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Report Health and ageing in cooperation programmes

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Contact:
mercedes.acitores@interact-eu.net

Editorial Team:
Mercedes Acitores

Graphic Design:
Nuntium Comunicación
www.cincoa.es

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t33 Srl - www.t33.it
via Calatafimi 1, 60121 Ancona (Italia)
Tel.+39 071 9715460 - Fax +39 0719715461
E-mail: info@t33

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1 Introduction

Health systems in the EU face several challenges, including increasing demand for health services, ageing populations, growing pressure on public budgets and the emergence of new (often expensive) treatments[1]. In some EU countries, costs and waiting times are important barriers to accessing healthcare. A lack of public healthcare coverage, or limited public health system services, may result in higher costs with affordability problems for some people. People on a low income can have more difficulties accessing healthcare and self-reported unmet healthcare needs (especially due to cost) are usually higher among low-income households. However, single person households, informal workers and people without documents may also have limited access to healthcare. Finally, individual patient characteristics such as poor literacy, language or culture, social inhibition, isolation, lack of trust with the provider and geographical mobility can also hinder access to healthcare. Inequalities in the population can generate inequalities in access to healthcare.

Access can be affected by public policy beyond the health system, including policies related to income protection, education, employment and costs of other basic services and transport. The extent to which these affect access also depends on the health system design and functioning along with its interaction with people.

Ensuring universal and timely access to high quality healthcare whilst also guaranteeing financial sustainability requires increased efficiency and effectiveness in health systems. Important inequalities in access persist in the EU, between and within countries. There is a huge variety in the public resources spent on healthcare among EU Member States and underfunded systems normally offer worse access than the EU average. Health services are inadequate in many countries (especially due to shortages of health professionals in rural areas) and waiting lists are an issue in most European countries. Moreover, countries spending similar amounts of public money on healthcare can offer very different access.

All this results in many people in the EU, especially vulnerable groups such as the lowest income quintiles, women, ethnic minorities and migrants, facing multiple hurdles and not obtaining the care they need.

Box 1: Challenges regarding inequality of access to healthcare in the EU

a) Inadequacy of public resources invested in the health system;
b) fragmented population coverage;
c) gaps in the benefits covered;
d) prohibitive user charges, in particular for pharmaceutical products;
e) lack of protection for vulnerable groups from user charges;
f) lack of transparency on setting waiting list priorities;
g) inadequate services, especially in rural areas;
h) attracting and retaining health professionals; and
i) difficulties in reaching particularly vulnerable groups.

Source: reproduced from European Commission (2018), Inequalities in access to healthcare - A study of national policies 2018, p.9.

Due to the increasing longevity and low birth rates in most EU Member States, ageing is one of the most significant demographic challenges for the EU. This will create significant challenges in the next decades for EU healthcare systems[2]. This is a cross-cutting policy issue linked to both social protection and healthcare, which is increasingly important.

The elderly make up 18%[3] of the EU population, which is higher than 8% globally or 15% in North America[4]. Only a few EU regions (Southern Balkan countries, Poland, Netherlands and Ireland) have an elderly population of less than 16% while in other regions the share is between 17% and 23%[5]. Also, the number of people aged 65+ is expected to grow by 2 million every year (it used to grow by 1 million before 2007).

The share of people aged 65+ will increase from 19.3% to 29.0% of the EU population between 2016 and 2060 (the share of people aged 80+ will more than double, to 12.1%)[6]. At the same time, the working age population (aged 15-64) is expected to decline by 11.6% and the costs of health and social care will rise to 9% of EU GDP by 2050, increasing the social expenditure burden on the working age population. Demographic ageing will mean considerably higher costs for social support to seniors making it extremely unlikely the public budget can maintain the quality and quantity of social care for the elderly.

Ageing is not only a challenge for EU healthcare policy, since the 'silver economy'[7] could also offer economic opportunities. This concept is defined as '*existing and emerging economic opportunities associated with the growing public and consumer expenditure related to population ageing and the specific needs of the population over 50*'.

Under this framework, regional and national European Regional Development Fund (ERDF) and European Social Fund (ESF) Operational Programmes (OPs) have embraced 'social innovation' linking societal demands to healthcare as a common specific objective. This involves co-funding products and services covering the needs of an ageing population and promoting SMEs for social innovation. Moreover, for smart specialisation priorities, 110 European regions identified 'active and healthy ageing' as a priority[8]. A significant contribution to facing existing challenges and exploiting opportunities related to healthcare and an ageing population can come from EU territories cooperating in projects and sharing their knowledge of these issues. Cooperation projects, especially at regional level, provide several advantages including enhancing the quality of services, increasing the number of patients assisted and developing innovative solutions and technologies.

This report is based on comprehensive desk research and analysis of health and ageing services in EU cooperation programmes. EU cooperation programmes include intra EU cross-border, transnational and interregional cooperation programmes (European Territorial Cooperation – ETC, better known as Interreg[9]), IPA and ENI CBC cross-border programmes. The research is based on data from the current programming period 2014-2020. It is intended for EU cooperation programme stakeholders, EU institutions and citizens interested in the subject of health and ageing.

[1] European Commission (2018), *Inequalities in access to healthcare - A study of national policies 2018.*

[2] European Commission (2018), *The 2018 Ageing Report - Economic and Budgetary Projections for the 28 EU Member States (2016-2070).*

[3] As of 2016.

[4] ACPA – Adapting European Cities to Population Ageing: Policy Challenges and Best Practices – ESPON *www. espon.eu/ACPA*

[5] *Ibidem.*

[6] *Ibidem*.

[7] European Commission, *The Silver Economy*, 2018.

[8] European Commission, *Growing the European Silver Economy*, Background paper 2015.

[9] A review of the 107 cooperation programmes 2014-20 (Interreg V) is given in http://www.europarl.europa.eu/thinktank/en/document.html?reference=IPOL_STU(2016)585878

2 The added value of EU cooperation in health and social services

The EU has a fundamental role to play in improving current public health systems, providing stakeholders as well as national and regional authorities with an effective framework for cross-border, inter-regional and transnational cooperation. Cooperation in healthcare is clearly important in EU policy. As citizens move between Member States for work or leisure, cooperation on healthcare can help them to access services that are adapted to their needs. In addition, sharing health data across borders can significantly boost health research, which in turn contributes to innovation.

On the regulatory side, cross-border healthcare cooperation (CBHC) is enshrined in Article 168 of the Treaty on the Functioning of the European Union (TFEU), which aims to encourage cooperation between Member States to improve the complementarity of their health services in cross-border areas. Although healthcare is primarily a national responsibility, Directive 2011/24/EU on patients' rights in CBHC mandates the European Commission to ensure patient mobility in the EU, to facilitate cooperation in healthcare across Member States and to establish rules facilitating access to safe and high-quality CBHC. The effectiveness of the directive varies between Member States and regions and more needs to be done to overcome challenges related to documentation, translation and equal access[10]. Nevertheless, the directive ensures patients' rights to access and be reimbursed for safe and high-quality healthcare across national borders in the EU.

On the funding side, programmes of different scales and covering different types of cooperation area have to be considered. Cross-border cooperation, transnational cooperation and interregional programmes belong to European Territorial Cooperation (ETC) and cover EU territories, allowing synergies with other programmes and promoting capitalisation of practices related to health and ageing within regional and national policies.

Health related projects co-funded under Instrument for Pre-Accession (IPA) CBC programmes aim at enhancing the institutional and administrative capacity of Balkan candidate and potential candidate countries, especially for access to health services for vulnerable groups.

European Neighbourhood Instrument (ENI) CBC co-funded projects contribute to regional development in cross-border areas and territories in the EU and neighbourhood countries. There are health related projects in cooperation areas including North Eastern territories, but their number and size do not enable conclusions on their contribution to the neighbourhood policy.

ETC projects, instead, cover a wider range of health themes and establish stronger political and institutional links with multi-level governance. eHealth and digital health technologies, as well as health research and innovation, are directly addressed by Interreg projects favouring knowledge exchange and enhancing the capacity to innovate. In this family of projects, the quadruple helix paradigm appears to be well known with strong involvement from universities and civil society. Projects improving access to health services are very much related to social inclusion and demonstrate how cooperation, especially cross-border, is key also when basic needs must be answered. With reforms of health systems or health workforce, ETC projects can elaborate solutions that could be integrated into regional and especially national policies. Finally, ETC projects can be devoted to themes such as ageing, occupational safety and health, disease prevention and health promotion. This highlights the cross-sector characteristic of health policy, requiring diverse competences in project partnerships and anticipating future trends. In particular, ageing is seen from different perspectives, including an increased demand for services and the silver economy.

While cross-border and trans-national cooperation cover the above topics, it is worth noting that interregional cooperation (Interreg Europe, Interact, Espon, Urbact) is focused only on research and innovation in health, and cannot contribute to solutions that require a clearly recognisable territorial base. It is also important to stress that ETC projects are only 4% of health projects funded during 2014-2017. If allocations are considered, they are less than 2% of ESI Funds[11].

Therefore, as evidenced by data in the next chapter, it is very important for ETC projects to benefit from the leverage effects of cohesion policy and Interreg finance beyond the financial support periods. Further opportunities come from growing demand in the future, with increased life expectancy, high expectations of health safety and progress in diagnosis and treatment, supported by technological innovations. In addition, increased patient mobility can lead to greater mobility for healthcare professionals or patients from other countries arriving for private motives. This dynamic could also lead to an increase in the use of hospital services and medical facilities in border areas. Cross-border cooperation on health is one way of managing inadequacies. Cross-border regions can be seen as laboratories where two, three or even four national regulations, cultures and health systems interplay.

[10] Euregha (2018), *Health in all regions - Euregha's position on the future of health in Europe beyond 2020.*

[11] According to *European Commission (2018), ESI Funds for Health - Investing for a healthy and inclusive EU -Background report for the conference of 6-7 December 2018, p.59.*

Additional potential opportunities for investing in healthcare can be seen in the 2021-2027 programming period. The inclusion of the future EU Health Programme within the European Social Fund Plus (ESF+) Regulation stresses the cross-sectoral value of health. This should ensure better coordination among EU policies and programmes for health, cohesion, employment and social needs. The ESF+ Programme for 2021-2027 aims to become the instrument for implementing health policies while facilitating synergies with other EU instruments financing health related projects. The ESF+ Programme merges existing funds and programmes including the ESF and the Youth Employment Initiative (YEI), the Fund for European Aid to the Most Deprived (FEAD), the Employment and Social Innovation (EaSI) programme and the Health Programme. ESF+ specifically includes EUR 413 million for health. In addition, other EU sources of support such as ERDF, Horizon Europe, Digital Europe, Invest-EU Fund or Connecting Europe Facility will also tackle public health priorities. EU health investments would strengthen recent initiatives and roll out new ones, all with the potential to make a real difference to the lives of citizens.

Integrating the funding into other priority mechanisms should increase impact as well as added value. The way such synergies are translated into new opportunities for regional and cross-border territorial cooperation projects (to improve employment, include vulnerable sections of the population, face demographic challenges, enhance health and education services) will depend on several factors. The enhancement of ESF+ funding for such projects is one factor. The transfer of knowledge between projects, an improved EU regulatory framework and sharing good practices between EU territories are also significant[12].

Table 1: The added value of EU cooperation projects

Key advantages:

- Cooperation projects can be implemented in **tangible and intangible** ways, from the construction of a hospital to sharing professional or even cultural knowledge.
- Enhance **health and ageing services** in regions with economic and geographic disadvantages.
- Enhance **capacity to innovate**.
- Financial **leverage** beyond the financial support period.
- Cooperation **is cost-effective**, allowing territories to share the costs of common health infrastructures and services.
- **Improved knowledge sharing** between healthcare providers and professionals.
- Promoted **exchanges of knowledge and training for health professionals**.

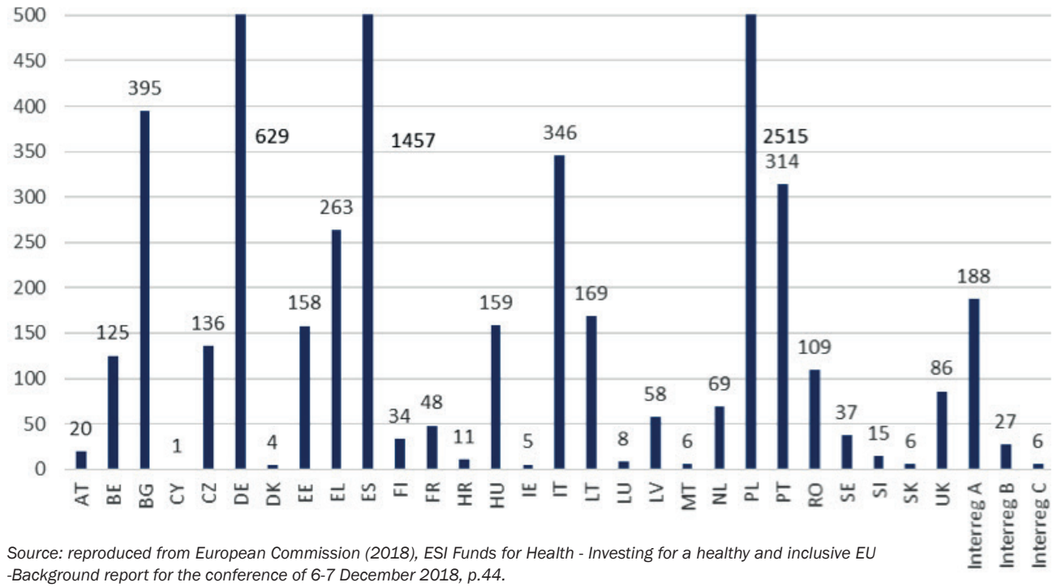
Key opportunities:

- Expected increase in life expectancy and progress in diagnosis and treatment **create growing demand** (i.e. new market opportunities).
- Increased patient mobility can lead to **greater mobility of healthcare professionals and incentivise healthcare professionals to attract patients from other countries**.
- An increasing flow of European citizens due to cross-border cooperation can be seen among health professionals as well as patients. **This dynamic also intensifies the use of hospital services and medical facilities in border areas**.
- New opportunities within **the 2021-2027 programming period**, ESF+ in particular.

Source: mainly based on European Commission (2017), 'European Cross-Border Cooperation on Health: Theory and Practice' and European Commission (2018), 'Study on Cross-Border Cooperation Capitalising on existing initiatives for cooperation in cross-border regions Cross-border Care - Final Report'.

[12] See Amendment 29 in 'Amendments adopted by the European Parliament on 16 January 2019 on the proposal for a regulation of the European Parliament and of the Council on the European Social Fund Plus (ESF+)'.

Figure 1: Number of ESI-funded and Interreg health projects by Member States



Source: reproduced from European Commission (2018), ESI Funds for Health - Investing for a healthy and inclusive EU -Background report for the conference of 6-7 December 2018, p.44.

What can be improved?

Some important weaknesses need to be addressed. First, EU integration for public health lags other sectors, as health is still an area that national governments often prefer to manage independently. Despite the support of Interreg programmes, most EU territorial cooperation in healthcare is still only at a very small scale. Although the Treaty of Lisbon and the patient rights Directive invite Member States to work together, there is nothing to force health professionals or authorities to create links with their neighbours across the border, or to develop partnerships and common activities. These bottlenecks translate into the relatively limited number of Interreg projects and related resources for health compared to ESI-funded healthcare investments in the 2014-2020 programming period (see Figure 1).

According to a recent EC report[13], 2 535 ESI-funded projects in 25 Member States support health promotion, healthy ageing and workplace health and safety. Although this theme has the greatest number of projects (34% of the total), their small average budgets (around EUR 0.8 million) mean they account for only 24% of the budget[14].

[13] According to *European Commission (2018), ESI Funds for Health - Investing for a healthy and inclusive EU -Background report for the conference of 6-7 December 2018, p.44.*

[14] More than half the projects (70%) are in Poland, Germany, Belgium and Spain.

Administrative burden linked to health cooperation projects can increase for several reasons. High administrative burden associated with healthcare in another Member State or other patient experiences have a greater influence on patient choice than quality and safety standards. In addition, such cooperation requires the support and partnership of a wide range of players (i.e. local authorities, hospitals, health professions and medico-social institutions, health insurance entities and other systems for financing healthcare, administrative staff and the patients themselves). Coordinating stakeholders and target groups can be time-consuming and challenging.

Further difficulties can derive from cultural bottlenecks. For example, a requirement for health projects, as in other fields, is the ability for stakeholders to get to know each other, speak the same language, use shared concepts, establish an atmosphere of trust and ensure as much institutional stability as possible. This learning concerns all stakeholders, including patients, and takes time. Moreover, authorities and institutions working together may not be at the same hierarchical level, nor have the same powers and legitimacy. Cooperation requires strong commitment which needs to endure, despite administrative and language difficulties, or problems of trust. Finally, cross-border healthcare initiatives are more effective in regions where cooperation is already established, e.g. due to similar welfare traditions or close historical ties. This can prevent regions with no past cooperation from participating in projects.

Additional challenges for effective and efficient implementation of cooperation projects relate to information asymmetries concerning both patients and providers. Patients may be confronted with a lack of information about providers in the target country and influenced by the information that is available in their language. Providers may be confronted with information asymmetries about foreign patients, especially without access to patient records or history. Moreover, a lack of stakeholder willingness to cooperate, specifically low political will (e.g. to prevent patient outflows), can also hinder regions being involved in cooperation projects.

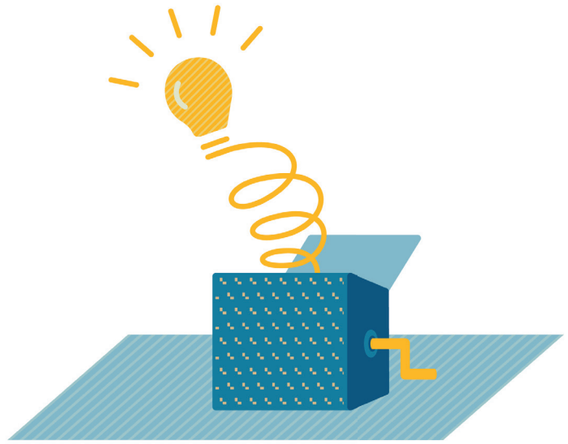


Table 2: What can be improved?

Key obstacles:

- Compared with other sectors, **reluctance to cooperate and integrate in public health.**
- **Different Member State health systems** may create barriers to health care for patients.
- **Limited resources** for healthcare cooperation projects compared to ESI-funded projects.
- **Cooperation and coordination** across stakeholders can be **time-consuming and challenging.**
- **Cultural barriers** (i.e. language) can prevent all players, including patients, from cooperating and increase time.
- **Different hierarchical levels of authorities and institutions** can limit the capacity to cooperate.
- **Cooperation requires strong, shared and long-term commitment** as well as **specific procedures for cross-border governance**, despite administrative and language difficulties, or problems of trust.
- **High administrative burden** for healthcare use in another Member State or experiences of other patients **have a greater influence on patient choice than quality and safety standards.**
- **Cross-border healthcare initiatives are more effective in regions where cooperation is already established**, e.g. due to similar welfare traditions or close historical ties.

Key threats:

- Due to demographic ageing, the cost of social support for seniors will rise considerably, and **the public budget is unlikely to maintain or increase the quality and quantity of social care for the elderly**.
- **Information asymmetries** for both players and patients.
- Potential **stakeholder reluctance** to cooperate, specifically low political will (e.g. to prevent patient outflows).
- **Impact of Brexit** on cooperation in the health sector, especially between Northern Ireland, Republic of Ireland and Western Scotland.
- Political movements pushing for **renationalisation of key policie**s in several EU countries.

Source: mainly based on European Commission (2017), 'European Cross-Border Cooperation on Health: Theory and Practice' and European Commission (2018), 'Study on Cross-Border Cooperation Capitalising on existing initiatives for cooperation in cross-border regions Cross-border Care - Final Report'

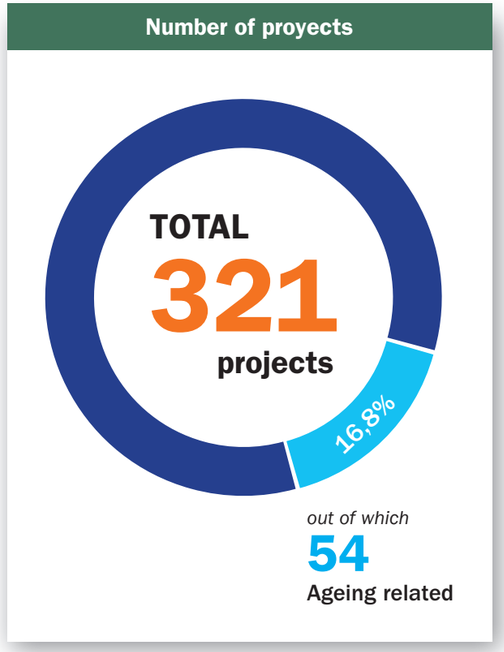
3 Analysis of EU cooperation projects for health and social services

This chapter reviews projects and programmes focusing on health and ageing services during the 2014-2020 programming period. In this and the following chapters, 'health and social services' indicates all projects related to health, while 'ageing-related projects' indicates 'health and social services' projects with a unique focus on ageing.

Number of EU cooperation projects on health and social services

To select projects specifically related to the scope of this report, the **keep.eu** database[15] was first filtered for the Thematic Objective of 'Health and social services' for the 2014-2020 programming period. This identified **308 EU cooperation projects** with targets or aims such as general population, innovation, infrastructure, SMEs, researchers, interested public, policymakers, health and social care providers, youth, or specific illnesses. These projects belong to Interreg V-A, Interreg V-B, Interreg V-C, IPA CBC and PEACE IV programmes. To detect those focusing on ageing issues (i.e. specifically targeting the elderly), each project description was checked to understand the scope of the project, the target and expected results.

cohesiondata.ec.europa.eu[16] was checked for potential projects not covered by the keep.eu database under the thematic objectives 'social inclusion' and 'efficient public administration for programmes'.



Every programme that financed projects under these two axes was screened to find projects related to the study. This identified **7 projects.** As with the keep.eu database, each project description was checked to identify those with a clear and unique focus on the elderly.

Finally, every Interreg ENI programme from the EC website[17] was screened to identify healthcare-related projects. This resulted in an additional **6 projects**, 4 from Interreg Baltic Sea Region Programme and 2 from Karelia CBC Programme.

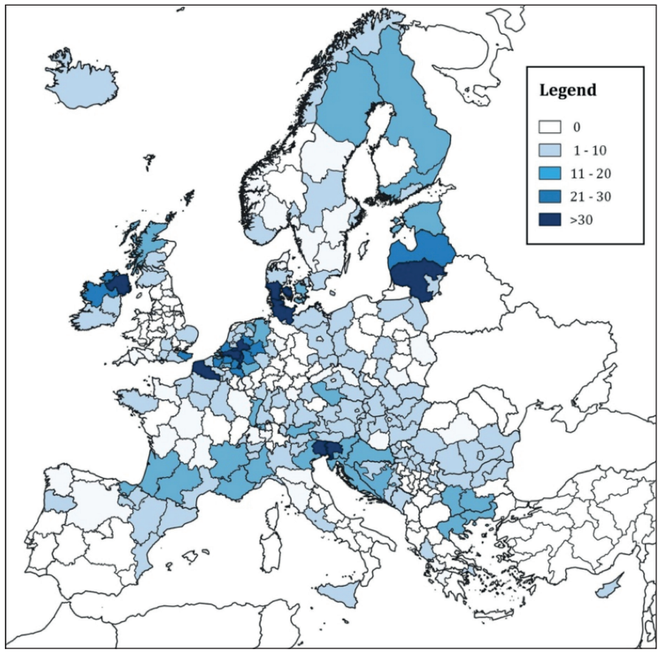
In total, **321 projects on health and social services were identified of which 54 focus on ageing** (ageing-related projects). Regions with the highest number of partners are Limburg in the Netherlands (52), Northern Ireland in the United Kingdom (49), Schleswig-Holstein in Germany (46), Nord-Pas-de-Calais in France (44) and Friuli-Venezia Giulia in Italy (38).

[15] KEEP is the only source of aggregated data regarding projects and beneficiaries of EU cross-border, transnational and interregional cooperation programmes among Member States and between Member States and neighbouring countries. The Interact Programme, with the support of the European Commission and the remaining Interreg, Interreg IPA cross-border and ENPI/ENI cross-border programmes, built and maintains this database as part of its mission. The database covers the 2000-2006, 2007-2013 and 2014-2020 programming periods. This report uses data collected though KEEP updated to 14.03.2019. However, KEEP covers only 66% of programmes so information and conclusions in this report are conditional.

[16] This source gives access to data on financing and achievements under ESI Funds 2014-2020. The platform visualises, for over 530 programmes, the latest data available (December 2017 for achievements, September 2018 for finance implemented, daily updates for EU payments). It can be used to explore the data through four options (EU level, theme, Member State linked to programme, or fund) and check progress in delivering investments. This report uses data collected though COHESIONDATA updated to 28.03.2019.

[17] https://ec.europa.eu/neighbourhood-enlargement/neighbourhood/cross-border-cooperation_en

Figure 2: Map of partners involved in health and social services



Source: own elaboration based on keep.eu and cohesiondata databases

Budget and type of programme

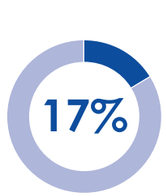
Resources allocated to the **321 projects amount to EUR 692.41 million**, of which 19% is for the 54 ageing-related projects (EUR 133 million). The EU contribution is nearly 67%. **On average, each project has a budget of around EUR 2.16 million**. **Ageing-related projects average EUR 2.47 million** against EUR 2.09 million for non-ageing related projects.

There are:

- 241 Interreg V-A (cross-border) projects, of which 34 are ageing-related (14.1%);
- 35 Interreg V-B (transnational) projects, of which 11 are ageing-related (31.4%);
- 10 Interreg V-C (interregional) projects, of which 6 are ageing-related (60%);
- 27 IPA CBC projects, of which 2 are ageing-related (7.4%);
- 6 ENI CBC Programme projects;
- 2 PEACE IV projects.

Of the EUR 692.41 million, 80% is allocated to Interreg V-A (cross-border) projects, 11% to Interreg V-B (transnational) projects and 4% to IPA CBC projects. Interreg V-C (interregional) and PEACE IV projects cover 2.4% and 2.5% respectively, while ENI Programme projects have 0.2% of the total budget. On average, each Interreg V-A project has a budget of EUR 2.29 million, Interreg V-B projects EUR 2.17 million, Interreg V-C projects EUR 1.65 million, IPA CBC projects EUR 1.06 million and the ENI Programme project has a budget of EUR 0.2 million. The two projects under PEACE IV have a budget of EUR 15.78 million and EUR 1.33 million respectively.

Ageing relates projects



SPECIFIC FOCUS

Projects with a specific focus on ageing

(54 *out of* 321 *projects*)

FINANCIAL

of total resources allocated for the ageing related projects

(*EUR* 133 *million* *out of* *EUR* 692 *million*)

Average budget per project

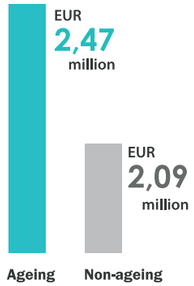
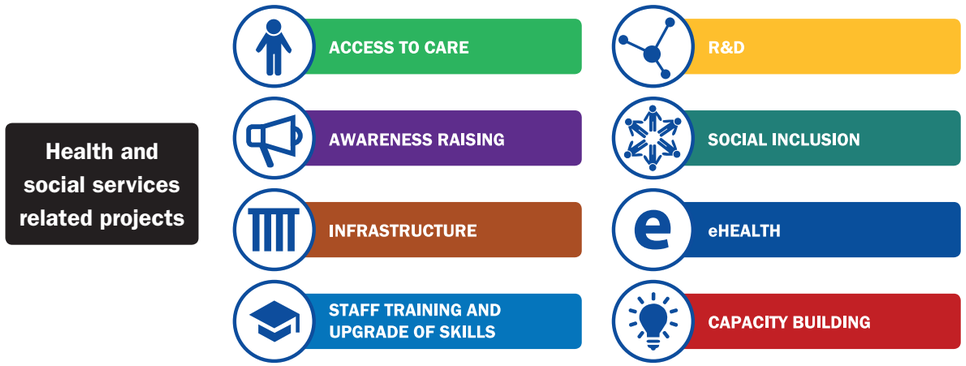


Figure 3: Number of EU cooperation projects for health and social services by Programme

	INTERREG V-A	INTERREG VB	IPA CBC	INTERREG V-C	ENI Programme	PEACE IV
Total projects	241	35	27	10	6	2
out of which Ageing related	35	11	2	6	0	0

EU cooperation projects for health and social services: type of intervention

Projects covering health and social services incorporate several types of interventions, so a wide range of initiatives for health issues can be promoted through EU cooperation. These can be broadly[18] categorised into eight groups:



A first group includes projects aiming at **enhancing R&D**, for instance in strategic sectors to develop new products and technologies, to enhance collaboration among SMEs and connections between knowledge institutions, or to stimulate industrial research and experimental development by expanding research infrastructure in private and public research institutions.

TEXTOS (Interreg V-A Belgium-France) - EUR 2.43 million

Among the promising sectors identified in the cross-border region of France - Wallonie - Vlaanderen, health, agro-resources, and biotechnology have the most potential for development. However, the region lags in terms of research and development in comparison to national levels and European objectives. In order to encourage developments in these emerging themes and faced with the needs of regenerative medicine for filling or replacement, the TEXTOS project aims to offer orthopaedic and odonatological surgeons next generation substitutes that will promote wound healing and bone regeneration.

The main objective of the project is to develop an innovative 3D matrix for tissue engineering with the goal of reconstructing, regenerating, or replacing tissue in defective organs. The prototype will be realised in two stages, firstly by developing a 'core' matrix reflecting the proof of concept, and then the hybrid matrix of the prototype. The TEXTOS project makes it possible to group research and innovation stakeholders in the cross-border region around complementary themes. It represents an opportunity for the partners to share practices and to increase their national and international visibility in the field of tissue engineering.

Source: keep.eu

[18] The categorisation is based on analysis of the project descriptions available in the database, so it is not exhaustive. Moreover, this categorisation is based on the main focus of the projects and some projects can address more than one scope of intervention.

A second group of projects focuses on developing **eHealth** solutions, to improve access to primary and emergency health care, to Increase innovation within public service provision in remote, sparsely populated areas, or to increase the supply of product, process and social innovations.

NWE-Chance (Interreg V-B North West Europe-the Netherlands) - EUR 3.35 million

The EU telemedicine market is booming (€11.5 billion in 2019, annual growth rates of 13%). Within NWE, this industry is concentrated in the Netherlands, Belgium, the United Kingdom and Germany. In this market, eHealth is in its infancy when it comes to transferring hospital care from the hospital to the patients' home. Currently, only 1 hospital (Isala) is executing this concept supported by 1 SME. Few supporting technologies are being developed (TRL2) and an integrated technology package is missing to fully exploit economic potential.

NWE-Chance aims at enabling co-creation of eHealth concepts for heart failure patients at home. By combining the expertise of eHealth companies, hospitals specialised in heart failure treatment and research institutes, a home hospitalisation platform will integrate a real time monitoring system with a nano-based test for measuring potassium and creatine and a wearable patch to monitor vital functions. In addition, NWE-Chance aims at setting up an Innovation Hub supporting the industry in the NWE-region for the long term development, valorisation and implementation of new eHealth technologies which support home hospitalisation.

NWE-Chance will support three eHealth companies to further develop and validate their technologies accompanied by strategic recommendations for successful integration in treatment, leading to 30 new jobs. The NWE-Chance Innovation Hub will be established at the end of the project and will build on 10 new collaborations between SMEs and hospitals. Continued networking through the Hub has, after 5 years, involved 20 SMEs collaborating with hospitals and 15 new digital innovations, leading to 120 new jobs. 10 years later, apart from a continuation of growth as mentioned above, new impact will come from the acceptance of eHealth for hospital care at home for additional health sectors, establishing NWE as a leading region on eHealth devices.

Source: keep.eu

A third category of initiatives aims at enhancing **access to care**, including by strengthening and sustaining networking and cross border health services by decreasing border hindrance for residents and institutions, or by encouraging the development of social and health services to reduce de-population in rural and mountain areas.

DAME (Interreg V-A Belgium-France) - EUR 0.95 million

Support provided to patients after discharge from hospital is managed differently on both sides of the Franco-Belgian border. In recent years, this difference has been reduced with the development of cross-border care. Even though there is good coordination of care and services in Belgium, there is room for improvement. Solutions are sometimes difficult to implement for some patients, particularly in rural areas. On the French side, home care services after hospitalisation is not known to Belgian health facilities due to a lack of comprehensive assistance for the patient according to their status (elderly, disabled, etc.) As a consequence, French patients do not benefit from the same services or the same support as Belgian patients.

The project therefore takes up three important challenges:

- improve discharge from hospital and the return home, with adjustments to the home, the organisation of assistance and services (meals, various deliveries) and financially.
- structure services promoting home care for patients.

• increase home care by facilitating cross-border mobility of providers.

This cooperation aims to reduce social isolation for people living in cross-border areas by promoting health and social initiatives.

Source: keep.eu

A further group includes projects enhancing access to care and improving health services by investing in **infrastructure.** Projects aim at improving access to primary and emergency health care by modernising hospitals, increasing energy efficiency in public buildings or new infrastructure to improve health and sport activities.

Aggtelek-Domica curative cave (Interreg V-A Slovakia - Hungary) - EUR 1.62 million

As part of the project, renovations will be performed on 2200 m2 so Baradla can be certified as a therapeutic cave. Actions include construction and renovation within and beyond the cave, while for cave Béke activities will relate to the visitor building and the mineshaft. On the Slovak side, the project should create a climate therapy centre in cave Domica, the road connected to the shaft at Demek-lápa leading to the cave, development of the Domica nature trail and the construction of a rain shed and wooden visitor centre at the entrance of the cave.

To perform high-level services new climate therapy assets such as beds, chairs, sleeping bags, relaxation devices and helmets will enable climate therapy for 60 people in the Hungarian part of the cave system, and 20 people on the Slovak side. Since this therapeutic cave tourism is based on the special venue, the development of services contributes to more visitors and popularity of the region, while the therapy courses will increase the number of overnight stays. Due to the development visitors to National Park of Aggtelek and the Slovak Karst National Park should increase by 30,000 people per year.

Since the users of therapy tourism services spend more time at the same location than ordinary tourists, the development of health tourism results in higher-than-average income. Moreover, seasonal fluctuations of visitors will decrease providing a more stable source of income. However, the necessary infrastructure has to be created to achieve this.

Source: keep.eu

A fifth category of initiatives aim at addressing health issues by promoting **social inclusion**, for example through sports and healthy lifestyle activities or through counselling, confidence building and peer support programmes for socially isolated people.

BVENTA (Interreg V-A Latvia - Lithuania) - EUR 0.23 million

This project is jointly developed by partners from Lithuania - Šiauliai region and Latvia - Kurzeme region. Communities in these regions face serious challenges of intensive depopulation and a lack of employment, skills, knowledge, infrastructure and services. This project is tackling such problems and is designed to improve the living conditions of deprived communities in the regions.

Specifically, the project will create a cross-border network of healthy lifestyle and basketball enthusiasts through regular Venta River Basketball Tournaments and networking activities. Such experience sharing and sports activities will empower members of six deprived communities in Lithuania and Latvia to participate more actively in processes affecting their daily social life and will build commitment and confidence in tackling their problems.

The communities participating in the project are in the districts of Akmene, Lithuania and Saldus, Latvia that border each other, with river Venta running through them. This symbolic natural connection will be used to facilitate broader knowledge exchange and cooperation initiatives for healthy lifestyle and sports activities. There was very little cooperation in sports and healthy lifestyle activities among these districts and communities and basketball, which is much admired and played in both countries, will become a catalytic factor bringing them closer together.

Source: keep.eu

A consistent part of projects includes initiatives for **staff training and upgrading skills** to improve health services, increase job opportunities and improve cross-border job mobility.

Interprof (Interreg V-A Latvia - Lithuania) - EUR 0.29 million

The aim of LatLit program is to develop professional competencies for specialists in rehabilitation who could apply alternative and complimentary methods to rehabilitating people with neurosensory motor impairments. The goal of the project, integrating experiences of Siauliai and Rezekne Universities, is to create, register and implement long life learning programmes based on new scientific and practical practices for professionals. Statistical analysis shows a lack of professionals who can provide qualified alternative medical services during a proactive rehabilitation period in the cross-border region.

The objective of the project is to increase cross border job opportunities for professionals working with neurosensory motor disorders by improving their skills in joint interdisciplinary and innovative lifelong learning training, which would be based on new science and practice. During the project an informal, interdisciplinary training program for professionals with a higher education will be developed, which covers the latest trends in science and practices for neurosensory motor disorders. It is planned for 80 professionals from Šiauliai and Kurzeme regions to participate in seven joint training sessions on latest scientific and practical achievements in alternative medicine physical therapy, speech therapy and occupational therapy (animals and art therapy).

The project will instruct specialists of different professions to work in teams, combining different methods of rehabilitation, considering individual needs, opportunities and individual impairments of patients. Developing teamwork for specialists in different professions will teach them to work according to new and effective non-traditional methods of rehabilitation (art and animal therapy) that improve rehabilitation, develop skills in working with diagnostic equipment that supports individual programs for patients.

Source: keep.eu

Another group of initiatives specifically targets institutions to enhance their **capacity building**, by strengthening institutional cooperation capacity and efficiency. These mobilise public authorities and key actors in the programme area to plan joint solutions to common challenges or build partnerships among public authorities and stakeholders for healthy, safe and accessible border areas.

CBC SOC-COOP (Interreg V-A Romania - Bulgaria) - EUR 0.67 million

Romania and Bulgaria share many common challenges and opportunities resulting from the current level of economic and social development and their status as EU members. The project partners are central public administration institutions (and subsidiary bodies), responsible for implementing two important components of social security policy in the two countries. These are managing social benefit payments and controlling social

service providers. This brings common challenges and needs that are better addressed through cross border cooperation.

The project addresses the need for efficient and coordinated social security.

The project objective is to increase the cooperation capacity and efficiency of the Romanian Agency for Payments and Social Inspection (ANPIS), through its cross border decentralised bodies, and of the Bulgarian Agency for Social Assistance for social policy, in a CBC context.

Source: keep.eu

Finally, the last group of projects includes initiatives for **awareness rising,** especially for preventing specific diseases, educating people on the importance of a healthy lifestyle and informing local communities about available health services.

CBC SOC-COOP (Interreg V-A Spain - France - Andorra) - EUR 0.93 million

The ANETO project aims to launch a cross-border educational program between France and Spain to prevent childhood obesity. This project will integrate nutrition with a prevention program for schools and school canteens, together with the promotion of healthy living and physical activity among children. This project is innovative as it strives to establish a coordinated action from all the health actors (nutrition, sports and education professionals) on both sides of the border to implement operations in the territories concerned.

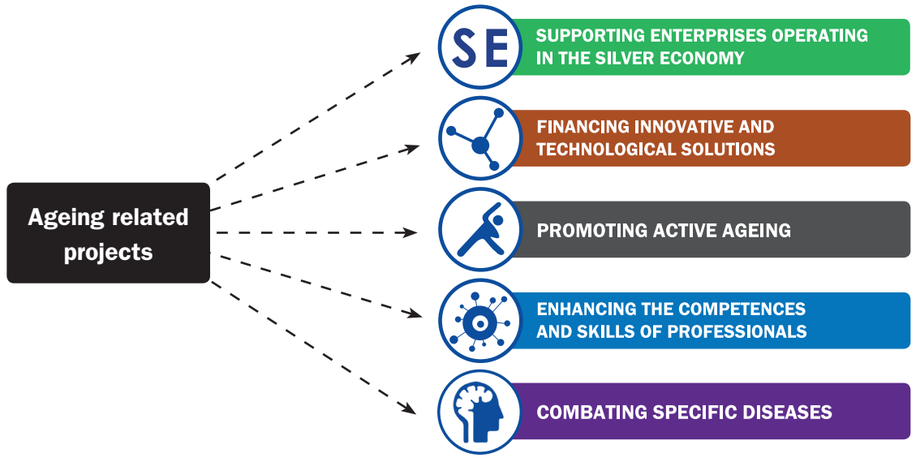
The aim is to raise awareness among children, school educators and families on the importance of living a healthy lifestyle where proper nutrition and exercise play a key role. The ANETO project will devise pedagogical tools for effective recognition of this issue together with medium-term dissemination embodied within educational programs. The sport-health theme is recognised as a public health commitment. It has already been integrated in the cross-border environment which is rich in exchanges (cross-border conventions, cooperation in sport, etc.). Beyond the project, cross-border specificity would be considered when choosing physical activities to be developed (cross-border heritage games), bilingualism for all tools and coordinated educational systems.

Source: keep.eu

4 Focus on ageing

As shown in the previous section, EU cooperation in health and social services can support several projects with different scopes of intervention. These can target the general public (i.e. enhancing health services for everybody) or specific groups such as children, people with disabilities, women, migrants, or people leaving in a disadvantaged area (rural areas, mountains, remote areas). The largest part of projects for specific groups, however, targets the elderly (i.e. ageing-related projects), confirming that the ageing issue is one of the biggest challenges with an increasing impact on EU healthcare systems in the next decades. For this reason, an important part of the analysis in this report concentrates on ageing-related projects.

The 54 ageing-related projects cover different types of intervention. Some provide direct support to the target group (i.e. direct healthcare assistance to the elderly with specific diseases), others include indirect support, for example by training professionals working with the elderly or providing innovative technology solutions to address elderly needs. However, in terms of Investment Priority (IP), most (30) contribute to business investment in R&I (IP 1b) to enhance product, process and social innovations.



A first category relates to **supporting enterprises operating in the Silver Economy**, to produce goods and services related to population ageing. Other than supporting elderly needs, this type of project aims to improve SME competitiveness and create new job opportunities.

SILVER SMEs, Spain (Interreg V-C Spain-Sweden-Portugal Ireland-Slovenia-France-Poland) - EUR 1.99 million

The strategic objective of SILVER SMEs is to improve the implementation and delivery of Regional Policies for SME competitiveness by building on significant opportunities arising from the silver economy. The silver economy can be defined as economic opportunities arising from public and consumer expenditure related to population ageing and the specific needs of the population. In the framework of the project, partners focus on opportunities for SMEs to produce goods and products for the retired population (from 62 years-old onwards), especially those in peripheral and rural areas. Phase 1 is to be executed over 36 months with the first 2 years dedicated to exchanging policy experience, and the last year focused on adopting measures and preparing action plans. The key result of the project will be to build the engagement of SMEs in the silver economy. This includes developing initiatives and pro-active public policies to enable strategic investments. These investments should promote the development of SMEs that would benefit from these fast-developing market opportunities through products and services supporting active ageing, good health, social inclusion and independence.

Source: keep.eu

Another category focuses on **innovative solutions** for the elderly living alone to enhance their quality of life through improved quality and accessibility of customised care in targeted areas (i.e. rural areas). This category also includes R&D projects to provide innovative technologies for diseases.

E.CA.R.E., Italy (Interreg V-A Italy-Austria) - EUR 0.81 million

The goal of the E.CA.R.E. project is to reduce social isolation and psychological, physical and relational difficulties of older people living in their own home or in a home provided by public administration. The E.CA.R.E. intervention model is based on community involvement (neighbours, friends, relatives) and new relationships and common interests. Seniors are accompanied on a path to improving their lifestyle from a practitioner's assessment of their social relationships and health, particularly nutrition, physical activity, as well as cognitive and sensory stimulation. The basis is a digital application to support different terminals, including a smartwatch with a link from the senior citizen to people in their community. Along with this link, the platform can monitor components of lifestyle improvement and, above all, the ability to pursue this, identifying a path of continuous improvement. Validation of results are based on specific quality of life indicators, cost-benefit analysis and on the effect of reducing spending on social and health services delivery.

PRosPERoS, the Netherlands (Interreg V-A Belgium - the Netherlands) - EUR 4.58 million

Joint replacement implants can be a solution for a rapidly ageing population, which is reflected in increased problems with serious joint wear. However generic implants have a limited life and often have to be replaced. There is a clear need for a new generation of medical implants, ideally specifically made for the individual patient. PRosPERoS aims to develop new patient-specific hip and back implants, which will accelerate and improve the healing process, preventing infections. The research is based on the promising field of regenerative medicine, where the patient's body is stimulated to regenerate damaged or removed tissue. 3D printed implants, anti-inflammatory and bone-growth stimulating coatings and new, absorbable biomedical materials are developed. Five universities and teaching hospitals in the border region work together with companies such as Antleron and PCOTech, who have laboratories for preclinical research and who can conduct clinical studies in the final stage of the project. Companies such as Xilloc are responsible for the design, production and commercialisation of implants and coating technologies. This enables a regenerative medicine network to develop in the border region with regional knowledge centres, high-tech industry and academic-medical centres.

Source: keep.eu

A third category of projects aims at **active ageing** to prevent the social exclusion of older people by, for instance, improving information about voluntary work for seniors and developing new opportunities.

Let us be active! Finland (Interreg V-A Finland - Estonia - Latvia - Sweden) - EUR 0.26 million

The objective of the project is to contribute to improved social inclusion of older people in the Central Baltic Region. This will be achieved by working with three municipalities on developing a programme to allow older people to stay active and participate in their communities with voluntary work. The project will analyse existing activities available for seniors, examine seniors' needs for volunteering and produce guidelines for social and health care workers to promote and support older volunteers. Workshops, meetings and events for seniors, health care and social workers will develop new forms of voluntary activities. At the same time, an information platform in each city will reach out to seniors and be managed by seniors themselves. Cross-border cooperation will allow cities to learn from each other, share experiences and support each other with their specific expertise. The project will be supported by experts from the World Health Organization.

Source: keep.eu

Other examples focus **on enhancing the competences and skills of professionals** providing healthcare and assistance to the elderly. These will increase collaboration and coordination, improve the quality and delivery of services, and foster the development of innovative care facilities and business models.

A-P/RESEAU-SERVICE, Belgium (Interreg V-A Belgium-France) - EUR 0.56 million

Faced with an ageing population, support for family carers at home has become a major public health challenge for European countries. To improve the quality of life for these home carers, the AViQ (Walloon Agency for Quality of Life), the Department of Psychology of the University of Liege, the ARS (Regional Health Agency) of Hauts de France and the Regional Council of the Nord, have joined forces around the AP-Réseau Service (AP-Service Network) project. The objective is to better equip support and respite centres in Hauts de France and allow care and home help services in Wallonia to support carers of people suffering from major cognitive disorders. The project aims also to create a network for cross-border exchanges between care professionals. Since the beginning of the project, 136 Franco-Belgian professionals have been trained to detect carers suffering from personal exhaustion and to provide individual support for carers. These trained professionals in turn provide training in 'detection' to other home help professionals in their territory, adding up to 176 people trained in detection. Individual coaching has also begun, and 42 carers have started to benefit. Sessions are conducted by a trained psychologist from either a respite centre for Hauts de France, a memory clinic, or a hospital service for Wallonia. These sessions allow the carer to better understand their loved one's neurodegenerative disorder and better cope with day-to-day difficulties. A brochure 'Aide aux aidants: Vivre sereinement l'accompagnement d'un proche/Help for carers: supporting a loved one with peace of mind' has been put together in Wallonia and Hauts de France.

Source: keep.eu

A final group of projects focuses on **specific diseases**, often for preventive actions and early diagnostics.

Herinneringen, the Netherlands (Interreg V-A Belgium - The Netherlands) - EUR 2.48 million

Neurodegenerative diseases such as Parkinson's, multiple sclerosis and Alzheimers are known for the intensive care and associated hospitalisations. Early diagnosis and effective treatment reduce health care costs and improve the quality of life for patients and their families. 'Herinneringen' takes Alzheimers as a 'proof-of-concept'. In about 5 of 100 families where the disease begins before the age of 65, the cause is usually hereditary. However, young patients without these genetic risk factors suggest that unprecedented genes and/or external factors play a role. The majority, however, develop symptoms in old age, usually after 60 years old. This type of Alzheimers does not have a genetic background. It is assumed that there is an accumulation of changes in genetic material due to age and influencing risk factors such as chemicals (heavy metals, pesticides, anaesthetics) and lifestyle (obesity). The mechanisms by which these risk factors further drive the disease will be investigated in 'Herinneringen' and applied in new diagnostic methods and therapies. The project focuses on early diagnostics. For example, Icometrix software, which was originally developed to measure brain deformations in multiple sclerosis, will be adapted for use on patients with Alzheimers. The principle is that images from MRI brain scans can be converted into numbers, comparable with the numerical values of a blood test. In this way, more precise measurements can be made. These data are further evaluated to optimise the diagnosis, follow-up and prognosis of Alzheimer's.

Source: keep.eu

It should be noted, however, that in projects without a specific clear target on ageing (267 of 321) some include the elderly as a target. These projects do not provide specific solutions for ageing issues but include the elderly among the vulnerable groups targeted by the intervention.

SAREA, France (Interreg V-A Spain - France - Andorra) - EUR 0.57 million

The SAREA project seeks to improve services for children and the elderly in Guipúzcoa and the Atlantic Pyrenees by developing innovative models and practices encouraging the empowerment of users and families in designing their lives. SAREA proposes consolidating a cross-border network of social action professionals in the territory that will help conceptualise existing strategies and interventions to transfer them. This would contribute to socially integrating the elderly, unaccompanied foreign minors, young adults (16-21), siblings under child protection measures and families under protection measures with elderly members. The main results will be to consolidate a network of professionals, modelling and experimenting on the most relevant practices for each category, training professionals, trainers, students and host families, and an evaluation system for users of the different services. Ongoing cooperation between professionals since 2015 has allowed sharing the needs of such people on both sides of the frontier and to identify those that can be met by transferring existing practices and services to attain a service for children and the elderly which is both improved and integrated in the territory covered by the project.

Source: keep.eu

5 A comparison between EU cooperation and ESF in ageing-related projects

During the 2014-2020 programming period, ESIF investments should mean 41.7 million people in the EU benefit from improved health services (including eHealth)[19]. The main objectives of these investments are reducing health inequalities between regions and social groups and ensuring more effective and accessible high-quality healthcare.

Priority areas of investment in health recognised by Cohesion Policy 2014-2020 are designed to respond to the main challenge in European health systems, to increase cost-effectiveness, accessibility and sustainability. In general, health priorities identified by Member States in their programming documents, reflect efforts to tackle this challenge.

Financial allocations for health-related investments across EU Member States in the 2014-2020 programming period are spread across different types of expenditure[20]. On the basis of the programming documents it is not always possible to identify the total planned allocation for all health related ESIF investments. However, over EUR 4.94 billion is budgeted for exclusive health investments from the ERDF and a **further EUR 4.24 billion for investments from ESF, where the latter include social investments and active ageing investments**. The total of EUR 9 billion health-related investment allocations is divided into[21]:

- Health Infrastructure: EUR 3 693 million from ERDF;
- ICT Solutions and E-health: EUR 979 million from ERDF;
- Access to Services, including health care: EUR 3 711 million from ESF;
- Active and Healthy Ageing: EUR 533 million from ESF.

While ERDF mainly finances health infrastructure and equipment, e-health, research and supports SMEs, ESF supports health promotion and actions to address health inequalities, support for the health workforce and strengthening public administration capacities, as well as health activities linked to active and healthy ageing. The ESF is therefore the most appropriate ESIF fund for a comparison with EU cooperation programmes supporting ageing-related projects.

[19] European Commission (2016), *Health investments by European Structural and Investment Funds (ESIF) 2014-2020*

[20] European Union's Health Programme (2016), *Mapping of the use of European Structural and Investment Funds in Health in the 2007-2013 and 2014-2020 programming periods.*

[21] European Commission (2016), *Health investments by European Structural and Investment Funds (ESIF) 2014-2020*

ESF resources specifically addressing only ageing-related projects are less than 6% of total investments in health through ESIF. The EUR 533 million are allocated in only six Member States: Austria, France, Italy, the Netherlands, Poland and Slovakia. The main scope of ESF intervention for active and healthy ageing in these Member States is to prevent social exclusion and provide a means of meaningful participation in society **mainly by investing in programmes providing continued employment for senior citizens**[22]. These are educational and training programmes so the elderly can adjust to changes in the workplace and can re-enter the work force. Sometimes they are in the form of financial aid or advisory services to companies and the public sector. Activities for healthy ageing are implemented exclusively at national level, regional level, or both.

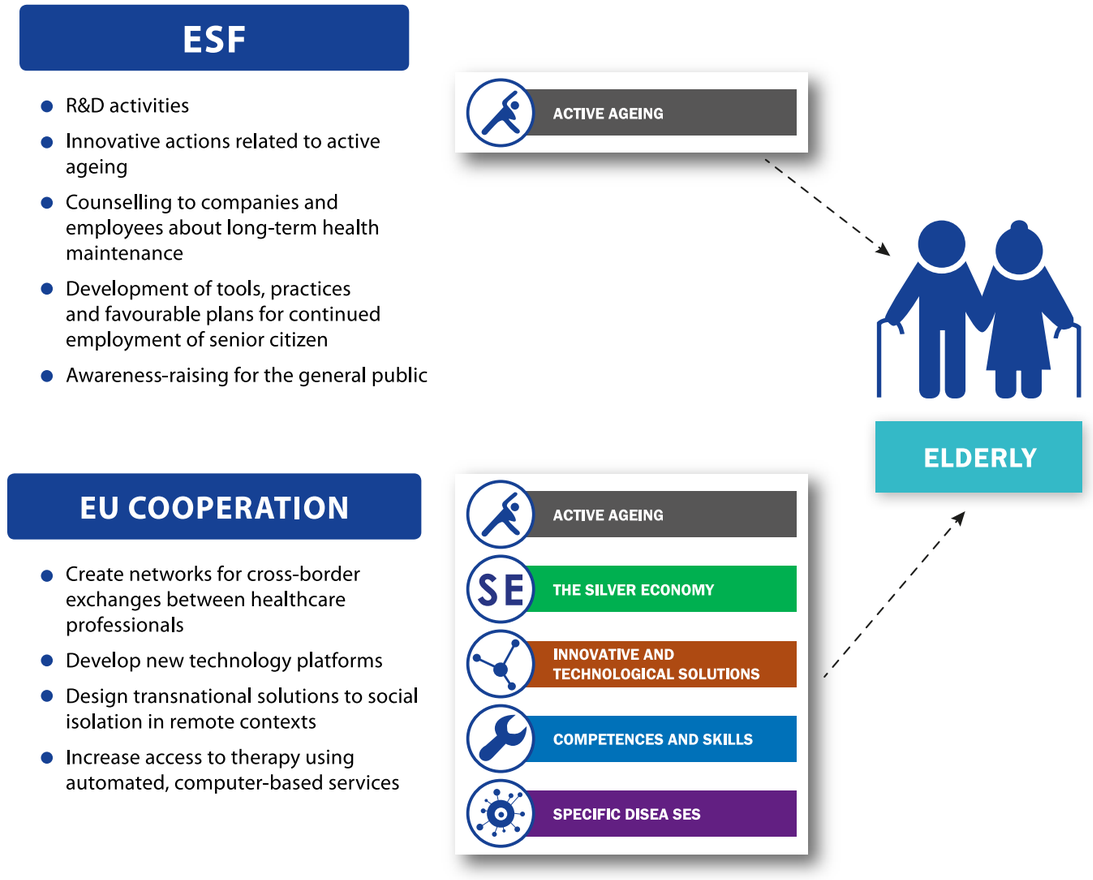
ESF	• Support for R&D activities, information and consultancy services in designing 'age-friendly' and healthy workplaces; • Counselling for companies and employees about long-term health maintenance and primary prevention; • Supporting businesses in establishing generational health management in the context of secondary prevention. • Development of tools, practices and favourable plans for continued employment of senior citizens, second career management programmes; • Experimental and innovative actions related to active ageing.
EU COOPERATION*	• New approaches for people in the region to remain in their familiar surroundings; • A high quality of life and a high degree of independence, even in old age; • Improve quality of life in old age through optimised eating; • Reduce new cases of age-related diseases such as cardiovascular, rheumatism, diabetes or dementia; • Improve policies supporting knowledge transfer; • Promote interregional policy learning and exchange of practices/experiences between partners to capitalise on methodologies; • Improve the implementation of policies and programmes relating to health prevention; • Implement action plans that each partner will develop from interregional policy learning and exchange of practices; • Train healthcare professionals in Assistive Technologies; • Reduce social isolation and the psychological, physical and relational difficulties of older people living in their own home or in a home provided by public administration; • Strengthen research centres; • Develop timely research and an integrated platform of assistive technology compliant with innovative and traditional solutions; • Allow the elderly to live at home as long as possible.

*Note: *to allow comparability, the type of intervention refers to the six countries which use ESF resources specifically addressing only health and ageing services (Austria, France, Italy, the Netherlands, Poland and Slovakia).*

Source: based on European Union's Health Programme (2016), Mapping of the use of European Structural and Investment Funds in Health in the 2007-2013 and 2014-2020 programming periods.

[22] European Union's Health Programme (2016), *Mapping of the use of European Structural and Investment Funds in Health in the 2007-2013 and 2014-2020 programming periods*, p.17.

ESF acts therefore on the 'ageing' thematic but does not directly link 'health' with 'ageing' (i.e. supporting investments for health services for elderly people). It is more focused on 'healthy ageing', by supporting actions aiming at social inclusion of the elderly through enhanced employment opportunities and improved job conditions. For example, the French ESF Operational Programme 'Investment for growth and employment'[23] foresees actions to 'promote active ageing through the maintenance and return to employment for seniors' by implementing projects related to age management at work, especially better working conditions for seniors. Senior job seekers are also helped in their search for work. ROP Auvergne (France) or Rhône-Alpes (France)[24] do not foresee projects specifically related to 'Senior' or 'Elderly' but projects helping the unemployed, including the elderly, to access training to adapt their skills to the current labour market.



[23] Programme Opérationnel au titre de l'objectif « investissement pour la croissance et l'emploi »

[24] Both Regions are now regrouped in on single Region "Auvergne-Rhône-Alpes" https://www.europe-en-auvergnerhonealpes.eu/les-projets-soutenus-en-auvergne-rhone-alpes

Instead, as underlined in the previous chapter, and as evidenced in Table 3 which compares the scope of intervention between ESF and EU cooperation projects in the six countries where ESF resources are specifically used to provide health services to elderly, **EU cooperation ageing-related projects can allow for a broader scope of interventions.** Actions taken for ageing under the ESF framework or other programme (i.e. Health programme, see box below) have therefore a more restrictive scope (i.e. employment or innovation).

Ageing under the EU Health Programme

The third Programme of EU action in the field of health (2014-2020) is about fostering health in Europe by encouraging cooperation between Member States to improve health policies that benefit their citizens. The Programme, with EUR 449.4 million, has four specific objectives:

1) Promote health, prevent disease and foster supportive environments for healthy lifestyles;
2) Protect citizens from serious cross-border health threats;
3) Contribute to innovative, efficient and sustainable health systems
4) Facilitate access to better and safer healthcare for Union citizens

The ageing issue is addressed under objective 3 by the European Innovation Partnership on Active and Healthy Ageing. Launched in 2011, the aim of this Partnership is to provide a cooperation platform for people involved in innovation for ageing well. It helps strengthen EU research and innovation by linking different players in the innovation value chain, ranging from the developers of innovative products, services and solutions to those that implement these innovations or use them on a daily basis.

The Partnership has increasingly supported Union policy goals on the digital transformation of health and care in the Digital Single Market. It has contributed to large-scale implementation of cross-border digital health and care solutions and helped Member States, regional authorities and innovators to exchange lessons and experiences, accelerating deployment of digital innovation and reducing risks associated with investments in health technology. Since 2012, the Partnership has engaged over 1500 regional and local authorities, 3 500 partners, and 500 leading organisations that represent public administrations, academia, civil society, industries, innovators, small and medium-sized enterprises and financial institutions.

Source: European Commission (2018), Progress of the European Innovation Partnership on Active and Healthy Ageing, SWD (2018) 437 final.

Other EU funds such as Horizon 2020 seem to be more focused on projects based on 'Health and Ageing'. An illustrative example is the ASOS Programme, financed with Horizon 2020 resources, the first public intervention by the central government in Poland to improve seniors' quality of life through social activation and better integration in society. It supports the deeper integration of seniors in the local community, which is especially important with the ageing Polish population. Such social investment generates several direct advantages, not only for the elderly, but also for local communities and the local economy. Results indicate that the social activation of elderly people has changed their position and traditional role in society, with a better understanding of the psychological and social needs of elderly people by families and the local community. They are perceived as active members of the local community, volunteers who can support other social groups affected by social difficulties, like children from trouble families or older seniors who need health and care services. The ASOS Programme is also used to transfer new useful and practical skills (foreign languages, using computers and the internet) to elderly people so they can be more independent and self-reliant.

6 Conclusions and recommendations for the future of EU cooperation on health and social services

The main conclusions of the study are:

For healthcare:

- Health systems in the EU face several challenges including increasing demand for health services, ageing populations, growing pressure on public budgets and the emergence of new (often expensive) treatments. A lack of public healthcare coverage, or a limited set of services from the public health system may result in higher costs and affordability problems especially for some people.

- The EU plays a fundamental role in improving public health systems, providing health stakeholders as well as national and regional authorities with an effective policy framework to address ageing challenges and opportunities. As citizens move between Member States for work or leisure, cooperation between Member States and regions in developing cooperative healthcare systems can help citizens access services best adapted to their needs.

- ETC, through cross-border cooperation (Interreg A), transnational cooperation (Interreg B) and interregional cooperation (Interreg C), currently supports several projects related to health and ageing. These include investments in capacity building, networking, knowledge sharing, innovation and small cross-border infrastructure. IPA cooperation is also working in the same direction, though with less intensity, while cross-border cooperation with third countries (through ENI programmes) is still at an early stage.

- Only 4% of Interreg projects were dedicated to health under ESI funds during 2014-2017, and these involve less than 2% of ESI funding. This is partly due to the complexity of cooperation in this field (with many administrative and institutional barriers between Member States) and the national prerogative of delivering health and social services (with no-obligation to cooperate). Another reason is a lack of specific priorities and dedicated resources related to these topics in Interreg regulation and multiple actions at programme level spread financial resources across territories.

- There are 321 health and social services projects reported in the database, accounting for EUR 692.41 million. 241 are Interreg A projects, 35 Interreg B, 10 Interreg C, 27 IPA CBC, 6 ENI CBC, and 2 PEACE IV.

- Projects covering health and social services incorporate several types of intervention to strengthen and sustain the provision of health services targeting the general access to care, providing innovative solutions through R&D and eHealth or addressing social inclusion, staff training or capacity building.

For ageing:

- A significant challenge for EU healthcare systems in coming decades is the impact of ageing. The elderly make up 18% of the EU population and the number of people aged 65+ is expected to grow by 2 million every year, up from 1 million before 2007.

- Of the 321 health and social services projects reported in the database, 54 specifically target elderly people (i.e. ageing-related projects).

- The 54 ageing-related projects cover different types of intervention. Some provide direct support to the target group (i.e. direct healthcare assistance to elderly people with specific diseases). Others offer indirect support, for example training professionals working with the elderly or providing innovative technology solutions to address elderly needs. However, in terms of Investment Priority (IP), most projects (30) contribute to business investment in R&I (IP 1b) to enhance product, process and social innovations.

- EU cooperation projects focusing on ageing can cover a broader scope of interventions at territorial level. Actions taken for ageing under the ESF framework or other programmes (i.e. Health), instead have a more restrictive scope (i.e. employment or innovation).

Recommendations for the next programming period, valid for both EU cooperation in health and social services projects and ageing-related projects:

- Promote ESI fund (ESF, ERDF and Interreg) specialisation with a specific emphasis for Interreg on:
  - overcoming administrative and institutional barriers in Member States and cross-border regions;
  - exchanges of best practices and sharing professional skills and competences;
  - development and management of joint infrastructure and the delivery of services at cross-border level;
  - specific focus on border areas with demographic disadvantages (ageing population) or in economic decline (rural and deprived populations).

- Increase cooperation between governments and national authorities to reduce administrative and financial barriers to cooperation and provide an adequate legal framework to reduce uncertainty and ensure trust among the population (all ETC programmes).

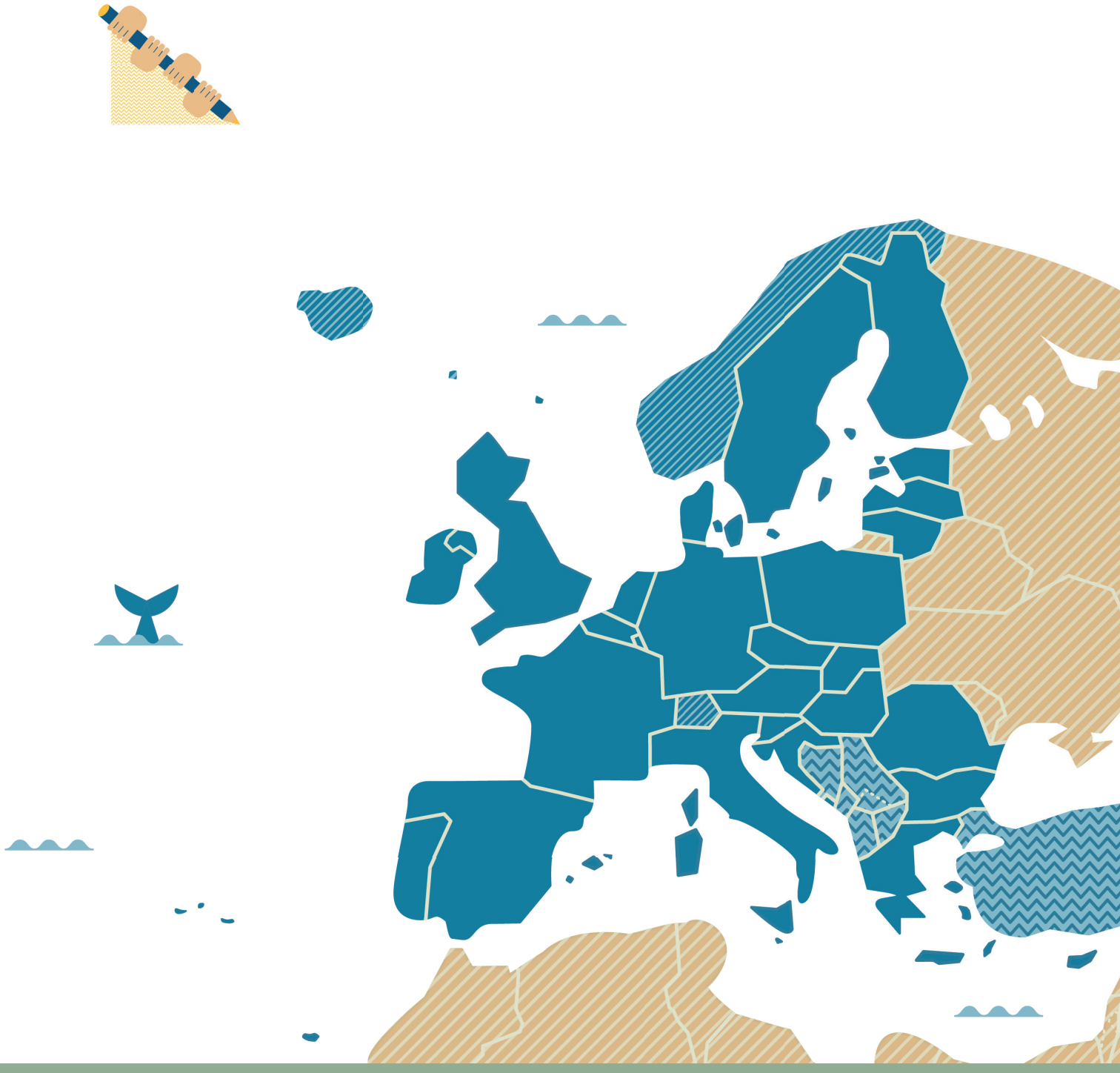
- Disseminate best practices among Member States and border regions, enhanced mainly through Interreg B and C (including Urbact).

- Provide specific technical support to national and regional managing authorities and diffuse information to stakeholders and competent authorities.

- Interreg A should focus on cross-border networking and setting up common health systems.

- Define specific strategic objectives within the ERDF and a new Interreg regulatory framework devoted to health, with specific indicators and eligible expenditure.

- Improve programme governance and the accountability of cooperation programmes in this field.



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