

Cross-border Health in the European Union

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There is a need of building an authentic European Healthcare System. Cross-Border Cooperation in healthcare can be very cost-efficient, while increasing the health status of the citizens and adding value to the European integration process. From "Europe and Health" to a "Europe of Health".

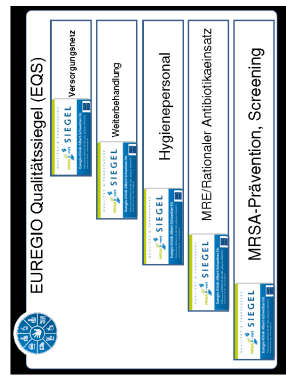
50 years of Cross-Border Cooperation (CBC) in the European Union (EU)
 CBC across the EU's internal and external borders has been a fact during the last 50 years. The EU has promoted this territorial cooperation between regions and municipalities in all 27 Member States and neighbouring countries in order to overcome difficulties faced by citizens living in border areas (more than 30% of the EU population) regarding their location, infrastructures or services.

CB Health issues
 Patient and persons mobility
 New skills and jobs
 R&D and Innovation
 Mutual learning
 Involvement of Local and Regional Authorities

Healthcare
 e-Health
 Benchmarking
 Social inclusion

National Logics vs. EU Integration
 Many fields are covered by CBC, but the provision of cross-border services, particularly healthcare, is still difficult because of imperative national logics. Despite of the freedom of movement of citizens, goods, services and knowledge enshrined in the European Treaties, Europeans are still far from sharing some basic services, adding real value to the European integration process.
 It is not only about travellers, businessmen and tourists, but also about a special population that counts for more than one third of Europeans: citizens living at border areas. These areas are in many cases rural and peripheral, sometimes with considerable handicaps when compared with European or national standards. Bilateral agreements, European funding, political will, and many de facto solutions have solved many daily problems, but a European-wide regulation is still missing.

Map of European CBC areas
 There are many examples of CBC in health related issues. From University Hospital cooperation to genuine CB Hospitals (Cerdanya), high-tech cooperation between urban areas, CB prevention programmes, nursing home, home care, CB training, CB cards, telemedicine, etc.
 Hundreds of projects have been implemented only in the last decade, and most European border areas have developed any type of cooperation.
 What's next? The experience of local and regional authorities in cooperating for the benefit of their populations is triggering an authentic process of integration simultaneously at many European border areas.



Quality logo for hospitals in the area of the Euroregions between Germany and the Netherlands
 Courtesy of Prof. Alexander Friedrich
 University of Groningen (NL), EuroSafety HealthNet

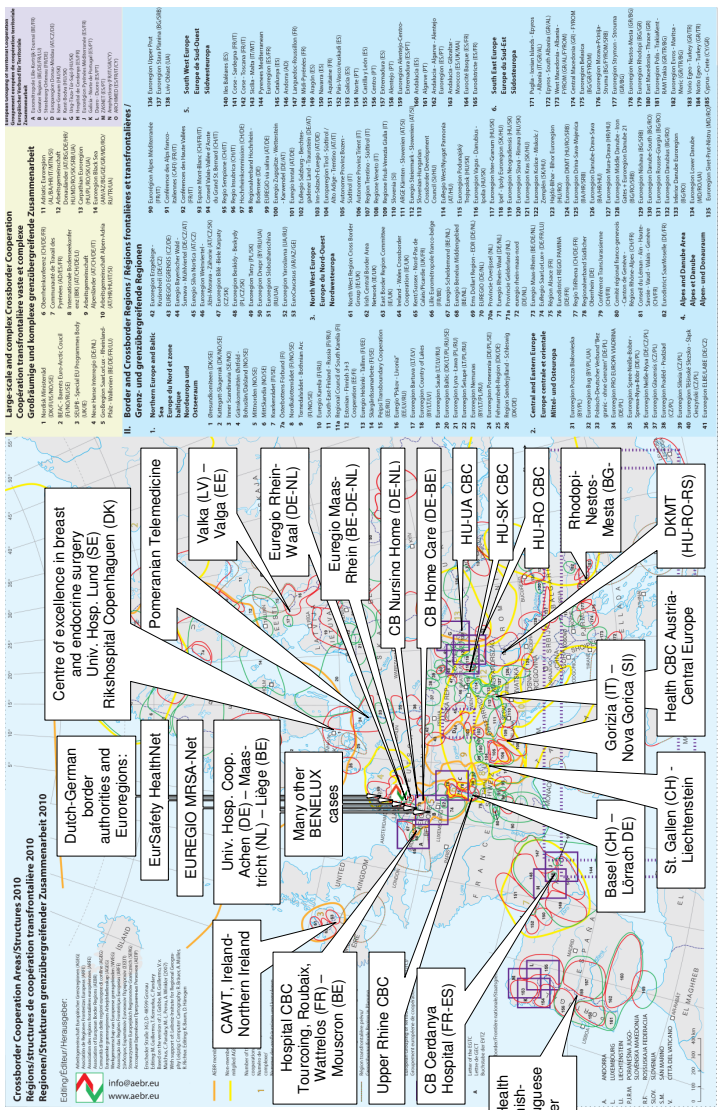


Arbeitsgemeinschaft Europäische Grenzregionen (AGEG)
 Association de Régions Frontalières Européennes (ARFE)
 Association des régions frontalières européennes (ARFE)
 Comunità di lavoro delle regioni europee di confine (AGEG)
 Europäische grenzübergreifende Arbeitsgemeinschaft (AGEG)
 Werkgeimeenschap van Europese grensgebieden (WVEG)
 Associação das Regiões Fronteiriças Europeias (ARFE)
 Стовариство Европјскиј Регионов Граничних Релјониев (ЗЕЗТ)
 Ассоциация Европейских Приграничных Регионов (АЕПР)

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"Bottom-up" Efforts for CB Healthcare
 In a growing "open borders" process, hesitations to make real steps create more misunderstanding amongst EU citizens and stress in patients, health professionals and authorities. CBC in healthcare can be considered a tradition in many European border areas, in particular in the structures known as "euroregions", as it was evidenced by the **EUREGIO Project** (Evaluation of cross-border activities in the EU, Good Practices for Better Health) developed by the Institute of Public Health of North-Rhine-Westphalia (Germany) and other European organizations, like the Association of European Border Regions (AEBR), which has created a specific Task Force to deal with Cross-Border Healthcare.
EUREGIO II deals with "Solutions for improving health care cooperation in border regions" (<http://imhealth.eu/research/euroregion2/>), and **EUREGIO III** with "Learning Lessons from Health Investments in EU Structural Funds 2000-2006" (<http://imhealth.eu/research/euroregion3/>).
 Other relevant actors are **HOPE** (European Hospital and Health Care Federation); **EPECS** (European Patients Empowerment for Customized Solutions); **EMPIRICA**; **euroregions**, **regions**, **EGTCs**, and many others.

"Top-down" Efforts
 Increased patient mobility in the EU and some rulings by the European Court of Justice, as well as Member States' needs of clarification has led to an **EU Directive on Cross-Border Healthcare and Patients' Rights**, adopted on 28th February 2011. Concentrated on cost refund and prior authorization for certain services provided in a different country than the one of residence, it does not address the reality of border citizens. Member States still have their own saying in how far they want to go, though European institutions want to implement a real European e-health system, as defined in the Porotuz Declaration (Slovenia, 2008) and regulate quality and safety standards, but these will hardly be addressed at EU level, kept limited to cooperation between States. Their sovereignties play a key role when dealing with healthcare, but it is the time for the EU to go one step forward to strengthen the migration of all European territories.
 Actors: **Committee of the Regions'** Interregional Group and 'Technical Platform for Cooperation on Health'; **European Parliament**; **European Commission** (DG SANCO) and the **EU Members States**.



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