



INTERREG removes borders



CROSS-BORDER HEALTHCARE COOPERATION ON THE FRANCO-BELGIAN BORDER: STRATEGIC CHALLENGES AND PERSPECTIVES

BRUSSELS | Annual event of the Interreg IV Programme
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INTRODUCTION

The Programme has chosen to hold its annual event as part of the OpenDays. A seminar was held on 7 October 2014 at the Résidence de France (French Ambassador's Residence) located in Brussels, on the topic of «Cross-border healthcare cooperation on the Franco-Belgian border: strategic challenges and prospects.»

Around one hundred participants attended the event, including medical specialists and the representatives of hospitals, health insurance funds, regional health agencies, health observatories, patient associations, etc. The industry's stakeholders had the opportunity to speak during a panel discussion on the acquis from over 20 years of health cooperation on the border.



OpenDays

The European Commission's Directorate General for Regional and Urban Policy (DG REGIO) and the European Union's Committee of the Regions have been organizing the OpenDays every year since 2003. Every year, the event's programme is adapted to reflect the EU's specific priorities. This year, the OpenDays were held in Brussels from 6 to 9 October 2014.

Officials from regional and urban administrations, as well as experts and academics were given the opportunity of exchanging good practices and their know-how relating to regional and urban development.



3 QUESTIONS TO HENRI LEWALLE

INTERVIEW CONDUCTED BY THE EMBASSY OF FRANCE
TO THE KINGDOM OF BELGIUM

With a degree in Economic and Social Policy and a Master of Labour Sciences from UCL Louvain-la-Neuve, Henri Lewalle has been the author or coordinator of many publications on healthcare systems in the European Union, patient mobility and social security. He is the Chairman of the Franco-Belgian Health Observatory (OFBS - Observatoire franco-belge de la santé).

You are described as the architect, the keystone, of Franco-Belgian cross-border health cooperation. Please remind us of the story of this cooperation which is also your own.

My involvement in Franco-Belgian cooperation dates back to 1991, when the first Interreg (Inter-Regional) programme, a European cooperation programme involving several European regions across several countries, was created. Since 1989, French and Belgian mutual benefit societies have sought to involve themselves in the implementation of the Single European Act in order to improve access to healthcare in border regions. The past and the present of this cooperation are built on stakeholders with a clear motivation to develop complementary Franco-Belgian projects in the field of access to healthcare.

Do you believe that Europe provided the necessary support in the areas of Franco-Belgian cross-border cooperation?

With the Interreg programmes, the EU ensured a certain degree of legitimacy to providing support to the financial projects developed by the work on cross-border coordination. Additionally, the EU opened a certain number of doors...

What message would you like to send to those working on this important cross-border issue?

Tenacity in all actions. There are needs which need to be met. It is important to not give up when faced with legal, administrative or financial difficulties.

20 YEARS OF CROSS-BORDER HEALTHCARE COOPERATION

Since the creation of the single market in 1992, the management bodies of Franco-Belgian healthcare and access to healthcare systems, border hospitals, healthcare providers, regional healthcare organizations and doctors' and pharmacists' medical associations have met, exchanged knowledge and developed cross-border cooperation projects.

This approach is primarily intended to improve access to healthcare for people living in the Franco-Belgian border area. It also aims to strengthen the provision of care in the border area by developing the abilities of care institutions on both sides, as well as the medical and paramedical resources established in these territories in order to address deficiencies related to the shortage of healthcare professionals.

A few key dates

2002

In order to establish this health cooperation between France and Belgium, a framework agreement was negotiated between the two states in 2002. It was signed by the Health Ministers of both countries on 1 June 2005 then ratified and finally implemented on 1 March 2011. The Interreg programmes provided guidance and support throughout the process of implementing this approach.

From the outset, the aim was to garner significant economies of scale by building on complementarities and by ensuring the sharing of facilities, as well as fostering close cooperation between healthcare providers. The mobility of patients and healthcare professionals was already one of the main concerns at the time.



ZOAST

The health treaty helped create «Organized cross-border areas for access to care» (ZOAST - Zones Organisées d'Accès aux Soins Transfrontaliers). These health territories provide their residents with the opportunity to receive care on both sides of the Franco-Belgian border, without administrative or financial barriers, in the healthcare institutions listed in the agreements.

2007

In the field of emergency medical assistance, a Franco-Belgian cross-border agreement was signed by the representatives of both countries on 20 March 2007. Implemented along the border from 2008, it enables the French emergency medical services (Smur) to respond on the Belgian border territory and the Belgian services to respond in France. It aims to reduce response times and to improve the service provided to the patient from the time of calling the 15 or 100 centres. Patients in the Franco-Belgian border area are now taken care of faster. This agreement helps to save lives and to reduce the gravity of the sequelae linked to a heart attack or a stroke, for instance.

2011

In the medico-social field, for people with disabilities, a framework agreement was negotiated in 2011 between the French government and the Walloon government. It was signed on 22 December 2011 and ratified by the Walloon Parliament and the French National Assembly. It has been in force since March 2014 and is implemented by the Nord Pas de Calais Regional Health Agency (Agence Régionale de la Santé Nord Pas de Calais) and the Walloon Agency for the Integration of Disabled Persons (Agence Wallonne pour l'Intégration des Personnes Handicapés - AWIPH).

It is estimated that over **15,000** patients crossed the border to access healthcare on the other side of the border, that around **6,000** French people with disabilities spent time in a Walloon care facility and that over **500** urgent cross-border medical assistance interventions carried out by the Smur of both sides of the border were deployed in 2013.

2014

The difficult economic climate of recent years requires a more efficient use of public health spending. The cross-border linking of French and Belgian care structures provides a high-quality local provision of care, without waiting lists, to patients in the border area.

The new European Directive on the application of patients' rights in cross-border healthcare, whose transposition into national law should be effective by the end of October 2013 encourages, the Member States to develop the achievement of health cooperation in border regions.

As a result, since 1 January 2014, the Franco-Belgian border area has six cross-border health territories:

- Mouscron Roubaix Tourcoing Wattrelos / Ypres Armentières Bailleul Hazebrouck Courtrai Lille
- Tournai - Valenciennes
- Mons - Maubeuge
- Thiérache
- Ardennes
- Arlon - Longwy

For citizens, these concrete results perfectly illustrate the European Integration policy that the Interreg programmes enable to be implemented by providing their support, inter alia, to these health cooperation projects.



Mr. Philip Cordery
MP for the French nationals in the Benelux

«The goal should be total freedom to receive care where it is best, within a perimeter in which the border should be non-existent.»

«In order to achieve effective action, in order to improve patient mobility, EU actions must be combined with national efforts and local initiatives.»



Mr. Christian Carette
Inspector General at Wallonie-Bruxelles International

«The road ahead is long; it is thanks to the dialogue, the exchanges and the impetus of Interreg that healthcare systems on both sides of the Franco-Belgian border will continue to be more efficient and will enable the upcoming demographic challenges, among others, to be planned for.»



His Excellency Mr. Bernard Valero
Ambassador of France to the Kingdom of Belgium

«It is important to ensure that this cooperation which we hold so dear, which you hold so dear and which is absolutely essential for our cross-border territories, for our people, be truly enhanced.»

ROUND TABLE

Mrs.
**Nathalie
CHAZE**

*Head of Unit
at European
Commission*

The first speaker was Mrs. Nathalie Chaze. Mrs. Chaze gave a legal history and details the various steps taken by the European Commission and the Court of Justice of the European Union in order to create a cross-border healthcare system. There are various reasons explaining the use of healthcare services on the other side of the border, namely longer waiting times, higher costs or the absence of a specific service in the country of origin. Mrs. Chaze stressed that it was essential to develop cooperation in the field of treating rare diseases. In addition, she highlighted the fact that cross-border cooperation is not yet an automatic response and that it is therefore imperative to continue to encourage it.

Mrs.
**Simone
GERARD**

*Chairperson of the
Soins Médicaux
Usagers de la
Pointe Association
(Asmup 08), FR*

Next, Mrs. Simone Gerard took the floor. She highlighted the fact that French patients are generally very satisfied with the reception, care and guidance provided by Belgian hospitals. The opportunity to receive care in Belgium enables patients to save a lot of time as waiting lists are shorter. In addition, all services are located in a single hospital, which saves the need to make several trips. Mrs. Gérard raised two issues for which cross-border solutions must still be found: the international transport of remains which should benefit from more effective organization, and the obligation for French patients to pay the full price of a drug upfront in Belgian pharmacies.

Mr.
**Henri
LEWALLE**

*Franco-Belgian
Health
Observatory*

Mr. Henri Lewalle, facilitator of this round table, explained that Belgian hospital invoices are directly transmitted to the compulsory insurance in France. He also stressed that the needs of the residents of specific areas must be central to all discussions.

Mr.
**Eric
LUYCKX**

*Director of the
Jan Yperman
hospital in
Ypres, BE*

Mr. Eric Luyckx reported on the cooperation started with the city of Bailleul in 1998. The first project revolved around the treatment of kidney dialysis patients. Cooperation was made easier thanks to bilingual staff and various agreements which helped to reduce administrative barriers. According to Mr. Luyckx, information provided to patients needs to be improved, as they often have many questions and uncertainties regarding administrative procedures.

Dr.
**Robert
de FAYS**

*Deputy Director
General of
Vivalia in Arlon,
BE*

Dr. Robert de Fays reported that, thanks to the increase in scale, cross-border cooperation can have positive effects and contribute to finding a solution for the supply of healthcare that has become deficient in certain areas due to restructuring. Doctor de Fays stressed that sustainability of cross-border cooperation must remain central to discussions.

Mr.
**Henri
LEWALLE**

*Franco-Belgian
Health
Observatory*

Mr. Henri Lewalle concurred, noting that, as part of the cooperation between Mont Saint Martin and Arlon, the territory is considered as a whole. The project started as cooperation in the field of radiology. Contact points for other specializations were subsequently set up, enabling the quality of healthcare to be improved and preventing unnecessary investments from being made. In the future, the cooperation will be extended to the Grand Duchy of Luxembourg and a new cardiology project will be implemented.

Mr.
**Jean-
Christophe
CANLER**

*Head of
International
and Cross-
border Affairs,
ARS Nord-Pas
de Calais, FR*

Mr. Jean-Christophe Canler emphasized the importance of complementarity with regard to the various institutions and networks. He mentioned the example of the cooperation between the Sambre-Avesnois hospital centre (Maubeuge) and the «Les Marronniers» Regional Psychiatric Care Centre (Tournai). He also drew attention to the fact that the cross-border cooperation should not be the sole purview of experts. He said that hospitals, when defining their policies, should take into account the availability of certain services on the other side of the border. However, he warned that national cooperation must not be overlooked in favour of cross-border cooperation.

QUESTIONS - ANSWERS

In the same way as the Cerdagne hospital on the Franco-Spanish border, is it possible to envisage a similar EGCT structure (European Grouping for Territorial Cooperation) on the Franco-Belgian border?

Grégoire Cuvelier - Consul of Belgium in Lille

Doctor De Fays confirms that there is currently cross-border complementarity in our territory, but that it does not constitute a true cross-border health territory. If we wish to set up this type of territory, it will be necessary for the partner states in the collaboration to be able to integrate the proposed supply both internally and with regard to the cross-border cooperation.

Mr. Lewalle gave the example of the region of Thiérache. It is a region on the Franco-Belgian border with relatively few inhabitants and which is located among various administrative boundaries. This is the place where the 1st cross-border healthcare project was established. Individuals only require a health insurance card or a SIS card in order to obtain access to a cross-border hospital. In order to resolve the problems linked to this project, a legal instrument that addresses the reality of this region is currently being developed with the help of the University of Lille's Faculty of Law. This cross-border medical cooperation aims to contribute to centralizing certain disciplines and to make the field of healthcare more attractive to healthcare professionals and more accessible for patients. However, much work remains to be done in this regard.

What about public health in terms of living conditions, inequalities in healthcare, isolation of populations, chronic illnesses and aging?

There is often talk of positive results in hospitals and in terms of primary care, but are we doing enough about public health?

Michel Demarteau - Chief Director of the Hainaut Health Observatory

What are the procedures to be completed by Belgian specialists or doctors who wish to establish their practices in the department of the Ardennes?

Claude Wallendorff - Mayor of Givet and Vice Chairman of the General Council of the Ardennes

Mr. Lewalle then referred to studies conducted by the Franco-Belgian Health Observatory (OFBS) and the Inter-reg projects aimed at specific actions such as the ICA-PROS project (Coordination mechanism for actions for the promotion of Franco-Belgian health) which led to awareness-raising actions in the field of cardiovascular diseases. Nevertheless, Mr. Lewalle acknowledges that the health programme's duration is rather short. In addition, he believes that it is increasingly difficult to find partners.

Mr. Lewalle confirms that they must go through many procedures. In the Department of the North (Département du Nord), the National Medical Association set up a fairly quick procedure. The specific procedures are decided by the territories and are reviewed internally.

PROSPECTS FOR ACTION

MR. HENRI LEWALLE'S CONCLUSIONS FRANCO-BELGIAN HEALTH OBSERVATORY

At the dawn of the new Interreg programme, a survey is being carried out with the aim of defining the actions to be developed in order to further improve the system that has been deployed. It is already possible to map out the prospects for action that need to be taken to meet the needs of and address the challenges faced by the healthcare systems in order to offer a quality local provision to the border region's patients which meets their healthcare needs:

- the development of uniform administrative and financial procedures all along the border for the purpose of ensuring equal access to healthcare for border residents;
- the creation of new «ZOAST» on the Franco-Belgian coastal border;
- the effective implementation of the framework agreement on disabled persons on the Franco-Walloon side and its extension to the Franco-Flemish side;
- the creation of a framework cooperation agreement regarding the repatriation of the bodies of patients who died on the neighbouring side of the border;
- computerized support for patients' outstanding remaining amounts (patient fee) by their supplementary insurance organizations;
- the development of structured cooperation for the provision of care to elderly and disabled persons;
- the development of joint cross-border medical projects between healthcare institutions on both sides of the border;
- the joint management of cross-border health and medico-social projects between operators on both sides of the border;
- the deployment of cooperation projects for promotion, prevention, and patient education;
- the intensification of communication on cross-border health cooperation achievements and projects.



LIST OF INTERREG IV PROJECTS LINKED TO THE TOPIC



ALPHA & OMEGA

The project aims to optimize the operational and human functioning of the various partner organizations in order to ensure that cross-border populations receive the best funeral services in terms of quality and price.

Project duration: 01/10/2008 – 30/06/2013 • **Total budget:** € 660.740,00

APPORT – Preparation support for cross-border risk operational plans

The cross-border emergency services set up collaboration for providing emergency services to the population.

Project duration: 01/01/2009 – 31/12/2014 • **Total budget:** € 1.585.127,75

Coopération hospitalière Flandre maritime

This territory has a number of excellent hospitals which can provide a quality supply of supplementary medical services and form a dynamic and attractive network.

Project duration: 01/12/2007 – 30/11/2012 • **Total budget:** € 625.887,97

Coordination franco-flamande d'actions de prévention globale en milieux festifs

The organizers of recreational events and cities coordinate their work to facilitate awareness-raising interventions aimed at young people in recreational settings.

Project duration: 31/12/2014 – 31/12/2013 • **Total budget:** € 1.218.352,93

COSANTRAN - COSANVLAAMSFRAN - COSANWALFRAN - RENCOSANTRAN

The project's main goal is to improve the daily life of citizens in the Franco-Belgian border area by improving access to quality healthcare.

Project duration: 01/01/2008 – 30/09/2013 • **Total budget:** € 2.732.801,09

Génération en santé

The project is being developed as a health, well-being and quality of life observation and promotion programme.

Project duration: 01/10/2008 – 28/02/2013 • **Total budget:** € 3.980.690,75

ICAPROS

The project proposes actions aimed at preventing cardiovascular diseases (medical predisposition, diet, smoking, physical inactivity, heredity and family routines).

Project duration: 01/03/2009 – 31/12/2014 • **Total budget:** € 1.024.448,52

OBESITE QUARTIERS NORD - HAINAUT

The partners use pluridisciplinary therapeutic education (dietician, psychologist, sports medicine educator) to change patients' attitudes and practices.

Project duration: 01/01/2010 – 31/12/2012 • **Total budget:** € 100.000,00

Plate-Forme Drogues

Field workers are confronted with the realities and issues faced by the educational world and the world of French and Belgian nightlife.

Project duration: 01/10/2008 – 30/04/2014 • **Total budget:** € 979.206,57

Thiérache Santé

Patients receive better access to healthcare, practitioners and GPs have better mobility between France and Belgium.

Project duration: 01/01/2008 – 31/12/2013 • **Total budget:** € 655.901,00

Thiérache Santé Prévention

The project aims to improve on the local health contract in Thiérache through a cross-border prevention and health promotion system.

Project duration: 01/01/2013 – 31/12/2014 • **Total budget:** € 682.900,00

Ursa Flandres II

The project proposes the provision of healthcare for the population of the border region between France and Flanders.

Project duration: 01/07/2008 – 30/06/2012 • **Total budget:** € 1.934.025,08



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- Mrs. Nathalie Chaze
- Mrs. Simone Gérard
- Mr. Eric Luyckx
- Dr. Robert de Fays
- Mr. Jean-Christophe Canler
- Mr. Henri Lewalle

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- the Nord - Pas de Calais, Picardie, Champagne-Ardenne Regional Prefectures;
- the Nord - Pas de Calais (French lead partner), Picardie, Champagne-Ardenne regions ;
- the Nord, Pas-de-Calais, Aisne, Ardennes Departments;
- the Federation Wallonie-Bruxelles ;
- the Flemish Region;
- the Provinces of West Flanders (Flemish lead partner) and East Flanders.

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Voor leider van ons