

TOULOUSE, France

| BACKGROUND INFORMATION | |
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| PROJECT TITLE | <p>Toulouse Oncopole (in French: <i>Oncopôle</i>)</p> <p>Cancer treatment with neighbourhood community care</p> <p>This case covers two specific projects:</p> <ul style="list-style-type: none"> - Public research centre in oncology (<i>Centre de Recherche en Cancérologie de Toulouse – CRCT</i>) - Neighbourhood growth booster (<i>Accélérateur de croissance pour les quartiers</i>) |
| Duration of project | <p>Research centre: November 2010- May 2013 (30 months)</p> <p>Neighbourhood booster: October 2008 – October 2011 (36 months)</p> |
| Member State | France, Midi-Pyrénées, Toulouse |
| Geographic size | <p>This vast reclamation plan covers an urban area over 220 ha, close to the city centre, along the Garonne river. It was originally composed of 78 ha from the former AZF industrial site (destroyed by an accidental explosion in 2001), 142 ha from the Defence Ministry; 65 ha for economic development, 30 ha for a public park and over 100 ha of green zone (Garonne river).</p> <p>The southern periphery of Toulouse – close to the present Oncopole – became famous in the 1930s for hosting over 10 000 refugees from the Spanish civil war in the ‘Spanish barracks’ (<i>baraquements</i>). It remained poorly developed for years.</p> <p>The Greater Toulouse metropolitan area is composed of 37 municipalities and has over 700 000 inhabitants. It attracts 15 000 additional residents every year; one person out of three is under 25 years old.</p> |
| Funding | <p>ERDF Regional Operational Programme Midi-Pyrénées CCI nr: 2007FR162PO021</p> <ul style="list-style-type: none"> - <u>Priority Axis 1</u>: Reinforce the research potential of competitiveness poles and excellence clusters; - <u>Priority Axis 6</u>: Integrated urban development. <p>For the purpose of this case study, the following projects are examined:</p> <ul style="list-style-type: none"> - Axis 1: Public research centre in oncology (<i>Centre de Recherche en Cancérologie de Toulouse – CRCT</i>) > €38 million – ERDF: €10 900 000 (beneficiary: INSERM); - Axis 6: Neighbourhood growth booster (<i>Accélérateur de croissance pour les quartiers</i>) > €389 450 – ERDF €194 725 (beneficiary: Greater Toulouse Metropolitan Council). |
| Managing Authority | The Managing Authority is the <i>Secrétariat Général aux Affaires Régionales (SGAR)</i> within the state’s devolved institution ‘Préfecture de la Région Midi-Pyrénées’. |
| Cohesion Policy Objective | Competitiveness and employment |
| Main reason for Highlighting this case | <p>The reasons for highlighting these projects are threefold: (i) the aim is to foster a major international centre for cancer research; (ii) the reconversion of an industrial park where the AZF fertiliser factory blew up in 2001, devastating the landscape and killing dozens of people, is highly symbolic to the urban community; (iii) it belongs to the competitiveness strategy of Toulouse metropolitan area.</p> <p>The case study shows how a city can take advantage of a national strategy to</p> |

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| | <p>create globally competitive clusters in the knowledge economy. It also shows how a city can pursue the twin aims of creating jobs in the fast-growing and socially useful “white economy” while at the same time regenerating an area of the city devastated by an industrial accident.</p> <p>Finally, in parallel, the city has put in place a series of actions to ensure that the residents of deprived neighbourhoods also benefit from high-tech growth in the knowledge economy. The link between ERDF Axis 1 and the more urban and social Axis 6 was felt to be worth investigating.</p> |
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| Keywords/Tags | <p>Toulouse, Cancer Pole, AZF, competitiveness pole, excellence cluster Research activities, infrastructures or science parks, Health, Social Inclusion</p> |

| 1. PROJECT DESCRIPTION | |
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| Overall objective / goals | <p>This vast urban development project is the core element of an in-depth reconstruction and renewal of southern metropolitan Toulouse, from a poorly developed industrial area into a contemporary high-tech cluster taking environmental and social challenges on board.</p> <p>It has scientific, economic, social and environmental objectives.</p> <p>On the scientific side: with over one billion euros invested, the Oncopole of Toulouse is a vast public health project, an integral part of the national plan to fight cancer and an ambitious scientific project. From an understanding of fundamental mechanisms of the therapeutic molecule, the goal of the Oncopole is to unravel the processes underlying oncogenesis and tumour interface through fundamental research, but also to develop high quality translational programs in order to delineate new markers predictive of the response/toxicity to treatment, and to design and evaluate new, individualised anticancer drugs through contracted partnerships with private companies. The mission of the Oncopole is to pool resources for common projects, to encourage synergies between different fields and technologies, to nurture partnerships between public and private research, and to encourage transfers and exchanges between fundamental research and patient care, thereby driving therapeutic innovation and improving the quality of treatment.</p> <p>On the economic side: beyond these scientific challenges, the Oncopole is also a major economic development initiative and an extensive urban planning programme to rebuild the southern sector of Toulouse damaged by the AZF explosion in 2001.</p> <p>On the social side: local communities, badly hit by the AZF explosion, have been involved in the project since the start. Training and job creation for people living in the area have been included in the early stages of the plan, supported by local NGOs, the public employment services, and coordinated through the Integrated Urban Programme of Toulouse Metropolitan Council.</p> <p>The environmental aspects are tackled through the rehabilitation of the river-banks, transformed into an outdoor recreation area, connected to <i>VéloToulouse</i>, the city’s bicycle hire scheme.</p> |

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| Description of activities | <p>On the hard side</p> <p>Health and biotechnologies are two major industrial sectors in the regional economy, with (i) the presence of two big names from the pharmaceutical industry (Pierre Fabre and Sanofi-Aventis); (ii) the availability of high-level university training and medical amenities in the field; and (iii) the presence of public research laboratories of international repute.</p> <p>The Oncopole illustrates this regional potential for research and innovation. It has been conceived in an integrated way, as a huge scientific park with additional public amenities for recreation (riverside park), health (hospital) and services (hotel, parking, etc.). It is made up of nine main blocks:</p> <ol style="list-style-type: none"> 1. The Pierre Potier Research Centre led the way in September 2009. It houses an incubator managed by the Metropolitan Council and is dedicated to bio-nano-technologies. In 2011, around 20 researchers and 2 start-ups worked there. It is meant to host up to 250 staff. It also houses the Advanced Technology Institute in Life Sciences (<i>Institut des Technologies Avancées en sciences du Vivant</i> – ITAV), focused on pre-competitive research. 2. In November 2009, the service centre (<i>Centre de Services Communs</i>) was inaugurated. This large building hosts the Toulouse Cancer campus Association, the InNaBioSanté Foundation and the offices of the Cancer Bio Health Competitiveness Pole. It also includes catering facilities, banking services, office space for rent and a business centre with meeting rooms. 3. The private Pierre Fabre pharmaceutical laboratory, originally located in Castres (100 km from Toulouse) moved on to the site in 2010. 600 clinicians, pharmacists, researchers and technicians now work there. 4. The new building of another private laboratory (Sanofi-Aventis) also opened in 2010, with around 800 employees. 5. The Fluvia Residence-Hotel (3 stars) opened in 2011, offering 160 room-flats, restaurant and meeting rooms. It is a social firm employing 80% of people with disabilities. 6. The business park offers commercial property on the 80 ha of land alongside the recreation zone, near the Garonne river. 7. The University Cancer Clinic is the core component of the Oncopole and the biggest physical investment in the whole campus. It is a public hospital with 312 beds, linked to several technical research units dedicated to cancer. 8. The construction of the Public Research Centre for Oncology (CRCT), as part of the same building as the University Clinic for Cancer, started in 2011. This study focuses on this specific ERDF-funded project. The CRCT is made up of four scientific departments: Genetics and Cellular Oncology, Tumour Biology, Haematology and Immunology and Experimental Therapeutics. Half of the centre's space is kept open for new, external research groups. The CRCT is part of the internationally recognised RITC Foundation, the largest Toulouse Cancer Network, which is made up of more than 60 CNRS/INSERM research cancer teams. 9. The recreation area along the Garonne river offers walking circuits linked to the clinic, as well as cycle paths connected to 'VéloToulouse', the city's bicycle hire scheme. <p>By 2014, around 4 000 persons will be working on the campus.</p> <p>On the smart and inclusive side</p> <p>Alongside the science park development strand, several other projects have been conceived in partnership with the Greater Toulouse Metropolitan Council (<i>Communauté Urbaine du Grand Toulouse</i>) and the Employment House, in order to include inhabitants of neighbouring deprived areas in the dynamics of business and job creation. One of them is called the 'Neighbourhood growth booster' and started in 2009. This is another component which is closely examined here. The idea was to facilitate staff recruitment among neighbour-</p> |
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| | hood job seekers and to adapt the local training supply accordingly (nursing, care, transport, security, gardening, etc.). |
| Beneficiaries | <p>The two beneficiaries of the projects examined in this case study are:</p> <ul style="list-style-type: none"> - Axis 1: National Institute for Health and Medical Research (INSERM); - Axis 6: Greater Toulouse Metropolitan Council. <p>In both cases, the final end users will be patients and workers, with a special focus on the social inclusion of neighbourhood residents under Axis 6.</p> <p>Many more stakeholders are currently receiving ERDF support for the development of this major reclamation plan, such as the CNRS (National Centre for Scientific Research) > €454 000; Toulouse Polytechnics Institute (€2 million); Fluvia residence (social firm for people with physical disabilities (€1 million); BTS Industry (Fantom project €84 542), etc.</p> |
| Mainstreaming of gender equality and non discrimination | <p>Under Priority Axis 6, the non-discrimination aspects (especially physical handicap, but not exclusively) are taken into account in the selection of participants for ad hoc training related to job opportunities offered by the Oncopole. Several social firms are also involved in delivering services to businesses on the spot, such as catering and cleaning. One of the main aims is to prevent discrimination and open access to jobs to people from deprived neighbourhoods.</p> |
| Intended results | <p>The overall results are as follows:</p> <ul style="list-style-type: none"> - With reference to the project considered here, the physical results for the Public Research Centre on Oncology consist of 4 types of amenities: (i) a laboratory area for research staff; (ii) a specialised area with dedicated technical platforms; (iii) a regional centre for functional exploration and experimental research called CREFRE, and (iv) an area for services and logistics. - Under Priority Axis 1 (Reinforce research potential), the Oncopole is to host 2 400 researchers and the health pole employs 1 000 staff for 312 hospital beds. - Under Priority Axis 6 (Integrated Urban Development), intended results of the 'Neighbourhood growth booster' projects are geared towards training and job creation: by the end of 2013, 160 direct and indirect jobs should be created, among which 30% of people living in the neighbourhood. |

2. POLITICAL AND STRATEGIC CONTEXT

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| National and regional framework for implementing ERDF funded urban development projects | <p>At regional and local level</p> <p>Toulouse, home to more than 100 000 students, is renowned for its prestigious School of Economy as well as its Aerospace Engineering School (Toulouse is one of Europe's major aerospace centres and headquarters of Airbus). The university's School of Medicine was created in the 14th century, and its comprehensive cancer centre, the Claudius Regaud Institute, was built in 1923 based on the Radium Institute established by Marie Curie not long after receiving her Nobel Prize.</p> <p>In the 1930s, the southern periphery of Toulouse became famous for hosting over 10 000 refugees from the Spanish war in the 'Spanish barracks' (<i>baraquements</i>). Since that time, many local charities and social firms have developed activities to serve these deprived populations, one of the most renowned being the CRIC Association (<i>Centre de Rééducation des Invalides Civils</i>) which specialised in manufacturing prostheses after World War II and developed technical training in the field. Its training centre can host up to 120 people. It was requisitioned by the emergency services after the AZF explosion in 2001, as it could offer large shower facilities to the local population at risk from chemical pollution. Its commitment towards social causes is deeply rooted in local history.</p> <p>Greater Toulouse assumed responsibility for housing, environment and economic development for the first time in 2002. In 2001, its powers were</p> |
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extended to industrial development (business parks), transport, sewage, urban planning, leisure zones and road, rail and waterways networks. Greater Toulouse adopted the regeneration plan as one of its major projects in 2004. It represents an important challenge of economic diversification in the sector of health. From 2009, the metropolitan council established neighbourhood poles allowing direct contact with the local population and initiated a Local Plan for Employment and Inclusion (PLIE). The newly established partnership with the public employment services and the training organisations linked to health and care, initiated by the neighbourhood growth booster and cofunded by the ERDF, served as a test bed for this local employment initiative.

At national level

The project forms part of three major national strategies:

- the national health scheme 'The Cancer Plan' (Le Plan Cancer)
- the Competitiveness Poles, launched in 2004 by DATAR¹
- Integrated Urban Programmes

The Cancer Plan:

In 2003, President Chirac established the intergovernmental group to fight cancer and launched the first Cancer Plan for the 2003-2007 period, which was continued with a second plan from 2009-2013. The idea was to set up a 5-year strategic plan around 6 priority areas: prevention, detection, accompaniment, care, education, knowledge and research for one single goal: to beat the disease and fight for life. The target set was to decrease the number of deaths due to cancer by 20% over 5 years. This plan is considered as the basis for a contemporary public health policy focusing on cancerous pathologies, impacting on the health system not only including the patients, but also their families and friends, as well as the medical and nursing teams. The former mayor of Toulouse, Mr Douste-Blazy, himself a former doctor, became involved in this national scheme when he was Minister of Health between 2004 and 2005.

The competitiveness poles:

In an ever more competitive global economy, France (DATAR) launched in 2004 a new industrial policy around its key sectors of competitiveness. The notion of 'competitiveness pole' is based upon the combination of enterprises, research centres and training organisation engaged in a partnership with a 'common development strategy' in a specific area, aiming to unlock synergies around innovative projects in a given market.

The goal of such a policy is to spark initiatives and support their local economic and academic stakeholders.

The label of 'competitiveness pole' (*pôle de compétitivité*) is granted by the Interdepartmental Committee for Competitiveness and Land Planning (*Comité interministériel d'aménagement et de compétitivité des territoires – CIIACT*). This committee, chaired by the prime minister, sets the government guidelines regarding land planning. In July 2005, the committee granted the title to 67 competitiveness poles out of 105 applications. Following the receipt of new applications and the merger of some existing ones, 71 poles have been in operation since 2007.

Integrated Urban Programmes:

For the 2007-2013 programming period, France decided to link its urban policy to the European urban development policy. In compliance with Article 8 of the ERDF, it instigated the creation of Integrated Urban Programmes – IUPs (*Programmes Urbains Intégrés – PUI*). This principle is formalised in a Government bill² officially launching 61 Integrated Urban Programmes.³

¹ DATAR: Délégation interministérielle à l'Aménagement du territoire et à l'Attractivité Régionale

² dated 5th October 2006

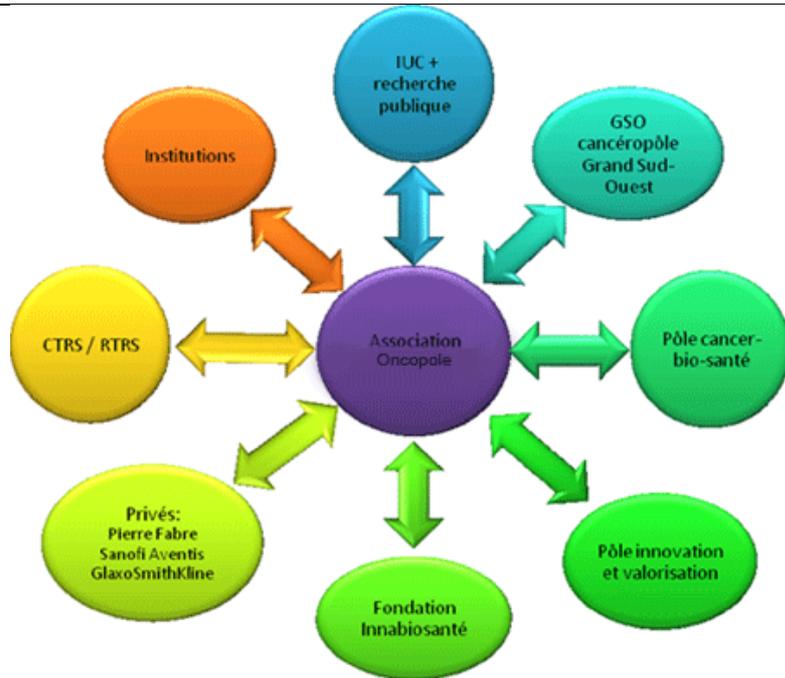
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| | <p>In the Midi-Pyrénées Region, Integrated Urban Programmes are cofinanced through Axis 6 of the OP. The regional prefecture, the Managing Authority for the programme, launched a call for Integrated Urban Programme projects in November 2007. Two applications were selected, among which was the Municipality of Toulouse (426 000 inhabitants). The Oncopole is part of the Toulouse IUP.</p> <p>France has also developed coordinated actions to provide technical support to Integrated Urban Programmes. Created in February 2010, the <i>Mission Europe Urbain</i> facilitates the networking and promotion of 61 integrated urban projects funded by the ERDF in France. Several articles about the Oncopole have been published by this umbrella organisation (see bibliography).</p> |
| <p>3. IMPLEMENTATION</p> | |
| <p>3.1. PROJECT DESIGN AND PLANNING</p> | <p>On 21st September 2001, a warehouse at the AZF fertiliser factory exploded, killing 31 persons and injuring 2 500 people. The city lost 1 200 jobs (due to the destruction of the neighbouring productive infrastructures and public amenities such as schools, etc.) and physical damage was estimated to €2.5 billion.</p> <p>In reaction to this catastrophe, all partners of European programmes in Midi-Pyrénées rallied to take swift measures for the reconstruction of the destroyed amenities and the reconversion of the site into an Oncopole. Several ideas had emerged before the decision to launch the Oncopole was taken, such as the creation of the Advanced Technology Institute in Life Sciences (<i>Institut des Technologies Avancées en sciences du Vivant – ITAV</i>). These early ideas were incorporated into the plan for the Oncopole.</p> <p>However, in 2001, the AZF industrial site was not part of the eligible area covered by Objective 2. So in order to support its reclamation, all partners decided to extend the eligible area, taking into account several challenges:</p> <ul style="list-style-type: none"> - The redevelopment of industrial activity, compensating for job losses; - The reconstruction of amenities dedicated to vocational training; - The development of new research and higher education buildings, focusing in particular on those damaged by the explosion; - An urban policy strand, with an extension of the planning towards deprived neighbourhoods, especially those severely affected by the accident (e.g. the Empalot area). <p>In March 2002, following the Programming Committee which brought together all regional, national and European stakeholders, Michel Barnier, EU Commissioner for regional policy, visited the site. In December 2007, Danuta Hübner, EU Commissioner for regional policy from 2004 to 2009, visited work in progress. These official visits reinforced the political will of local and regional stakeholders to achieve excellence with this huge partnership project.</p> <p>In 2004, the ERDF regional Operational Programme for 2000-2006 was revised, and the region obtained additional funding of €23 million as a result of good programme performance. Part of this new commitment was allocated to the reconstruction of the damaged amenities in Toulouse (Gallieni school, Empalot kindergarten and public library) and the conversion of the industrial site, in preparation for hosting the Oncopole. The new high school reopened in 2008: it can now host 1 400 pupils and was awarded a High Environmental Quality label.</p> |

³ Source: [http://www.europe-urbain.org/wo/site/public/v_fr/webop!/documentation/index.php?_is=2693947&_cs=8H3ww1hRjchLXsprCx2W&ip=8&mpi=6\]\[2\]](http://www.europe-urbain.org/wo/site/public/v_fr/webop!/documentation/index.php?_is=2693947&_cs=8H3ww1hRjchLXsprCx2W&ip=8&mpi=6][2])

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| | <p>The conversion of the site itself into the Oncopole was announced by the mayor of Toulouse in March 2004, one year after the launch of the national campaign called the 'Cancer Plan' by the French President.</p> <p>During this period and in the framework of a partnership between the National Centre for Scientific Research (CNRS) and the Pierre Fabre Research Institute, three units of common mixed research were purchased by the CNRS, in order to foster research activity in the pharmaceutical field. A technical floor with secured high-tech machinery was installed on the site and scientific cooperation was reinforced at national and international levels. In the field of cancer, common staff can benefit from synergies between the research centre on experimental oncology and the Pierre Fabre pharmaceutical group.</p> <p>The Research Centre on Cancer (CRCT) is the public body responsible for Toulouse Oncopole. Work started on a new building in 2011, next to the University Cancer Institute (also known as University Cancer Clinic). The CRCT brings together research teams from the National Institute for Health and Medical Research (<i>Institut National de la Santé et de la Recherche Médicale – INSERM</i>), CNRS and Paul Sabatier University, all working on cancer. It currently has 250 staff, and has the capacity to employ up to 350 people. Public research goals are centred on (i) increasing fundamental research and opening it up to new concepts; (ii) improving technical facilities for clinical research; (iii) developing interdisciplinary research and training; (iv) fostering innovative projects and public/private partnerships; and (i) building bridges between research, care, charities and voluntary action in the field.</p> |
| <p>3.2. MANAGEMENT, MONITORING AND EVALUATION SYSTEM</p> | <p>The management and coordination of Toulouse Oncopole is under the responsibility of an umbrella organisation (NGO), initially called the <i>Association de préfiguration du Cancéropôle</i>, and renamed <i>Association Oncopôle</i> in 2010. It has had 2 full-time equivalent staff since 2006.</p> <p>Following the decision to convert the site into an Oncopole, the prefecture appointed a director to implement both the pollution clean-up aspects and the creation of the industrial zone. Between 2006 and 2009, this director was in charge of coordinating all the issues related to public funding and sectoral policies (urban planning, transport and accessibility, eco-development along the river with flood plain issues, business incubator, pollution clean-up, etc.), under the umbrella organisation called <i>Association de préfiguration du Cancéropôle</i>, chaired by a local medical personality, Doctor André Talazac.</p> <p>When the NGO was created, it became the platform around which all informal talks that occurred during the preparation phase could crystallise.</p> <p>The most important issue to tackle at the start was the pollution clean-up aspect linked to the industrial explosion in 2001. But it was also important for the local stakeholders to launch projects in order to save jobs in the metropolitan area.</p> <p>Meetings were held fortnightly between direct stakeholders, bringing together representatives of Greater Toulouse Metropolitan Council, the university, the hospitals, research centres and pharmaceutical industries. Two 'local lads' and senior personalities steered the process: Mr Douste-Blazy, former Mayor of Toulouse, and Mr Pierre Fabre, founder of the pharmaceutical laboratory.</p> <p>In February 2006, the local authorities and the state services (for national and European counterparts) signed an agreement on the project, including a business plan, and set up a communication committee and a policy committee. Communication was organised on behalf of all partners of the project.</p> <p>The regional authority (<i>Conseil Régional</i>) joined after the signature of the first planning document. Various prefecture services were involved, according to the agenda. Their diligence was a major asset to the process, especially the Directorate of Industry, Research and Equipment which took care of the complex pollution clean-up aspects. These meetings aimed to solve many technical problems the stakeholders were facing. For instance, new legislation concerning gas pipes led to the plan being modified to include a larger security</p> |

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| | <p>area.</p> <p>During the current programming period and in parallel with these infrastructure investments, the regional prefecture, which is the Managing Authority for the programme, launched a call for 'Integrated Urban Programmes' in November 2007. Two applications were selected and approved in 2009, among which was that of the Greater Toulouse Metropolitan Council.</p> <p>The founding members of the <i>Association Oncopôle</i> are:</p> <ul style="list-style-type: none"> ▶ Greater Toulouse Metropolitan Council ▶ Midi Pyrénées regional authority (<i>Conseil Régional</i>) ▶ Laboratory Pierre Fabre ▶ Sanofi-Aventis ▶ The University Cancer Clinic, the Claudius Regaud Institute, the University Hospital Centre (CHU) ▶ ITAV (<i>Institut des technologies avancées des sciences du vivant</i>) ▶ INSERM (public research body) <p>During the early phase (2006-2009), meetings were held every Friday morning, checking progress and sharing issues with technical staff. These meetings fed into higher-level policy discussions with the mayor, the <i>Préfet</i>,⁴ heads of academic and research bodies, hospital directors and the private sector.</p> <p>At present (April 2012), the <i>Association Oncopôle</i> has a €320 000 annual budget. It has two permanent staff and benefits from media and communication services provided by its partners. Board meetings are held every quarter and steering committees every two months. Four thematic committees run in parallel: (i) land planning; (ii) economic development; (iii) communication; and (iv) ethical/societal, presenting proposals to the board. The association convenes yearly in a General Assembly.</p> <p>A new impetus to further develop the activities and visibility of this umbrella organisation was given by its board members in March 2012, when they approved a three-year strategic road map, including the recruitment of a chief executive officer as of January 2013.</p> <p>Both the ERDF and the Region-State Project Contract are felt to be useful instruments for monitoring the numerous projects funded over the years, but with such a huge number of partners and projects, it is argued that the umbrella organisation's running costs should be better supported by public funding.</p> <p>There has not been any evaluation <i>per se</i>, but several feasibility studies were used to prepare major investments.</p> |
| <p>3.3. GOVERNANCE: PARTNERSHIP, PARTICIPATION AND EMPOWERMENT</p> | <p>The governance chain is primarily of a scientific nature, with the sector of research and innovation leading the investment and planning processes.</p> <p>The site hosts one of the biggest European compounds of hospitals and ancillary services dedicated to cancer, revolving around a 300-bed public hospital, mostly financed by the state.</p> <p>Key stakeholders come together under the umbrella organisation <i>Association Oncopôle</i> (see above) organised as follows:</p> |

⁴ *Préfet*: representing the French Government at regional level.



This scientific governance is complemented by a strong local governance system through socio-economic stakeholders such as the Metropolitan Council, the Public Employment Services and the multiplicity of training bodies and NGOs associated with the city's Integrated Urban Programme. In the diagram above, they fall into the category 'Institutions'.

A representative of the neighbourhood community groups is also member of the umbrella organisation.

Citizens' associations remain unhappy, since the outcome of the 2009 trial against Total did not meet their expectations. However, the municipality had to take their voice into account while planning this major urban project, not only in terms of environmental and health issues, but also in terms of cultural heritage (victims' memorial) and social dialogue (ongoing information to local communities, special measures to prevent nuisance to people living in the neighbourhood, etc.).

Communication and management of the early phases of work were handled by a small group of key decision-makers, which facilitated coordination. The core of the work was handled by a senior advisor from the state, to whom neither urban planning and regulatory issues related to research & innovation nor economic development had any secrets (Mrs Chicoye spent 20 years with DATAR before joining the Midi-Pyrénées devolved services at the Prefecture – SGAR).

There was a common media plan right from the start in order to allow swift reaction to allegations publicised by the local population denouncing pollution and claiming for their rights after the 2001 explosion

After 2004, when the Oncopole project was officially launched, the metropolitan council organised regular public meetings. These 'reflexion cycles' allow for local voices to express themselves and feed into the planning process by formulating additional needs (e.g. bus stops, cycle paths, etc.) in the neighbourhood areas.

4. INNOVATIVE ELEMENTS AND NOVEL APPROACHES

4.1 INNOVATION

The Oncopole is established on a site which is a scar on the metropolitan fabric. The project was technically very complex as it had to juggle regulatory issues, urban planning rules, pollution clean-up, scientific challenges and public health issues. All these dimensions had to be handled simultaneously on a daily basis,

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| | <p>pushed by the necessity to avoid a local economic downturn.</p> <p>There is a genuine multi-level and multi-stakeholder dimension to the Oncopole, led by a strong willingness to regenerating a “deprived area” hit by disaster in a way that contributes to the socially useful goal of fighting cancer, and creates jobs accessible to local people.</p> <p>The grouping of 10 training centres and a business incubator in one single campus illustrates the bridging strategy (<i>‘démarche de rapprochement’</i>) with the Oncopole. It aims to build and consolidate a resource and expertise centre allowing knowledge dissemination at regional, national and international levels.</p> <p>The cleaning-up of the former AZF industrial site and rehabilitation of a green area on the riverbank are an additional element of this multi-sectoral approach.</p> |
| | <p>Timely enough, the project offered a test bed to the city, at the very moment of major public policies being designed and negotiated, such as the Region-State Project Contract and the European Competitiveness and Employment Operational Programme 2007-2013. The local employment initiatives set up by the Metropolitan Council in partnership with the Public Employment Services and the training organisations linked to health and care led to the creation of a Local Plan for Employment and Inclusion (PLIE) managed by Greater Toulouse and cofunded by the ESF.</p> |
| | <p>The integrated approach to the projects is also secured through minor but innovative actions, such as adding social clauses to the terms of reference for the service sector. For instance, the catering facility has to comply with specific nutrition rules related to health and healing. The banking service had to include specific packages adapted to persons undergoing cancer care, etc.</p> |
| <p>4.2. KEY IMPLEMENTATION CHALLENGES AND PROBLEM-SOLVING PRACTICES</p> | <p>The major challenge faced by this huge and ambitious plan is to handle the multiplicity of stakeholders. The <i>Association Oncopôle</i> umbrella organisation provides the opportunity to bring all stakeholders into a single platform, to coordinate media messages and to organise consultation with neighbourhood populations. However, owing to its current small size, it cannot always respond swiftly to all requests and still has to gain recognition from newcomers and indirect stakeholders. The recruitment of a chief executive officer in January 2013 will certainly help to further promote the Oncopole internationally as one of the world’s most renowned cancer campuses. Its tasks will be to foster the industrial take-up of the University Cancer Institute’s findings, together with Oncopole partners (pharmaceutical companies, the Centre Pierre Potier/ITAV, etc.) and to develop strategic partnerships with industrial groups as well as innovative small and medium enterprises, with the goal of stimulating technology transfer.</p> <p>On the investment side, the need to gain planning permission at the same time as the funding application was perceived as a constraint and was one of the main causes of substantial delay in the implementation calendar.</p> <p>Last but not least, the recent years of economic crisis hindered the employers’ capacity to fully engage in skill development and recruitment, as initially hoped. Several inclusion and training schemes targeting low-skilled jobs in the service sectors (building, catering, cleaning or gardening) had to adjust to delays in the construction work. Between 2010 and 2012, the employment targets of the Metropolitan Council’s dedicated scheme were drastically reduced (from 300 to 160 new jobs). The opening of the hospital in 2013-2014 will be an important milestone in overcoming this tight labour market situation, in particular for neighbourhood populations.</p> |
| <p>4.3. THEMATIC FOCUS</p> | <p>Theme 1a: Europe 2020 strategy for smart growth</p> <p>There is a shared understanding among stakeholders that the Toulouse Oncopole is a major development project related to science and innovation. A system of scientific governance steered the process from the beginning, and was facilitated by the fact that the former mayor had a medical background and was Minister of Health between 2004 and 2005. Under his auspices, the</p> |

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| | <p>industrial, academic and research circles convened around the vision of clustering national and international excellence to fight cancer in one single site. This scientific and technological focus of the smart growth dimension was also enriched by the metropolitan strategy for transforming the polluted and abandoned industrial area into a 21st century model science park, integrating environmental challenges (pollution, flood zone) into the plan (landscaping the nearby riverbank and creating cycle paths), as well as social aspects linked to the AZF explosion, by taking into account the economic potential of the projects for creating local jobs and social inclusion. Transport issues were taken into account upon request of the neighbourhood areas committees, and social clauses were added to public procurement contracts related to construction and service delivery on the site.</p> <p>In terms of urban planning, the whole concept is geared towards smart but inclusive growth, with hospital amenities being supported on the same campus by research and innovation bodies on one hand, and by social enterprises and service companies gathered around a common motto: fight cancer. The service centre (<i>maison commune</i>) provides a good illustration of this approach, by hosting offices for the League against Cancer and the 'Cancer-Bio-Health' Competitiveness Pole, and laboratories such as the Swiss Spirig, specialising in skin cancer.</p> <p>The opportunity offered by the ERDF Integrated Urban Development Programme under Priority Axis 6 allowed for social issues and challenges to be taken into account, and represented an asset during the consultation process with neighbourhood residents, as it helped shift minds towards the future, and away from the human and physical damage caused by the industrial accident.</p> |
| <p>5. FUNDING</p> | |

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| | <p>The whole project is estimated to cost over €1 billion, although the limit in time and type of investment corresponding to this figure remains blurred. Public expenditure (excluding the hospital building) represents less than 10% (around €87 million)⁵.</p> <p>More practically and with reference to the specific projects considered here, the financial plans are as follows:</p> <p>1) <u>Public Research Centre (Priority Axis 1 – research and innovation):</u></p> <ul style="list-style-type: none"> - EU (ERDF): €10 900 000 - Regional Authority (<i>Conseil Régional Midi-Pyrénées</i>): €9 600 000 - Greater Toulouse Metropolitan Council: €7 000 000 - State: €6 500 000 (coming from 2 distinct budget lines: €4 million from the National Fund for Land Planning (<i>Fond National d'Aménagement du Territoire – FNADT</i>) and €2.5 million from the Ministry of Research; - INSERM: €2 500 000 (self-funding) - CNRS: €1 500 000 (self-funding) <p>All these commitments were made between 2008 and 2010, prior to the ERDF programming decision in November 2010). The ERDF intervention rate is 20% of property costs (<i>coûts immobiliers</i>) and 50% of non-property costs (<i>hors immobilier</i>).</p> <p>Regional and state cofinancing is covered by the Region-State Project Contract (<i>Contrat de Projet Etat-Région – CPER</i>) covering the same period.</p> <p>In addition to this financial setting, two private research laboratories (Sanofi-Aventis and Pierre Fabre) invested in the project. Their contributions are covered by the 'Cancer-Bio-Health' Competitiveness Pole contractual agreement. This refers to the priority axis goals of developing public-private partnership for collaborative research projects to foster transfer towards pharmaceutical and therapeutic innovation.</p> <p>2) <u>Neighbourhood growth booster (Priority Axis 6: Integrated Urban Projects):</u></p> <ul style="list-style-type: none"> - EU (ERDF): €194 725 (50%) - Greater Toulouse Metropolitan Council: €194 725 (50%) <p>The metropolitan funding was agreed in September 2008 by the economic development committee, as part of their sustainable urban development strategy. It comes as an additional measure to the Local Plan for Employment and Inclusion covering the whole metropolitan area and co-funded by the ESF.</p> |
| 6. PROJECT ASSESSMENT | |
| 6.1. FINANCIAL SUSTAINABILITY | <p>The current programming period ensured continuity with the previous period, which accelerated the investment process between 2004 and 2008. Most of the major infrastructure investment will be finalised before 2014, which will leave room for further innovative approaches to the site's development.</p> <p>Its financial sustainability is based upon the growing need for cancer care and the increasing share of the 'white economy' in economic development.</p> |
| 6.2. TRANSFERABILITY | <p>Some components of this vast plan are certainly worth examining for potential transfer, such as the inclusion of social clauses in public procurement for the service sector, the environmental considerations integrated in the overall project, as well as the neighbourhood dimension (ensuring that 30% of the new jobs go to the local population). The recent EU communication <i>Towards a job-rich recovery</i> also sets out an action plan for the EU health workforce as one of the most promising sources of new jobs. The Toulouse Oncopole could become an important reference for what cities can do in this context.</p> |
| 6.3 ISSUES AND | <p>Within the plethora of ERDF support for the Oncopole, the links between the two priority axes examined through the analysis of two specific projects seem to be</p> |

⁵ Source: <http://www.oncopole-toulouse.com/spip.php?article32>

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| <p>PROBLEMS</p> | <p>rather weak. Bridges established here and there by social firms or other stakeholders via training and employment paths are often the result of isolated strategies, seeing the campus as a novel labour market niche in the service sector.</p> <p>The scientific governance is led by high-level personalities and/or key decision-makers belonging to national bodies (e.g. INSERM); the local remit of such major bodies is less important than the overall investment process. This is where the scope of the Integrated Urban Development Programme could possibly be expanded, allowing for better synchronisation and coordination with the innovation and research priority axis.</p> <p>For instance, at the very moment where training courses and social inclusion pathways were proposed and supported by the Integrated Urban project, the two private research laboratories were introducing redundancy plans within their companies. The economic crisis did not spare the local labour market and many social firms had to revisit their strategies in light of delays incurred by the building sector (approximately 2 years). However the reservoir of labour remains a great opportunity for the neighbourhood populations, once the hospital is opened in 2013-2014.</p> <p>A certain resentment could be perceived from the private stakeholders involved in the core partnership, when they were interviewed about ERDF support. Demarcation lines for eligible expenditure for investments in the private sector have been scrutinised in order to comply with business property regimes and other fiscal and financial constraints set by national and EU rules. It is felt that there is a contradiction between the rules of DG COMP and DG REGIO. In reality, the only window of opportunity to get public funding for the pharmaceutical groups involved from the start, was the Prime à l'Aménagement du Territoire (PAT) from the French state.</p> <p>A unique trigger to accelerate the whole process was the reallocation of €23 million of the ERDF performance reserve in 2004, which speeded up the decisions needed to create an internationally recognised science park dedicated to cancer research and care. If it is not considered as the main leverage element of the decision-making process by the respondents, it certainly created the conditions to lift the project to higher ambitions.</p> |
| <p>6.4 PROJECT RESULTS</p> | <p>The physical results for the Public Research Centre on Oncology (Priority Axis 1) consist of 4 types of amenities: (i) a laboratory area for research staff; (ii) a specialised area with dedicated technical platforms; (iii) a regional centre for functional exploration and experimental research called CREFRE, and (iv) an area for services and logistics. To date, the CRCT is nearing completion and should be opened in May 2013.</p> <p>Under Priority Axis 6, the 'neighbourhood growth booster' allows for made-to-measure and adapted services, developed by the employment services, the training bodies and social inclusion stakeholders near the science park. Dedicated staff support recruitment by new businesses: identified needs are compared with job demand and training modules are adjusted to fill any gaps. Pathways to employment are proposed to people living in the neighbourhood, financially covered by public expenditure. For instance, a group of 12 young people living on the periphery attended a long-term nursing course which they could not have paid for otherwise, and are about to get their diplomas.</p> <p>A social firm involved in the process⁶ was able to recruit a dozen people for seasonal work as gardeners (green jobs), and eight of them were re-employed in 2011. Temporary contracts could therefore be transformed into permanent jobs.</p> <p>The Fluvia Residence opened its doors in October 2011, employing 80% staff with disabilities. It is the first three-star hotel to have such a high ratio of</p> |

⁶ Gauci Group – see <http://www.gauci.fr/site.html>

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| | handicapped employees in Europe. This social firm is partly funded (€1 million – November 2011) by ERDF under the Integrated Urban Development Priority, in order to provide catering services to the nearby hospital and laboratory staff. |
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7. CONCLUSIONS: KEY SUCCESS FACTORS AND LESSONS LEARNED

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| | <p>Beyond the ambitious and contemporary dimension of the reclamation plan, the projects supported under the innovation and research priority axis are of a rather classic nature.</p> <p>The smart growth dimension stemming from the strong scientific and technological components of the Oncopole is combined with goals for 'solidarity' and economic empowerment, and is strongly present in all communication plans; it corresponds to the vision of bringing social innovation to the local economy while delivering ad hoc services to the site.</p> <p>Another important notion is the focus on the end users – patients with cancer. This health care dimension of research is reinforced by the historical shock of the industrial explosion and gives the project a unique sense of humanism.</p> <p>See also points 4.1 on innovation and 4.3 on the smart growth dimension.</p> |
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8. FURTHER INFORMATION

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| Bibliography | <p>References in French:</p> <ul style="list-style-type: none"> - Le Grand Toulouse - L'Europe en Midi-Pyrénées: Monthly newsletter Europe in action September 2011 - Mission Europe Urbain – Info lettre nr. 2, Winter 2012 Employment and economic development of urban neighbourhoods, page 3. - L'Oncopôle de Toulouse - The Competitiveness Pole Cancer-Bio-Santé - Toulouse: les grands projets - Après la catastrophe d'AZF - Le Plan Cancer: mission interministérielle pour la lutte contre le cancer (presentation) |
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ANNEX

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| Date | March 2012 |

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