



Easing legal and administrative obstacles in EU border regions

Case Study No. 15

Healthcare

Obstacles to the efficiency and effectiveness of health systems

(Estonia – Latvia)



EUROPEAN COMMISSION

Directorate-General for Regional and Urban Policy

Directorate D: European Territorial Co-operation, Macro-regions, Interreg and Programme Implementation I

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Annex
to the Final Report for the European Commission

Service Request Nr 2015CE160AT013
Competitive Multiple Framework Service Contracts for the provision of Studies related to the future development of Cohesion Policy and the ESI Funds (Lot 3)

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Luxembourg: Publications Office of the European Union, 2017

ISBN: 978-92-79-70500-7

doi: 10.2776/39561

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Abstract

Inadequate national healthcare legislation

This case study focuses on the extent to which different healthcare systems can hamper the effectiveness and efficiency of delivering services in cross-border regions. The specific example is the Valga (EE)-Valka (LV) twin towns at the border of Estonia and Latvia. In this example the specific obstacle examined is the access to hospital service for residents of Valka, the nearest hospital in Latvia being some 50 kms away from Valka; administrative obstacles restricting access to the nearby hospital in Valga. There are as yet no agreements - despite attempts to do so - in place at the national or municipality level to facilitate guaranteed medical assistance between the two towns.

The administrative obstacles include the lack of accessible information, consultation with specialists, complex healthcare service payment procedures and insufficient institutional cooperation at municipal level and inter-governmental level. Patients face obstacles, since there is no clear and easily-readable information of the procedure phase. The information to be gathered is fragmented, since it is accessible from different entities and medical institution across the border.

1 Outline of the obstacle and the policy context

The aim of the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights to cross-border healthcare (hereinafter – "the Directive") is to facilitate the access to safe and high-quality cross-border healthcare and promote cooperation in healthcare services between Member States (MS), while respecting national competences in organising and providing healthcare. As stated by the former European Commissioner for Health, Tonio Borg, the Directive on Patients' Rights in Cross-border Healthcare¹ means to empower patients by providing a greater choice of healthcare services, more information and easier recognition of prescriptions abroad. Indeed, the Directive enshrines the right to go to another EU country to get treatment and get reimbursement for it.

Two years after entry into force of the Directive, the European Commission (EC) published a first progress report² assessing its success. It was concluded, inter alia, that planned cross-border healthcare is underused on the basis of the figures provided by the Eurobarometer survey, and that there is a general lack of knowledge among the patients about their rights for reimbursement, given a lack of access to information. The EC concluded that the apparent low demand for cross-border healthcare is explained by a number of reasons, such as: unwillingness of patients to travel (e.g. because of proximity to family or familiarity with their home country's systems); language barriers; price differentials between MSs; and acceptable waiting times for treatment in the MS of affiliation (e.g. unwillingness to use facilities that may be more convenient geographically because standards are lower). In the EC's view, it was not possible to conclude at the end of 2015 that the use of cross-border healthcare accurately responds to the potential or latent demand.

When it comes to different types of barriers to the access to healthcare, the field of public policy, both in terms of scope and quality, is particularly affected by administrative obstacles prevailing in border regions.

The aim of this case study is to examine in detail the inadequate healthcare legislation, as an administrative burden, that limits the effective use of cross-border healthcare services in the border regions. Policies related to the access to healthcare and their obstacles are particularly interesting in small European countries such as Latvia and Estonia, and in twin-towns in particular as relatively more people are affected by their effects. Indeed, both countries have a relatively small territory and population size³ and limited financial resources dedicated to the provision of necessary healthcare services⁴. Therefore, the Estonian-Latvian border is an excellent example of how administrative barriers hinder the access to healthcare in border regions⁵. In this case study, healthcare services encompass primary, secondary, and tertiary medical care. Questions about payments for drugs are not reviewed in this report. Special attention is given to the twin towns Valga and Valka, where the Latvian population is particularly affected by the obstacles to the healthcare access. After the split of the Valga (Estonia) -Valka (Latvia) twin city, Latvian citizens of the twin city were left with no hospital close to their place of living. The nearest hospital for Valka citizens on the Latvian side is located about 55 km away from Valka yet the hospital of Valga is located only three km away from the city centre.

¹ European Commission (2013), "Statement by Health Commissioner, Tonio Borg, on the entry into force of the Directive on Patients' Rights in Cross-border Healthcare", European Commission Memo 13/918, 25/10/2013

² European Commission (2015), Commission report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, Report From The Commission To The European Parliament And The Council, COM(2015) 421 final, 04/09/2015,

³ At the beginning of 2015 Latvia had a population of 1,986,096 inhabitants compared to 1,313,271 in Estonia; Central Statistical Bureau.

⁴ According to the OECD data in 2013, Latvia spent 5.3% and Estonia spent 6% of GDP on health. Health expenditure per capita respectively amounted to 1216 USD in Latvia and 1542 USD in Estonia. See: OECD (2015), Health at a Glance 2015, OECD Indicators,

⁵ See Annex for details regarding the methodology on data collection

During the research phase and after reviewing the information available and collecting the interviews' results from both sides of the border, the following obstacles, identified mainly by stakeholders from Valka town were identified:

Box 1. The Obstacle – Barriers to accessing health care across borders

- Lack of unified accessible information at regional as well as national level;
- Complex healthcare service payment procedures;
- Administrative burden when dealing with the consultation of cross-border specialists;
- Insufficient institutional cooperation on healthcare issues at municipal and inter-governmental levels.

The presented results correspond to the EC's report focusing on the operation of the Directive dealing with the application of patients' rights in cross-border healthcare⁶.

1.1 Lack of unified accessible information on both sides of the border

On March 7, 2014 the Latvian Ministry of Health published an info graphic called „Healthcare received in other countries in the EU” on its homepage⁷, indicating that from October 25, 2013 patients may use healthcare services in other EU MS, as well as in Norway, Liechtenstein, Iceland or Switzerland and get both medical treatment and reimbursement.

It is up to a person's individual initiative to be able to make use of medical services and getting the costs reimbursed. The patient needs to contact the service provider, (e.g. hospitals and medical practitioners from Valga), and clarify any open questions on the conditions of medical services' reimbursement.

Already at this stage, patients face an obstacle, since there is no clear and easily-readable information on the procedure phase. To start the procedure, the patient has to acquire information from both the Latvian and Estonian cross-border healthcare contact points.

Estonian interviewees pointed out that the information to be gathered is fragmented, since it is accessible from different entities across the border. Information in Estonian contact points⁸ is available in Estonian, Russian, English and Finnish but it is not available in the languages of the neighbouring countries (including Latvia). Also at the Latvian contact points, in addition to English and Russian, information is not provided in Estonian nor Lithuanian.

A 2014 Latvian National Health Service (the NHS) report on publically financed healthcare⁹ indicated that the number of requests for reimbursing expenditures is low because of the communication issues with the medical institution of the neighbouring country, as many patients have difficulties in understanding the treatment and medical documentation.

We observed that the Latvian NHS homepage is not very user-friendly, in the sense that information on the webpage is not easy to find¹⁰. Indeed, the information related to cross-border medical services is located in one of 31 sections and presents general information about the NHS, job vacancies, contract partners, E-health, clinical

⁶ European Commission (2015), Commission report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, Report From The Commission To The European Parliament And The Council, COM(2015) 421 final, 04/09/2015

⁷ Latvian Ministry of Health official website

⁸ Refer to: The national contact point (Estonia) website

⁹ NHS Latvia (2015), NVD vēstis Nr.23 (NHS Newsletter No. 23), 2015

¹⁰ National Health Service Latvia, official website

guidelines, reimbursable medicines, healthcare services, and so forth. The information is not separated by target group, which makes it difficult for users to quickly access information. As a result many Latvians rely on family doctors to obtain the information they need. The Estonian NHS website is much clearer and easily accessible. All information needed in order to benefit from health treatment at other EU countries is accessible in Estonian and English.

1.2 Complex healthcare service payment procedures

Interviewed employees of Valka municipality have noted that people point out the lack of regional, cross-border solutions in complex healthcare services payment procedures. In both countries the procedures for benefitting from cross-border health services are regulated at national level and significantly affect the well-being of people living in border regions. No regional or local cross-border solutions have been provided up until recently.

According to national regulations, full payment for the services shall be made by the patient according to the charges imposed by medical institutions in Estonia and Latvia respectively. The reimbursement of healthcare costs is carried out in accordance with the country's healthcare charges (Latvian and Estonian respectively). There are significant differences between healthcare rates in various EU MS and service costs paid in Estonia are significantly higher than the rates in Latvia. (typically reimbursement covers just 60-70% of costs). Latvian citizens have to co-finance healthcare services used abroad, which causes burden for some of them and makes more complex and costly treatments unaffordable. After benefitting from medical services, the patient needs to apply to the NHS to receive reimbursement of the medical expenses in accordance with Latvian rules.

The Latvian NHS headquarters is located in the capital of Riga, and has five regional units¹¹. The Estonian Health Insurance Fund is placed in Tallin and three smaller towns (Parnu, Johvi and Tartu)¹². Therefore, the best option for the Latvian-Estonian border residents is to use the telephone or internet given the absence of local units in both countries. In Latvia the free information hotline number¹³, there is a warning that callers may have to wait over 10 minutes to be connected to an operator due to a large number of incoming calls. These restrictions in accessing healthcare services in border regions were highlighted in the Latvian 2014 NHS report on healthcare¹⁴, reinforcing the awareness of the problem by national agencies.

1.3 Administrative burdens in the consultation with cross-border specialists on both sides of the border

There are no cross-border measures which would easily reduce administrative burden in the consultation of cross-border specialists on both sides of the border. People from border municipalities need to submit the same documents (reimbursement request) to their NHS, as people from other regions of the country.

Patients need a referral from the family doctor or specialist to be able to apply for reimbursement of expenditures to the NHS. Benefitting from healthcare from a specialist is possible without referral, but a patient has to make sure whether the conditions apply to those of the chosen specialist. In particular, permission is required if the treatment requires that the patient stays at the hospital overnight or any highly specialised and costly medical care. Patients face problems in that respect whenever expenditures can be reimbursed only for those services that are paid in from the national state budgets. Neither country has specific rules referring to cross-border healthcare provision only.

¹¹ National Health Service Latvia, official website

¹² Estonian Health Insurance Fund website

¹³ National Health Service Latvia, official website

¹⁴ NHS Latvia (2015), tidings Nr.23 (NHS Newsletter No, 23), 2015, p. 48

It usually takes a month to get the necessary permission; unless additional information is needed or there are other unforeseeable circumstances, in which case it can take up to four months. The permission granted by the Estonian, or Latvian NHS provides the following planned healthcare services: a large joint replacement in a hospital; cardiac surgery treatment in a hospital; medical rehabilitation in a hospital; surgical services in ophthalmology (for example, cataract, glaucoma operations); and medical fertilization.

Whenever a patient in Latvia is treated by a specialist who is located near their home, but who is employed by the NHS in a different country, he/she must fulfil the obligations set by Latvian regulations - The Cabinet Regulations of December 17, 2013 No.1529 „Procedures for the Organisation and Financing of Healthcare” (see detailed information in ANNEX 2). According to the Cabinet regulations, the information to be submitted must state that the patient needs to be familiar with the information on the follow-up of the cross-border healthcare service before benefitting from it. It is also necessary to ensure that the payment document identifies the patient’s data. In practice, it means that the patient needs to know not only the Cabinet regulations, but also needs to be able to find and understand the information provided on the homepages of the Ministry of Health and the NHS. The information on those websites is however difficult to understand and not sufficiently well structured and ignores people with specific needs – such as the elderly, whose health-related needs increase. Similar challenges¹⁵ were identified in Estonian contact points¹⁶.

The translation and notarial certification of the healthcare providers’ documents is not only a logistical but also a financial burden. Indeed, translation services from Estonian into Latvian costs between 13 EUR¹⁷ and 14.23 EUR (price per page, without VAT) or 17.22 EUR (price per page, with VAT). The notarial certification costs between 8 EUR¹⁸ and 20.00 EUR (price per page, without VAT) or 24.20 EUR (price per page, with VAT)¹⁹.

1.4 Insufficient institutional cooperation at municipal level

A four-partite (Killingi-Nemmes (Estonia), Mazsalaca (Latvia), Moisakila (Estonia) and Rūjiņa (Latvia) local municipalities) cooperation agreement on education, economy, culture, sport, social work and healthcare has been concluded on August 19, 2000²⁰.

Later, on September, 14, 2010, the Ministry of Health of the Republic of Latvia and the Ministry of Social Affairs of the Republic of Estonia concluded a mutual agreement regarding the provision of emergency medical assistance in border regions. The text of this Agreement is not publically accessible, and more detailed information is not available. In fact, on the homepage of the city of Moisakilas (Estonia), information about the cooperation is provided only in Estonian, and the representative of the local municipality of Mazsalaca (Latvia) did not even mention this agreement in the interview.

On December 4, 2015 a Cooperation Agreement between 23 border municipalities (8 municipalities in the Republic of Latvia²¹ and 15 municipalities in the Republic of Estonia²²) has been decided upon in Rūjiņa. The administrative area is also partly located at the border between Latvia and Estonia. The agreement aims at encouraging cooperation in the economic, touristic, cultural, educational, sportive and social areas.

¹⁵ Health Services Organisation Act (2013) Chapter 31: Organization of provision of cross-border health services

¹⁶ See: Estonian national contact point official website and Planned treatment abroad

¹⁷ Tulkot Ltd website

¹⁸ Agency Baltija NS website

¹⁹ Baltic Translations website

²⁰ Rūjiņa municipality commonwealth cities website

²¹ Alūksne, Ape, Valka, Naukšēni, Rūjiņa, Mazsalaca, Aloja, Salacgrīva

²² Valga, Hummulī, Tõrvas, Helmes, Karksi, Abjas, Saardes, Hāādemeestes, Taheva, Karulas, Mõnistes, Varstu, Rõuge, Haanja and Misso

The agreement therefore encourages the cooperation in the border area and facilitates bureaucratic procedures²³. However, as clarified during the interviews, the topic of healthcare is only approached marginally in this agreement, partly because healthcare is not a specific competence although the municipalities have a duty of care for the wellbeing of their citizens and as key local actors exert a degree of influence and have the potential to facilitate and bring issues to the attention of the appropriate ministries..

The city of Valka is more active in addressing the issue of cross-border cooperation in the field of healthcare, since it has brought the issue to the Ministry for Health several times during 2015. In the middle of 2015, the council of the municipality of Valka invited the Ministry of Health of the Republic of Latvia and the stock company Valga Haigla (hereinafter - Valga hospital) to sign an agreement that will allow the inhabitants of the Valka region to receive state-guaranteed medical assistance in the cross-border hospital of the city of Valga, under the condition that they hold a European Health Insurance Card (EHIC). In addition, the agreement would give the possibility to people residing in Estonia temporarily (e.g. for tourism, professional activities or studies) and needing healthcare to benefit from the same services²⁴.

To this proposal, the Ministry of Health replied by indicating that the agreement of 2010 concluded between the Ministry of Health of the Republic of Latvia, the Ministry of Social Affairs of the Republic of Estonia and the Ministry of the Interior of the Republic of Estonia concerning mutual assistance in the provision of emergency medical services in border regions is the basis for the cooperation between the emergency services. At the same time, the Ministry of Health pointed out that the identification and analysis of the measures extending cross-border healthcare services are currently being developed and that the parties plan to meet with Estonian healthcare service providers from border areas to further develop cooperation in this matter.

In December 2015, the Valka municipal council turned to the Minister of Health with the request to reflect upon the situation where the nearest hospital for the inhabitants of Valka (Latvia) is located on the other side of border (approximately 3 km from the city centre) but that there are barriers to access for its citizens. The municipal council of Valka suggested:

- to propose amendments to the agreement establishing the diagnosis and specifying the circumstances under which the inhabitants of the Valka region may be transported in an Latvian ambulance to a hospital in Valga and not in Vidzeme (regional) hospital in Valmiera (the nearest hospital in Latvia);
- to sign a new agreement between Latvia and Estonia on healthcare in border regions referring to the Directive on the application of patients' rights in cross-border healthcare (Article 10, Part 3);
- to make amendments to the procedure for healthcare organisation and financing, - including specific regulations to cover healthcare services for people residing in border regions - by providing that healthcare costs are covered or compensated according to the procedures and in the amounts specified by the reciprocal agreement signed between Latvia and Estonia.

Interviewed experts of the municipality of Valka indicated that there is limited interest in dealing with healthcare services in border regions and in particular easing access to facilities, the hospital in particular, in Valga. During these interviews, a positive move was pointed out with regards to addressing individual issues, notably the Latvian NHS agreement of January 2016 stating that medical documents issued/translated in

²³ The regional council newspaper - Apes novada ziņas Nr.9, 2015; http://www.apesnovads.lv/wp-content/uploads/2014/10/Apes_Zinas_Decembris.pdf?ab4dc5

²⁴ Situations under Decision of Administrative Commission No.S1 (June 12, 2009) on the European Health Insurance Card (document refers to EEA and EC and Switzerland Agreements) (2010/C 106/08)

Latvian are henceforth accepted by the hospital of Valga (not requiring a notarized certified translation). However, these interviewees pointed out that neither the agreement between Latvia and Estonia, nor the EHIC card provide appropriate levels of medical care for residents. In addition if a citizen of Valka does not have an EHIC card, he or she cannot benefit from state funded emergency medical assistance. That means that all medical expenses will have to be covered by the patient to benefit from medical assistance in the Valga.

Box 2. A practical example of the impact of the obstacle

If an accident happens within the Valka territory, the emergency medical service will take the patient to the Vidzeme (regional) hospital or the patient can apply to urgent medical assistance in the same hospital. If for any reason a person registers at a Valga hospital, for example, at the emergency service of the hospital of Vidzeme in Valka, X-ray services are not available and she/he will not be able to benefit from emergency medical assistance; the service provided to will consist in planned medical assistance instead of emergency service, and the patient will have to cover the medical expenses herself/himself and then apply for reimbursement at the NHS. In this case, the medical expenses will be reimbursed according to the payment conditions of Latvia.

It has also been pointed out in the interviews that the emergency medical service of the Vidzeme (regional) hospital is closed on public holidays. Taking into account that public transportation services are unsatisfactory in the evening hours and during the weekends, the trip back to the patient's place of residence after medical treatment in these hours presents a challenge.

One of the interviewees mentioned the example of an elderly lady who broke her arm on a Saturday in the city of Valka. She tried to register at the hospital of Valga (Estonia) with an EHIC card, but since she had crossed the border, the conditions provided by the EHIC card were not taken into account and the patient had to pay for the medical services herself. Moreover, the medical authorities interpreted her case as not being an emergency but a planned medical service.

At national level, the position of the Latvian Ministry of Health with regards to the proposals of the municipality of Valka is unambiguous: there is a defined procedure that is applicable to the entire country without any exceptions, namely the directive on the application of patients' rights in cross-border healthcare.

Moreover, the access to healthcare services is affected by people's purchasing power. Healthcare in Estonia is about twice as expensive as in Latvia (services paid from the state budget). However, the situation could change if the difference would be covered by local authorities if not directly then through representations to the appropriate ministries.

The situation with the hospital of Valga cannot be assessed unequivocally, because the hospital is interested in providing care to as many patients as possible, thus claiming more funding from the Estonian state budget for healthcare, which, in turn, would allow the hospital to become multidisciplinary. In turn, the outflow of patients to Estonia has consequences for the Vidzeme (regional) hospital, because the loss of patients – to Valga - leads to a loss of state financing.

2 Case Study Context

The border between Latvia and Estonia is 343 km long. In Latvia, the border municipalities are the towns of Salacgrīva, Aloja, Mazsalaca, Rūjiena, Naukšēni, Valka, Ape and Alūksne. In Estonia, the border municipalities are the towns of Valga, Hummuli, Tõrvas, Helmes, Karksi, Abjas, Saardes, Hāademeestes, Taheva, Karulas, Mõnistes, Varstu, Rõuge, Haanja and Misso. Between 2010 and 2016, the population in the Latvian border municipalities has declined by 10.7% (see Table 1). In comparison situation in Estonia is better, changes in the number of population is very small (see Table 2)

According to the Latvian NHS database, there are 33 general practitioners who have a contractual relationship with the NHS²⁵ and provide primary healthcare services. The other healthcare services are provided by the hospital of Vidzeme²⁶, a regional medical institution.

Table 1. Population in border municipalities in Estonia and Latvia

Municipality	Area km ²	Population				Number of GP practices ²⁷
		2010 (01.01) ²⁸	2011 ²⁹	2013	2016	
Salacgrīva	637,6	9372	8323	8960	8443	5
Aloja	630,7	5969	5316	5719	5308	3
Mazsalaca	417,0	3937	3460	3713	3402	4
Rūjiena	352,2	6107	5577	5886	5504	6
Naukšēni	281,0	2289	1987	2131	1986	1
Valka	908,0	10377	9299	9919	9279	10
Ape	545,1	4295	3834	4082	3828	2
Alūksne	1699,8	19065	17177	18248	17092	2
Together		61411	54973	58658	54842	33

Table 2. Population in border municipalities (Estonia)³⁰

Municipality	Area km ²	Population			
		2010	2011	2013	2016
Valga	16.54	12 960	12 830	12 683	12 632
Valga county: rural municipalities	2 022.17	16 190	16 000	15 154	1507
Hummuli	162.70	920	900	838	829
Tõrva	4.80	2780	2740	2753	2820
Helmes	312.73	2310	2310	1916	1985
Taheva	204.70	850	820	757	736
Karula	229.92	990	940	918	959
Varstu	170.63	1140	1130	1022	1050
Haanja	170.47	1040	1020	984	1084
Misso	189.35	680	680	587	631

A special situation arises with regards to the cities of Valka and Valga, which are located next to each other (detailed information in Annex 3). Historically, Valka and Valga have experienced several mergers and divisions. For years, this created

²⁵ Estimate number

²⁶ Vidzeme hospital website

²⁷ National Health Service Latvia, official website

²⁸ The Office of Citizenship and Migration Affairs

²⁹ Population Census 2011, Central Statistical Bureau, TSG11-02. March, 2011

³⁰ Statistics Estonia, Population figure and composition; http://pub.stat.ee/px-web.2001/Dialog/varval.asp?ma=Po0291&ti=POPULATION+NUMBER%2C+AREA+AND+DENSITY+BY+ADMINISTRATIVE+UNIT+OR+TYPE+OF+SETTLEMENT%2C+1+JANUARY&path=../I_Databas/Population/01Population_indicators_and_composition/04Population_figure_and_composition/&lang=1

complicated situations where members of one family, even living on the same street had different citizenships and had to go through customs and border guard identity checks in order to visit each other. Last time the Estonian-Latvian state border – including the border between Valka and Valga – was restored in 1991. In 2007, when Latvia and Estonia joined the Schengen area, the border control and border crossing points were eliminated and both towns became a single urban area with two separate self-governments in two separate countries.

The Health Inspection data³¹ indicates that there are ten family physicians (family doctors), medical practices in ophthalmology, neurology, psychiatry, gynaecology, three practices in dentistry, one masseur practice and one medical practice in algology. Five of the family doctors are also practicing in other areas of healthcare, such as drug and alcohol abuse, paediatrics, respiratory medicine and occupational health and diseases. Healthcare is also available in the Vidzeme (regional) hospital in Valmiera, some 50km from Valka.

According to publically available information, in Valga, healthcare is provided by AS Valga Haigla (Valga Hospital). To provide general medical help for the Estonia's citizens, there are 17 lists of practice with 15 family physicians (GP-s), two replacement physicians, two helping physicians and 19 family nurses³². There is no specific information about the number of practices in the town of Valga.

The interviewees pointed out that, apart from the inconvenience of there are no problems to receive healthcare services in the regional hospital of Vidzeme in Valmiera and it is possible to benefit from those services not only through family doctors, but also through relevant specialists from the nearest Latvian municipalities.

It was pointed out that people from border municipalities face the same obstacles as people from all other municipalities because the Cabinet Regulation No.1529 did not provide exceptions to cross-border healthcare services. The identified obstacles consist of insufficient information and language barriers, complex payment procedures in healthcare services, as well as insufficient cooperation on healthcare issues at state and municipal level. At the same time, it is necessary to mention that there is little time left for the Directive to be implemented.

Only one border municipality – Valka – initiated the necessary changes in Cabinet Regulations No.1529 and proposed to sign a new agreement between Latvia and Estonia on healthcare in the border region. However, at national level, the position of the Ministry of Health regarding proposals made by the municipality of Valka is unambiguous: in Latvia, there is one single procedure defined for the entire territory of Latvia with no exceptions possible.

Figure 1. Map of Valga – Valka twin towns



³¹ Health Inspection Latvia, official website

³² Valga County website: <http://www.valgamaa.ee/>

The Directive has been transposed into national law and came into force in Latvia on October 25, 2013. The Directive's legal norms are included in the Cabinet Regulations of December 17, 2013 No.1529³³. Most of the answers to the question on whether employees are aware of any cases where Latvian residents have used the opportunity to receive planned healthcare services in Estonia or have inquired about such a possibility (and the same for Estonian residents to receive health care services in Latvia), showed a significant loophole due to the fact that information about whether local residents made use of healthcare services in Estonia is not readily available (except for information from the responsible specialists of the municipality of Valka).

Considering that the implementation time of the Directive is relatively short (almost three years) it is necessary to keep on monitoring the short- and medium term access to cross-border healthcare by gathering information from the border municipalities and by identifying the best practices in cross-border healthcare.

To avoid the obstacles identified above, several measures with a relatively small financial investment should be implemented:

- at national level, the access to information should be simplified by structuring information provided by the Ministry of Health, the NHS, and the National Contact points by using simple language not only on the webpages of governmental institutions but also among municipality services and hospitals;
- at national level or municipal level, language barriers could be reduced through providing information in the different country languages of border areas;
- at national level, legal texts should be simplified, for example by translating the Regulations into an easy-to-read language;
- at national level, the procedures for submitting documents to the NHS to get reimbursement for healthcare expenditures should be simplified;
- at national level, the payment procedure should be simplified (payments should be settled between the countries and the patient should only pay the difference).

The example of the twin cities of Valka and Valga shows the need to expand cross-border cooperation, including the cooperation between National Contact points and to ensure the circulation of documents in electronic form between the institutions.

Some of these recommendations depend on the political will at national level regarding the simplification of payment procedures as well as the procedures for the submission of the necessary documents for reimbursement, and other recommendations concern the available financial resources. This is particularly true with regards to the translation of information into the country languages of the border areas and into easy-to-read language, as well as the restructuring of the institutions' webpages³⁴.

³³ Likumi – Legislation of the Republic of Latvia (2013), Cabinet Regulations of December 17, 2013 No.1529 „Procedures for the Organisation and Financing of Healthcare”, <http://likumi.lv/ta/id/263457-veselibas-aprupes-organizšanas-un-finansšanas-kartiba>

³⁴ Latvian Cross-Border Healthcare Contact point: <http://www.vmnvd.gov.lv/en/cross-border-healthcare-contact-point> and Estonian National contact point: <https://www.haigekassa.ee/en/ncp/healthcare-estonia>

3 Impact analysis

The administrative and legal obstacles in accessing healthcare services in the border regions lead to negative consequences for the health and well-being of local inhabitants. The obstacles affect the daily lives of local inhabitants and this also has a negative impact on a broader, more societal and regional level.

3.1 High administrative burden for Individuals

- People spend a high amount of time to find out how to benefit from cross-border healthcare services
- Residents do not always get permission to access healthcare services
- Time efficiency in healthcare access plays a crucial role in the effectiveness of treatments
- Individuals have to fund in advance of claims for recompense their use of healthcare services and can be worse off in financial terms
- Individuals are demotivated to benefit from national healthcare services because of the obstacles they experience, which negatively affects prevention
- Administrators spend a high amount of time informing people about cross-border healthcare services and managing these services

3.2 Social and regional impact

- Insufficient access to healthcare services in the studied countries and abroad
- Higher costs of living in the region due to a significant amount of time spent and more expensive access to healthcare services
- More inequalities between border regions and remaining areas, which can lead to social dissatisfaction
- Decrease in the attractiveness of the border region, especially for the elderly and people requiring special healthcare

Due to the fragmented access to healthcare information, the use of healthcare services seems extremely time-consuming for individuals and for administrators. Information about the use of healthcare services is very fragmented and distributed among different public institutions, which is confusing for persons who are looking to know if they can in fact benefit from cross-border healthcare. The 2014 NHS Report on the possibilities for cross-border healthcare indicated that the number of applications submitted is small but increasing.

In their interviews, employees from the Latvian municipality of Valka described the increasing interest in the possibilities of using healthcare services in Valga (Estonia). They noted that interest has increased once information about healthcare in the border region - including contact details were published on the website of the Latvian municipality of Valka. On the website, a specific news section from the hospital of Valga has been included. While originally the website counted one to two visitors from Valka per week, the figure increased to two to three persons per day once the abovementioned information was published online.

The visitors on the cross-border healthcare section of the municipality of Valka website are mainly people interested in a consultation with specialists for which the patients sometimes need to wait for several months. However, there is a lack of statistics on the amount of people from Valka who have applied for the reimbursement of their medical expenditure by the NHS. Also, there is no information about the fact whether and to what extent the administrative burdens in the procedure processes affect this situation. The interviewees pointed to some examples, suggesting the need to improve access to unified information. For example, due to the complexity of the rules, in 2014, the NHS adopted two unfavourable decisions (in comparison – seven positive

decisions were adopted). In one of the cases, a resident had benefitted from a service which is not included in the scope of national healthcare services paid by the state, while in another case, the resident had not received prior permission to benefit from the service³⁵.

In addition to the time spent, individuals are also disfavoured in terms of costs. Firstly, the costs of the services differ significantly between both countries. The cost of health services is higher in Estonia than in Latvia. Therefore, an individual has to co-finance healthcare services. Secondly, the person cannot be certain whether the service will be covered by the NHS at all. Thirdly, the patient needs to credit the healthcare services, and then spend a lot of time with the administrative reimbursement procedures. The 2014 NHS Report on state-paid healthcare³⁶ indicates that the number of requests for reimbursement of healthcare expenditures will not increase rapidly, which is partially due to communication problems with medical institutions of neighbouring countries notably in cases when the patient does not know the national language.

There is no available data on the number of people who benefitted from this procedure, especially at cross-border level, but the negative forecasts on the use of cross-border healthcare services are worrying, since it confirms the ineffectiveness of the system at cross-border level.

Another consequence of the aforementioned obstacles is the demotivation of people in need for healthcare services. Indeed, people get discouraged when facing various legal and administrative obstacles, especially when they need to cope with high costs related to redundant or insufficient regulations. This psychological impact is significant since it leads to disappointment, hopelessness and low morale, which further exacerbate the issue. Cross-border cooperation starts with a positive attitude and willingness to open up to others, while the mentioned barriers hinder those two attitudes.

Barriers and obstacles to cross-border cooperation in the field of healthcare also have a negative social impact. First, the limited access to healthcare leads to cutting on resources dedicated to preventive treatment and increases the risk of living in worse health in the future. This in turn has long-term consequences. It can lead to a lower participation on the labour market, hamper the extension of working lives, negatively impact on social and civic lives and lead to a higher risk of social exclusion.

In addition, co-financing healthcare services causes living conditions in the cross-border regions to be less attractive and more expensive, which again leads to a decrease of the region's attractiveness overall. Lower social perspectives in the region translate into a deterioration of the region's economic perspectives due to lower incomes and higher inequalities between border regions and other country areas. This can in turn lead to social tension between regions. As a consequence, it also decreases the attractiveness of the border regions, especially for young people who increasingly emigrate, and the elderly who have more difficulties in accessing healthcare services, which in turn further diminishes regional potential. Despite the gravity of those problems, the actual impact of the analysed obstacles has not been measured so far.

³⁵ NHS Latvia (2015), National Health Service tidings Nr.23 (NHS Newsletter No, 23), 2015, p. 48; <http://www.vmnvd.gov.lv/uploads/files/56eabd4ec0c66.pdf>

³⁶ NHS Latvia (2015), NVD vēstis Nr.23 (NHS Newsletter No. 23), 2015; <http://www.vmnvd.gov.lv/uploads/files/56eabd4ec0c66.pdf>

4 Solutions and good practice

1. Overall, four obstacles were identified throughout the analysis of the case study:
2. A lack of unified accessible information at regional as well as national level;
3. Complex procedures of healthcare service payments;
4. Administrative burden in dealing with consultations with cross-border specialists;
5. Insufficient institutional cooperation on healthcare issues at municipal level.

Regarding the lack of unified accessible information at regional as well as national level, the potential solutions can consist in simplifying the access to information and reducing language barriers. This could be done by structuring the information of the responsible authorities (ministries and NHS) and providing information in the languages of the border regions. The implementation of these measures would make it possible to acquire more knowledge about the closest healthcare services to the place of living, and about payment and reimbursement procedures. In addition, those measures would help gaining time since they would avoid the translation of documents.

The barrier caused by unclear administrative language could be overcome at the local authorities' level by small financial investments.

The complexity of healthcare service payment procedures could be addressed by changing the regulations in a way to simplify the procedures related to submitting documents and getting reimbursed³⁷. The main essence of those changes is the need to simplify the reimbursement procedures. These changes are possible on the condition that healthcare service providers and contact points cooperate with each other. It should be ensured that documents are shared between the institutions in electronic form, in such a way that the number of documents to be submitted to the NHS is reduced, and the requirements of multiplying, copying, and translating the documents are reduced.

The regulations should be amended in a way to improve the payment systems. Patients should be able to only pay the difference between the charges imposed by the medical institutions and the State healthcare charges.

The responsible institutions should be able to exchange information on the patients', healthcare services as well as the charges and payments involved. The provision of healthcare services will be faster and the financial burden smaller.

The implementation of those measures needs political involvement as well as cooperation between healthcare service providers and (Estonian and Latvian) contact points. In addition, the creation of a mutually compatible database would require mutual cooperation on a national and institutional level, and additional financial resources to implement and maintain the databases and compatible systems. This is the long-term solution, which implementation requires the involvement of many stakeholders at international level and would take time. It will not solve the short-term actual problems. Language barriers also play an important role. They could be addressed by providing financial resources for translating of documents by the NHS.

Significant differences between the tariffs of different healthcare services exist. The higher cost burden, which has to be covered by individuals living in cross-border regions may lead to a situation where people's propensity to use healthcare services would be reduced.

³⁷ The good example of such an initiative is the eGovernment Action Plan 2016-2020.

If in the future, the number of persons using healthcare services in border areas increases, there will be a need to install local units responsible for the reimbursement of processes that are carried out close to the service locations places. In the case of Valka – Valga, this would be Valka.

Looking at the administrative burden involved in the consultation with cross-border specialists, there is a need to minimize time for the decision for the appointment. This could be done by improving the administrative capacity of the NHS and setting time restrictions in the Regulations (of not more than 10 working days, for example). This obstacle is also related to the current requirement to submit translations that are certified by notary. The Valka-Valga case study points to other possible solutions, including a bilateral agreement between the responsible institutions on the recognition of documents issued in the Valga hospital and translated in Latvian language, which would simplify the procedures for the patients and minimize financial burdens.

The insufficient institutional cooperation on healthcare issues can not only be observed at national but also at municipal level. Despite the fact that healthcare services are recognized as national level issues and are not included in cooperation agreements between border municipalities, the municipalities should be facilitators that bring the problem to the Ministries and attempt to solve it.

It is necessary to update bilateral agreements regulating cross-border medical assistance in case of an emergency and incorporate additional regulations for planned healthcare services, taking into account local conditions and national circumstances.

Those measures could be implemented without any financial investments, although this may have a significant financial impact on the budgets of hospitals in Latvia and Estonia. The Valga hospital is interested in offering care to as many patients as possible, claim more funding from the Estonian State budget for healthcare, which, in turn, would allow the hospital to become multidisciplinary. The outflow of patients to Estonia is however not economically viable for the Vidzeme (regional) hospital, because the loss of patients leads to the loss of future state financing. Given that economic interests are different, possible solutions could be achieved in interstate negotiations. It should be noted that the implementation time of the Directive is relatively short, and it is necessary to keep on monitoring the short and medium- term access to cross-border healthcare. During the preparation of the report, it is recommended to hear out the border municipalities' views. It is also necessary to identify and promote the best practices for providing cross-border healthcare services³⁸.

Almost all of the above-mentioned obstacles and solutions proposed are potentially transferable to other European cross-border regions.

³⁸ Interesting examples of cross-border collaboration and health system interactions can be found in: „Hospital and Borders. Seven case studies on cross-border collaboration and health system interactions“, 31 Observatory Studies Series, eds. Gilnos, I., Wismar, M., 2013

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- Latvian Cross-Border Healthcare Contact point: <http://www.vmnvd.gov.lv/en/cross-border-healthcare-contact-point>

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- Estonian National contact point: <https://www.haigekassa.ee/en/ncp/healthcare-estonia>
- Latvian Ministry of Health official website, [http://www.vm.gov.lv/lv/ /](http://www.vm.gov.lv/lv/)
- NHS Latvia, official website: <http://www.vmnvd.gov.lv/>
- Tulkot Ltd website: „Abyling”, <http://www.tulkot.lv/lv/tulkojumu-cenradis/>
- Agency Baltija NS website: <http://www.baltija.lv/tulkojumi.html>
- Baltic Translations website: <http://baltictranslations.lv/cenas-tulkosanai>
- Rūjiena municipality commonwealth cities website: <http://www.rujiena.lv/public/request.php?navi=19&l=lv>
- Health Inspection Latvia, official website: <http://www.vi.gov.lv/lv/air>
- Central Statistical Bureau Latvia; <http://www.pmlp>

Annexes

Annex 1

During the case study on March 31, 2016 an e-mail about the barriers to healthcare access in the Latvian-Estonian border region was sent to eight Latvian-Estonian border municipality councils: Salacgrīva (dome@salacgriva.lv), Aloja (dome@aloja.lv), Mazsalaca (mazsalaca.dome@mazsalasnovads.lv), Rūjiena (rujiena@rujiena.lv), Naukšēni (dome@naukseni.lv), Valka (novads@valka.lv), Ape (administracija@ape.lv) and Alūksne (dome@aluksne.lv). In the e-mail, a telephone conversation / interview was requested with municipal employees whose work is related to the reception / provision of healthcare services in the Latvian-Estonian border region.

A similar email with a request to recommend employees whose work is related to the reception / provision of healthcare services in the Latvian-Estonian border region (for example, participation in interstate working groups, preparation of transnational contracts, publishing of statistics, and drafting of regulatory enactments) was sent also to the National Health Service (nvd@vmnvd.gov.lv) and the Ministry of Health (vm@vm.gov.lv). Replies were received from Valka, Mazsalaca, Alūksne and Aloja municipality councils and the Ministry of Health. The interview with the NHS employee took place after a separate phone call.

Employees with whom the conversation was held were council officials (Chair, Executive Director of the municipality council) or employees whose work is connected with health issues in the municipality (health promotion specialist or public health organiser). The NHS employee represented the International Cooperation Unit while the employee of the Ministry of Health was the Director of the Health Department.

Telephone conversations took place in a structured way, by asking questions to identify the legal and administrative obstacles for benefitting healthcare services in the Latvian-Estonian border regions.

Name, Surname	Position	Contact details	Date of interview
Edīte Balode	Valka Municipality Council Public Health Organizer (Latvia)	Tel.28644365 edite.balode@valka.lv	31.03.2016. 04.04.2016.
Everita Pukinska	Cross-border Cooperation Project Manager, Valga Hospital (Estonia)	Tel: +371 676 30503 +372 766 5218 E-mail: everita.pukinska@valgahaiqla.ee Valga Haigla AS www.valgahaiqla.ee/lv	04.04.2016.
Harijs Rokpelnis	Chair of Mazsalaca Municipality Council	26685222 E;mail - mazsalaca.dome@mazsalaca	04.04.2016.
Mārtiņš Kļaviņš	Aloja Municipality Council Executive Director	mob.t. 25668856 Aloja municipality council Jūras street 13, Aloja, LV4064	01.04.2016.
Ina Raipule	Alūksne Municipality Council Health Promotion Specialist	Mob.tel.25771189 dome@aluksne.lv	01.04.2016.
Lienīte Ganševska	National Health Service Senior Expert of International Cooperation Unit	Tel.67043799 Cēsu street 31 k-3 (6.entry, 4. flour), Rīga, LV-1012 nvd@vmnvd.gov.lv	31.03.2016.
Ēriks Miķītis	Ministry of Health Director of Health Care Department	Brīvības iela 72, Rīga Tel.67876152 http://www.vm.gov.lv	05.04.2016.

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Name, Surname	Position	Contact details	Date of interview
Mrs. Kristel Kivisild	head physician from Valga Hospital	(kristil.kivisild@valgahaigla.ee) tel.no. 372 7665202	20.11.2016
Mr. Kalev Hark	mayor of Valga	(kalev.hark@valgalv.ee) tel,no.3727669910	29.11.2019

Annex 2

The Cabinet Regulations of December 17, 2013 No.1529 „Procedures for the Organisation and Financing of Healthcare”³⁹ (detailed information in Annex 2) state that for the reimbursement of healthcare expenditures from the NHS, a person shall submit an application to the latter, with a document confirming the payment, and comprehending a document from the healthcare provider accompanied by a translation into Latvian certified by notary.

The application must state the person’s personal data (the given name, surname, personal identity number or identification number, address, telephone number or email address, and bank account number) as well as details about the country in which a person has received healthcare services, added to the name, registration number and address of the healthcare service provider; a description on the reason for benefitting from the healthcare service and the date and number of NHS decision if prior authorisation for reimbursement of expenses was necessary. The document that certifies the payment must be prepared in the way it is possible to identify the services’ recipients.

In the document, the healthcare provider must indicate the diagnosis on the basis of which the healthcare service has been provided to the person, the nature of the service, the date of provision, the price of the service, and details about the payment made for it. This document needs to be translated into national language (Latvian) and be certified by notary.

In addition, the patient shall provide the confirmation that he or she is not insured by another social security system.

³⁹Cabinet Regulations of December 17, 2013 No.1529 „Procedures for the Organisation and Financing of Healthcare”, <http://likumi.lv/ta/id/263457-veselibas-aprupes-organizšanas-un-finansšanas-kartiba>

Annex 3

Valka is a city in Latvia, in the north on the border with Estonia and Valga is its twin city Valga located in Estonia. The total area of the city of Valka is 14.36 km² and the one of Valga is 16.54 km². The population of Valka is 5,535 inhabitants (on July 1, 2015), and 16 842 in Valga (data from 2015). Last year, data indicated that the population in Valka decreased⁴⁰ but increased in Valga⁴¹. The distance from Riga is 160 km, from Valmiera – 50 km, from Tartu (Estonia) – 90 km⁴² and from Tallinn – 245 km⁴³.

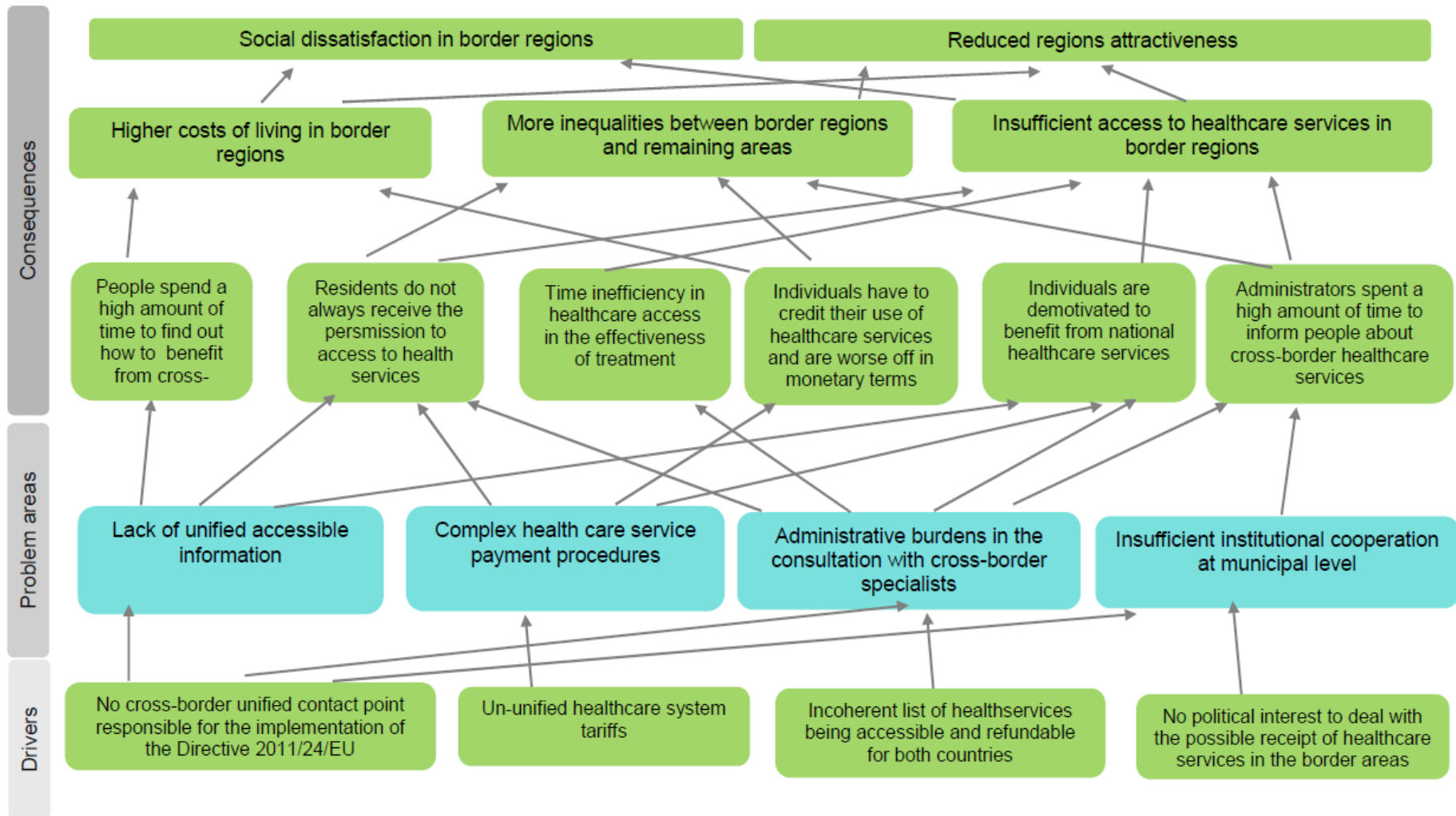
⁴⁰On January, 2016 the population in Valka was 5 489. Information resource - the Central Statistical Bureau Latvia;
http://www.pmlp.gov.lv/lv/assets/documents/statistika/IRD2016/ISPV_Pasvaldibas_iedzivotaju_skaitis_pagasti.pdf

⁴¹In 2011 the population in Valga was 12 261; Statistics Estonia website: http://pub.stat.ee/px-web.2001/I_Databas/Population_census/PHC2011/01Demographic_and_ethno_cultural_characteristics/04Ethnic_nationality_Languages_Dialects/04Ethnic_nationality_Languages_Dialects.asp

⁴²Valga Official Website: <http://visit.valka.lv/en/about-us>

⁴³Valga Official Website: <http://www.valgalv.ee/en>

Figure 2. Problem tree



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