Rural Pact – Good Practice Seminar
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Access to maternity health in rural border regions

Preliminary findings from the HARBOR project

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HARBOR project

Comparative study of cross-border interactions and their impact on access to healthcare in rural border areas

- Conceptual framework in which borders and cross-border interactions are an integral part of healthcare territories
- Highlight challenges and potential for cross-border cooperation in rural medicine

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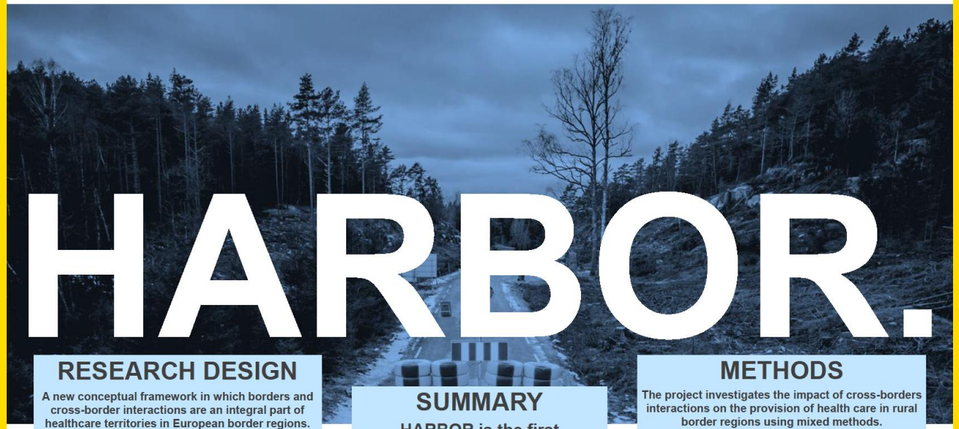
HEALTHCARE ACCESS IN RURAL BORDER REGIONS.

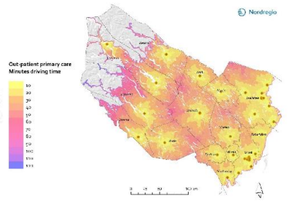
Realizing patient rights across European borders



RESEARCH DESIGN

A new conceptual framework in which borders and cross-border interactions are an integral part of healthcare territories in European border regions.

- Most of the research on the effects of regional integration on health care has focused either on individual patient rights or on the potential disruption of national systems. However, research on how borders affect access to healthcare is still patchy.
- The project takes stock of the growing literature on health inequalities and specifically on access to care in rural and disadvantaged regions.
- HARBOR will provide a bottom-up comparative study of cross-border healthcare interactions:
  - by developing a theoretical framework that allows further research on centre-periphery relations, and unpacks the role of borders;
  - by fostering comparability between Nordic and continental Welfare States.
  - by breaking down the impacts of cross-border healthcare (individual/collective; demand-side or supply-side), which will be analysed as an integral part local healthcare provision (disruptive or integrated within existing national/local planning schemes).
- Research questions:
  - What types of cross-border initiatives are most likely to foster a better coordination of healthcare services across borders and to improve access to health care for the local populations?
  - How do EU and Nordic schemes affect cross-border flows and local cooperation?
  - What are the consequences and lessons of the Covid-19 crisis for border regions?



SUMMARY

HARBOR is the first comparative study of cross-border interactions and their impact on access to healthcare in rural and disadvantaged border areas in Europe, based on an in-depth comparison of cases spanning the Belgium-France and Norway-Sweden borders.

- **Affiliation: Post-doc at OsloMet, Norway**
- **Supervisor: Prof. Rune Halvorsen**
- **Academic discipline: Social science**
- **Funding: EU H2020-MSCA-IF**
- **Partner organization: European Social Observatory, Belgium**
- **Projected completion date: February 2024**

HARBOR.

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METHODS

The project investigates the impact of cross-borders interactions on the provision of health care in rural border regions using mixed methods.

- Selecting disadvantaged and rural border regions (see below) through a set of socio-economic criteria based on Eurostat statistical surveys data;
- Mapping of, *inter alia* location of hospitals, medical centres and GPs, demographic data, and availability of selected medical equipment (e.g. scanners), waiting times, number of referrals, and reimbursement statistics;
- Searching historical archives on cross-border collaboration and policy-documents from national and regional health authorities;
- Carrying out interviews will be conducted with regional, national and EU/EEA policymakers.

Norway	Sweden
Trøndelag	Jämtland
Innlandet	Dalarna
	Värmland
Østfold	Västra Götaland
Belgium	**France**
Province de Namur	Ardennes
Province de Luxembourg	Ardennes & Meuse

IMPACT

- Providing knowledge in support of the realization of the European Pillar of Social Rights, the Sustainable Development Goals, and EU agenda for effective, accessible and resilient health systems;
- Drafting recommendations for the development of cross-border health care schemes providing mutual benefits to patients and providers.

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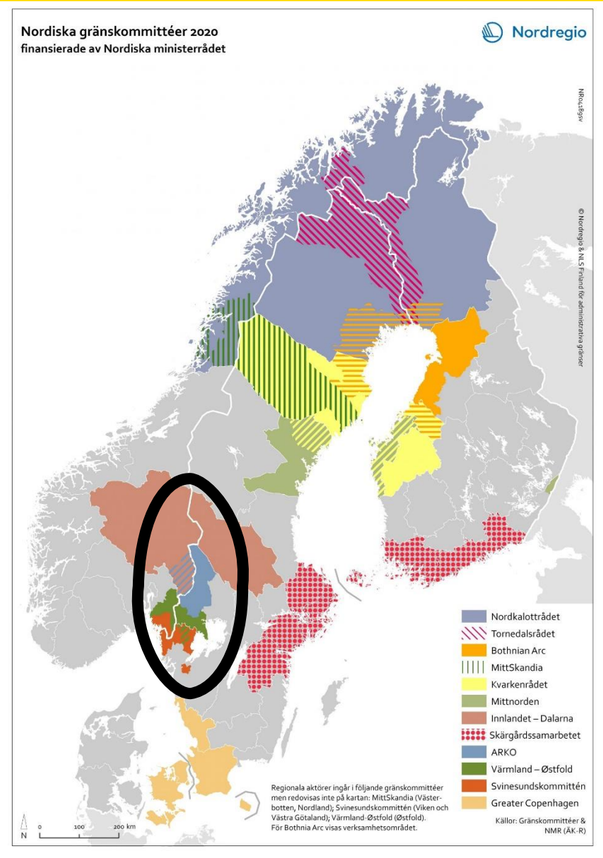
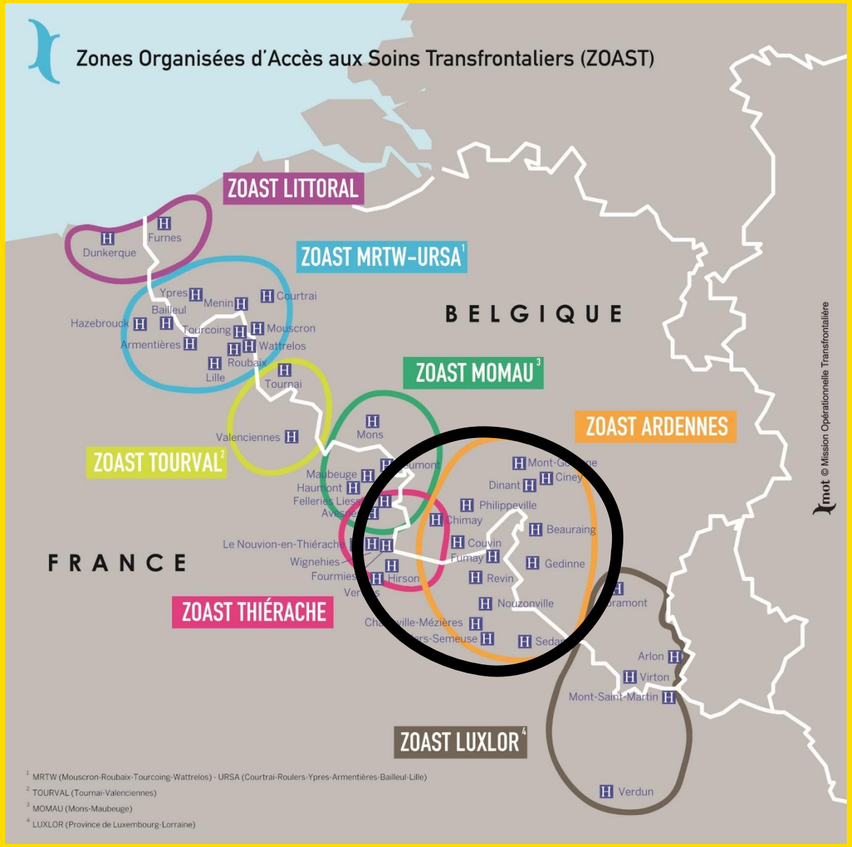
MARIE CURIE ACTIONS

Case studies

Norway/Sweden



Belgium/France



Swedish border residents giving birth in Østfold

Legal framework

- Nordic cooperation: border healthcare ordinance (1962)
- Local agreement between Västra Götaland and Østfold (1974)

Scale of mobility

- 50-100 Swedish birth in Kalnes per year on average in the last decade (200 in 2018)
- More than half of registered pregnancies in Strömstad delivered in Kalnes in 2023

Local context

- Sweden: closures of local maternity units (Strömstad in 1970) and regional hospital at near full capacity (NÄL)
- Norway: new hospital opened in 2016 in Kalnes with cross-border reach

Motivations

- Shorter traveling distance (30 min. / 75 min.)
- More personalized care in Kalnes

Hindrances

- Limited capacity in Kalnes (agreement temporarily suspended in 2017)
- Need to manually update patient files
- Patient co-pay introduced in Norway (2015)

French border residents giving birth in Belgium

Legal framework

- Local initiative (2002)
- Bilateral framework agreement (2005) and zone of organised access to cross-border care (2008)

Scale of mobility

- 100-150 French babies born in Dinant per year on average in the last two decades (240 in 2019)
- More than half of registered pregnancies delivered in Dinant in 2022 (up to 85% in Givet)

Local context

- France: closures of local maternity units (Givet in 1970, Revin in 2001)
- Belgium: low occupation rate until recently

Motivations

- Shorter traveling distance (20 min. / 60 min.)
- Pre- and postnatal care, patient files accessible by French GPs

Hindrances

- Costly supplement for individual rooms

Comparative insights

- **One-way stream based on unmet needs and imbalances**
  - Push: cooperation initiated locally as coping mechanism
  - Pull: hospitals looking for higher volumes and income seek to attract foreign patients
  - Steady numbers with recent increase (same ratio/ travel time)
  - Agency of expecting parents
  - Linked to workforce issue (and cross-border health professional mobility)

- **Regional governance and the politics of rural health care**
  - Pressure of local patient groups (JourStrömstad and Asmup 08)
  - Reluctance from local health authorities/hospitals (on both sides)
  - Effects of regionalization on access to care in border regions
  - Interreg projects

Diverging models of cross-border cooperation?

Grand Designs

Institutionalization
Innovation
Complexity
Fragmentation
Competition

Modus Vivendi

Stability
Simplicity
Patient choice
Caution
Accountability

Border regions as living labs for rural health care

- **Mobility highlights the problematic access to care in rural border regions**

- **Rural access as rationale for cross-border cooperation**
  - InTerESanT (Innovation Territoriale En Santé Transfrontalière) www.projet-interesant.eu

- **Make border cooperation more relevant to health access**
  - Simpler administrative system – clarity on cross-border catchments areas
  - Why wait clinic closures to cooperate?
  - Coordination of planning schemes to create synergies (e.g. complementary specialization)
  - Opportunities for mutual learning on rural medicine
  - Cross-border projects could foster innovation (e.g. Health in Smart Rurality HIS2R https://www.his2r-interreg.eu/)