LEVEL
MAIN THEMES	<ul style="list-style-type: none"> ■ Improving and protecting the health and well-being of citizens of all ages by generating new knowledge, developing innovative solutions and integrating a gender perspective to prevent, diagnose, monitor, treat and cure diseases; ■ Developing health technologies, mitigating health risks, protecting populations and promoting good health and well-being in general and at work; ■ Making public health systems more cost-effective, equitable and sustainable, prevent and tackle poverty-related diseases and support and enable patient participation and self-management.

Undoubtedly, projects dealing with 'Access to healthcare' that are analysed here are a font of knowledge and experience that could be further enhanced during the current EU programming period. Exercises for this publication highlight **existing synergies among projects and potential for improvement**. These could be developed through European Territorial Cooperation and other EU programmes, especially considering that ERDF regulations allow for ESF-type interventions through joint actions under Interreg programmes⁵. However, more regular and structured inter-programme thematic meetings and exchanges appear necessary to realise such synergies. At the present stage, the extent of use of options for coordination, demarcation and complementarities among cohesion policy funds and complementarities and synergies between these and other EU funds and instruments that are provided for in the Common Provision Regulation, both at strategic and implementation level, are not mapped⁶. This makes

difficult to assess the level of integration between European Territorial Cooperation and the three programmes indicated in the table above.

At the same time, it is clear that **projects launched in the current programming period should answer new needs by developing new solutions**. As an example for access to healthcare, new attention should be devoted to young people with mental health issues because stress, anxiety and depression have increased due to pandemic restrictions on lifestyles.

Moreover, it is worth recalling the resolution of 8 March 2022⁷, where the European Parliament stresses that financial resources available under the European territorial cooperation goal should create **functional cross-border public health services** and not used solely to create disconnected health facilities. It also highlights that projects under Interreg should have clear cross-border functionality. To these ends, the European Commission and Member States should foster comprehensive joint territorial healthcare planning for border areas.

⁵ Regulation (EU) 2021/1059 of the European Parliament and of the Council of 24 June 2021 on specific provisions for the European territorial cooperation goal (Interreg) supported by the European Regional Development Fund and external financing instruments, point (20), p.4

⁶ This is the reason why the European Commission (DG Regio) committed a t33-led consortium to prepare a study on 'Strategic coordination and financial complementarity of CPR Funds with other EU instruments', whose main deliverables will be available at the end of 2023.

⁷ European Parliament resolution of 8 March 2022 on cohesion policy as an instrument to reduce healthcare disparities and enhance cross-border health cooperation (2021/2100(INI)), https://www.europarl.europa.eu/doceo/document/TA-9-2022-0058_EN.html

Recommendations for a stronger approach towards 'Access to healthcare' in territorial cooperation programmes

- Take advantage of complementarities with regional/ national/ EU programmes (ERDF, ESF) and EU level programmes (EU4Health, Horizon Europe) to continue developing 'Healthcare provision', 'Social inclusion', 'Innovation' 'Training and networking'.
- Develop synergies between projects using the combined potential of their outputs to multiply their effects.
- Organise inter-programme thematic meetings and exchanges to develop synergies between projects not only within their respective programme, but also between projects funded by different programmes.
- Encourage project actors to answer new needs such as mental issues in young people, going beyond the explored topics when necessary.
- Adopt a more structured territorial approach by creating functional cross-border public health services when possible.

