



Easing legal and administrative obstacles in EU border regions

Case Study No. 6

Emergency response

Obstacles linked different national management systems handling crises and disasters

(Hungary – Slovakia)



EUROPEAN COMMISSION

Directorate-General for Regional and Urban Policy

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

Unit D2: Interreg, Cross-Border Cooperation, Internal Borders

Contacts: Ana-Paula LAISSY (head of unit), Alexander FERSTL (contract manager)

E-mail: REGIO-D2-CROSS-BORDER-COOPERATION@ec.europa.eu

*European Commission
B-1049 Brussels*

Easing legal and administrative obstacles in EU border regions

Case Study No. 6

Emergency response

Obstacles linked different national management systems handling crises and disasters

(Hungary – Slovakia)

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)

***Europe Direct is a service to help you find answers
to your questions about the European Union.***

Freephone number (*):

00 800 6 7 8 9 10 11

(*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

LEGAL NOTICE

This document has been prepared for the European Commission however it reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

More information on the European Union is available on the Internet (<http://www.europa.eu>).

Luxembourg: Publications Office of the European Union, 2017

ISBN: 978-92-79-70492-5

doi: 10.2776/68880

© European Union, 2017

Reproduction is authorised provided the source is acknowledged.

Table of Contents

Abstract	5
I. CROSS-BORDER EMERGENCY HEALTHCARE PROVISION	
1 Outline of the obstacle (legal and administrative) and the policy context	6
1.1 Introduction	6
1.2 Overview of legal and administrative obstacles	6
1.3 EU-wide legislation & activities.....	7
1.4 Examples of cross-border initiatives.....	7
1.4.1 Cross-border examples of emergency healthcare provision in Europe.....	7
1.4.2 Interreg Programme: Hungary-Slovakia	7
2 Case Study Context.....	9
2.1 The Hungarian-Slovak border region.....	9
2.2 Cross-border obstacles.....	9
2.3 Cross-border cooperation to solve the cross-border obstacles	10
3 Impact analysis.....	13
4 Solutions and good practice	15
II. CROSS-BORDER NATURAL DISASTER MANAGEMENT	
1. Outline of the obstacle (legal and administrative) and the policy context	16
1.1 Introduction	16
1.2 EU-wide legislation & activities.....	16
1.3 Examples of cross-border initiatives.....	17
2 Case Study Context.....	19
2.1 The Hungarian-Slovak border region.....	19
2.2 Cross-border obstacles.....	19
2.3 Cross-border cooperation to solve the cross-border obstacles	20
3 Impact analysis.....	22
4 Solutions and good practice	23
List of references.....	24
List of consultees.....	26
Annex	29

Figures, Boxes and Maps

Figure 1. Legal obstacles in healthcare and social service cooperation 9

Figure 2. To what extent do you feel informed about what healthcare you have the right to get reimbursed for?13

Figure 3. Problem tree29

Box 1. Example of legal issues hampering cross-border emergency care provision10

Box 2. Topics addressed under the fields of natural and technological risks, climate change and water management17

Map 1. River (Danube and Tisa) catchment areas crossing the border19

Abstract

Differences between national crisis, disaster and emergency management systems pose a threat to safety and the provision of care and services in EU cross-border regions. Emergency services and crisis management systems fail to provide the same level of service in the border regions as in the rest of the countries. Effective cross-border cooperation is often hindered by a lack of legal advice and information, administrative challenges as well as language and cultural barriers. Cross-border crisis and emergency management systems cover a wide range of issues from emergency medical services and rescue operations to flood relief and water management. This case study looks at both these examples of emergency management.

Careful coordination is required in cross-border areas in order to ensure an effective and efficient coverage of emergency health care. In spite of existing EU legislation, e.g. the Directive 2011/24/EU on the application of patients' rights, healthcare crisis management systems in the EU are faced with numerous legal and practical obstacles which hinder efficient crisis management in the field of emergency rescue services. Differences in healthcare, health insurance and financing systems as well as language and cultural barriers, lead to a lack of clarity in what emergency services can do and who is responsible for them. There is considerable scope of improvement through the introduction of further legislation, its practical implementation as well as the further development of institutional cooperation.

In the field of natural disasters, flooding in particular has been a major issue in the last decades. Substantial progress has been made with the introduction of the Directive 2007/60/EC on the assessment and management of flood risk, the establishment of the Emergency Response Coordination Centre (ERCC) and the EU Civil Protection Mechanism (CPM). Also, interesting cross-border projects have been carried out in this field. Nevertheless, given that the danger of flooding is likely to increase through climate change in the future, much remains to be done.

The illustrative case tackled in this case study is the border between Hungary and Slovakia. Here, the main obstacles are the historic differences in legislation and administrative structures responsible for civil protection and disaster management. The Slovak regions are much larger than the Hungarian regions and the latter are self-governed whereas the former are more dependent on the state government. To coordinate joint projects, a Hungarian and Slovak Intergovernmental Joint Commission for cross-border cooperation with 12 intergovernmental joint commissions on specific themes was set up in 2001. Since then, a number of bilateral cooperation agreements have been reached between regional or local authorities on both sides of the border. Successful projects have particularly been carried out in the field of water management, but also in the field of emergency and rescue services.

Lessons and Good Practice:

1. One of the main lessons to emerge from the projects in the field of emergency and rescue services is that there is a need for a political will for cross-border cooperation if progress is to be made. In times of financial austerity and political change, such projects can be endangered.
2. Risks can be tackled effectively through sustained cooperation (e.g. elaboration of cross-border risk prevention and risk management strategies, the medium or long-term application of such strategies; on-going operation of cross-border networks among organisations in charge of risk prevention and risk management) and also through one-off cooperation during a limited time period (e.g. projects implementing cross-border flooding prevention measures and directly reducing flooding risks in the cooperation area).

I. CROSS-BORDER EMERGENCY HEALTHCARE PROVISION

1 Outline of the obstacle (legal and administrative) and the policy context

1.1 Introduction

Differences between national crisis, disaster and emergency management systems can pose a serious threat to safety and the provision of care and services in EU cross-border regions. Numerous cases have been highlighted¹ where emergency services and crisis management systems fail to provide the same level of service in the border regions as in the respective countries otherwise. The lack of legal advice and information, the administrative challenges as well as the language and cultural barriers hinder effective cross-border cooperation. This is also acknowledged by a survey² in which 53% of the respondents mention legal and administrative obstacles as being the most relevant border obstacle. In that survey, the result for public authorities is even higher (59% of public authority representatives mention legal and administrative barriers and 52% point to language barriers).

1.2 Overview of legal and administrative obstacles

Emergency services are characterised by **hierarchical and command-driven structures and processes**, and are highly regulated within the national context. During emergency services the choice of patients in terms of healthcare provider or treatment is also limited. These characteristics make emergencies very different from other segments of healthcare provision. There are further barriers that hamper cross-border emergency service provision, including different emergency signs, traffic rules and financing of health systems³.

Also with regard to emergency and rescue services in the field of health and medical care, loopholes exist in the **ability of doctors and ambulance services to administer immediate care**. In Denmark, doctors from neighbouring countries (or other countries) can enter Denmark without problems, but cannot bring their medicine with them (i.e. legal provisions on the import of medicine). There is also uncertainty about the legal status of foreign staff working in cases of emergency/disaster in Denmark (especially with regard to the questions of responsibility for insurance in the case of accidents). As specified later, ambulances are not allowed to circulate between Hungary and Slovakia.

There are also problems in the use of the European emergency number 112 and the coordination between responsible actors on both sides of the border (ES/PT). Also problems of mobile phone coverage in the immediate border areas adversely affect the possibility of emergency services from the other side of the border to rapidly offer help.

Overall, there is often a lack of political will to overcome these obstacles: i.e. (emergency) healthcare systems are very much governed and financed at the national level, and much coordination between various authorities would be required to harmonise different systems. Limited financial resources within the health sector (especially in the EU-12) is a crucial hampering factor in this regard.

¹ Metis (2016), Inventory of obstacles, Easing legal and administrative obstacles in EU border regions Service Request Nr 2015CE160AT013

² European Commission (2016), Overcoming obstacles in cross-border regions, Summary report on the online public consultation, 21 September – 21 December 2015, European Commission DG REGIO, April 2016, http://ec.europa.eu/regional_policy/sources/consultation/overcoming-obstacles-border-regions/results/report_reg-16-006_en.pdf (accessed in October 2016)

³ Integra (2011), Healthcare Plan of the Three Danube Euroregion, Integra Consulting, 2011, p 21-22

1.3 EU-wide legislation & activities

The protection and improvement of human health and civil protection belong to the area of complementary competence under the Lisbon Treaty. This means that the Community supports, co-ordinates or supplements the actions of the Member States but Member States may continue to follow and determine their own policy.⁴

The majority of the relevant legislation consist of Directives, Regulations or Decisions, each having varying degrees of binding authority. A Directive is "binding, as to the result to be achieved, upon each Member State to which it is addressed, but shall leave to the national authorities the choice of form and methods."⁵

The European Commission has a number of Directives affecting the provision of emergency services and a multitude of bilateral agreements on mutual disaster relief assistance in Europe. Perhaps the most relevant one in the field of health is the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare⁶ which came into force on 24 April 2011. It was due to be transposed by Member States by 25 October 2013. It clarifies the rights of patients to seek reimbursement for healthcare received in another Member State. However, it focuses on planned healthcare as opposed to emergency care and still needs to be implemented more thoroughly in the border regions. Nevertheless, the network of national contact points enables patients to receive information on cross-border healthcare.

1.4 Examples of cross-border initiatives

1.4.1 Cross-border examples of emergency healthcare provision in Europe

Despite the specific nature of emergency healthcare, **there are numerous cross-border examples across Europe** of two Member States/border regions working together to overcome legal and other types of barriers in providing emergency healthcare⁷). For instance the cooperation between the emergency and rescue services on the French-German border of Saarland and Lorraine has progressively developed. French emergency services can now reach certain german areas much more quickly than german ones. Similar cooperation agreements of emergency services have been signed between the Netherlands, Belgium and Germany; Germany and Austria; France and Belgium; and Germany and Denmark. It has to be noted however, that all these cooperation activities are implemented in EU-15 countries where healthcare expenditure is generally higher than in the EU-12.

EU legislation, such as Directive 2011/24/EU (see above) also helped to set the scene for more cooperation in the field of planned healthcare. However, there are indications that the Directive still needs to be implemented more thoroughly in cross-border areas (see further details under Chapter 2.2).

1.4.2 Interreg Programme: Hungary-Slovakia

In the field of healthcare and risk prevention, 10 projects were implemented during the 2007-2013 programming period under the sub-priority 1.4.1 of the Interreg programme. They focused on joint development and the coordinated use of healthcare and risk prevention facilities with a total budget of EUR 5.8 million (ranging from EUR 0.4 to EUR 0.8 million by project). The projects consisted in the cooperation between hospitals to provide better access to health services in border regions, to improve the accessibility of urgent healthcare services, the establishment of an online health

⁴ Idem, p. 9

⁵ European Union (2002), Article 249 TEC, Treaty establishing the European Community (Nice consolidated version) - Part Five: Institutions of the Community - Title I: Provisions governing the institutions - Chapter 2: Provisions common to several institutions - Article 249 - Article 189 - EC Treaty (Maastricht consolidated version) - Article 189 - EEC Treaty, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12002E249:EN:HTML> (accessed in October 2016)

⁶ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare

⁷ Integra (2011), p. 21, see above.

Case Study 6

information application, the purchasing of new medical and diagnostic equipment and the introduction of relevant seminars and trainings.

2 Case Study Context

The selected geographical case study is the Hungarian-Slovak border area. This is an interesting case with a number of legal and administrative obstacles hindering the implementation of cross-border emergency services despite the existence of structured cooperation efforts between the two countries.

2.1 The Hungarian-Slovak border region

The Hungarian-Slovakian border has a total length of 677km. The area is characterized by an uneven distribution of population, which is concentrated in several urban settlements, while large parts of the region are predominantly rural. The regions involved are underdeveloped compared to the European average.⁸ The population of the border area is disadvantaged in terms of healthcare, hardly appearing in the medical system.

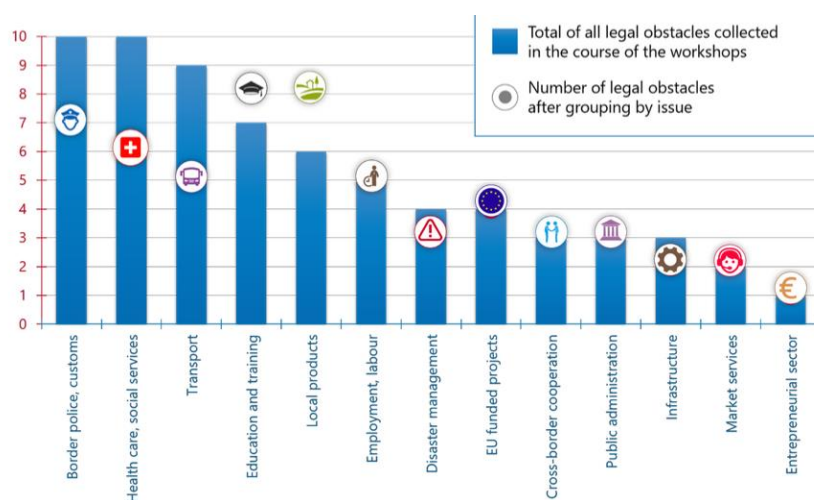
The administrative units on both sides of the border are very different due to historical and administrative factors⁹. The Slovak regions are much larger than the Hungarian regions although the overall population density is similar.

A Hungarian and Slovak Intergovernmental Joint Commission for cross-border cooperation with 12 intergovernmental joint commissions on specific themes was set up in 2001.¹⁰

2.2 Cross-border obstacles

A recent study on cross-border administrative and legal obstacles (along the borders of Hungary)¹¹ identified healthcare and social service cooperation as being amongst the areas with the largest numbers of legal obstacles (see chart below).

Figure 1. Legal obstacles in healthcare and social service cooperation



Source: Legal accessibility Study (2016)

The study identified a number of key barriers in cross-border healthcare and emergency services, including the following ones:

⁸ Among others, this is reflected in the life expectancy which is 2.5 years lower than the average in Hungary for men and 1.5 years lower for women.

⁹ Mezei, I. (2010), Urban development in Slovakia – CRR of the HAS, Pécs – Hungary, Forum Minority research Institute, p. 141

¹⁰ Mezei, I. (2010), Urban development in Slovakia – CRR of the HAS, Pécs – Hungary, Forum Minority research Institute

¹¹ Central European Service for Cross-Border Initiatives CESCO (2016), Legal Accessibility, Summary Report on Stakeholder Workshops, CESCO, Budapest 2016
https://cescilegalaccessibility.files.wordpress.com/2016/06/joga_stakeholder_report_en1.pdf (last accessed in October 2016)

- **Ambulances cannot cross the border** in case of emergency (not even if the nearest hospital or healthcare institution is on the other side of the border).¹²
- **Cross-border integration of healthcare information systems** is not possible, mostly due to data protection issues.¹³
- **Cross-border patient mobility is not possible** due to the differing health insurance system in neighbouring countries.¹⁴
- In theory, it should not be possible to pay social insurance contributions simultaneously in two countries. However, mostly due to the **lack of synchronisation of information systems**, many people are doing so.¹⁵
- The certification of health insurance/entitlement for healthcare services of citizens **living on one side of the border, but working on the other is often** problematic.

The same study identified a number of concrete cases along the Hungary-Slovakia border when these obstacles materialised (see also box below). For instance, various workshops organised to inform the study identified two key problems linked to (1) cross-border patient transportation and (2) emergency healthcare of foreign citizens. While Slovak patients have access to the services of Esztergom hospital; in the case of an emergency situation ambulances are not allowed to transport patients from Slovakia to Esztergom, even though this is the closest option for people living in Štúrovo Region. A similar situation is that patients cannot be transferred from Szob to Esztergom (both in Hungary) across Slovakia.

Box 1. Example of legal issues hampering cross-border emergency care provision

In 2011, there was a car accident on the road M15. The capacities of hospitals in Győr and Mosonmagyaróvár (both in Hungary) were limited. Despite the fact that hospitals in neighbouring countries were much closer; 13 injured people had to be taken to Tatabánya (also in Hungary), which is significantly further away from where the accident happened.

Source: Legal Accessibility Study (2015)

Legislative differences are not the only barrier that stands in the way of cooperation between emergency and rescue services. Cultural differences (e.g. differences in language and expectations) pose further challenges with regard to cross-border emergency service operations. Finally, the ways in which health institutions operate (that is regulated by national law) are very different.

2.3 Cross-border cooperation to solve the cross-border obstacles

In the field of healthcare, a study¹⁶ prepared in the framework of a Hungary-Slovakia Interreg project identifies the following cross-border movements in healthcare services:

¹² It is interesting to note that, based on interviews, that it has not always been clear what the legal background for ambulances not being allowed to cross the border is. Some interviewees working in the field were not even aware of this rule or legislation. In the case of Hungary, the legal basis seems to be the Act CLIV of 1997 on Health, and the rules of the National Ambulance and Emergency Service (based on this). Article 95 of Act CLIV states that "Ambulance service [are] authorised to provide emergency services for a patient in need of immediate healthcare at the site where he is located [...]. Article 96 of the same act states that "Ambulance services throughout the country shall be provided by the National Ambulance and Emergency Service".

¹³ Note that this is a bottleneck that some of the Interreg projects aimed to overcome; i.e. soft projects

¹⁴ During the workshop organised in Miskolc it was mentioned that health problems of foreign citizens are sometimes registered as 'acute' / urgent so that healthcare can be provided to foreign citizens without difficulty.

¹⁵ Note that this conclusion was drawn through a workshop from the Serbia-Hungary border; however, it may also apply to other border areas, such as the Hungary-Slovakia border.

¹⁶ Healthcare Plan of the Three Danube Euroregion, Integra Consulting, 2011, p 17.

Case Study 6

- the movement of patients
- the exchange of health workers
- transfer of health services
- multiple transfers: simultaneous movement of patients and health staff in case of emergency situations
- transfer of resources (infrastructure, information or human resources).

Planned healthcare provision and movement of patients is regulated at the EU-level, and cross-border contracting is used in several European border regions to give patients access to certain services instead of travelling long distances within the country of residence.¹⁷ The mobility of healthcare professionals is also a common phenomenon. The stock of medical doctors from the EU-12 in the EU-15 countries more than doubled between 2003 and 2007, following EU accession.¹⁸ However, cross-border emergency healthcare provision across borders is not a common approach, as this is often strictly regulated at the national level.

Promoting cross-border co-operation in healthcare is also considered an opportunity to strengthen the integration of the border region. Stronger demand for near-to-home health services has emerged, especially in cases where the nearest service is available right across the border. Also, a coordinated emergency response would make sense as the number of ambulance missions per thousand inhabitants is still very high in the border area.

The Operational Programme (OP) of 2007-2013 states that the structure of health services has been largely inherited by the earlier centrally governed health system and is slow to adapt to changes in demand. Scientific achievements are introduced to medical practice after long delays and in many cases unevenly, resulting in an inefficient use of the scarce resources. A further issue is the lack of human resources in the healthcare system.¹⁹

Overall, Hungary and Slovakia have not made significant use of the EU Directive (2011/24/EU) on the application of patients' rights in cross-border healthcare. However, there are a number of existing healthcare cooperation initiatives in the border region that can serve as a starting point for future cooperation initiatives.

Inter-institutional cooperation (especially between local hospitals) mostly concern arrangements with regard to mutual (planned) healthcare services (rather than emergency services) and cooperation and exchange among health professionals. Some of the cooperation initiatives in the border region include contracts/cooperation between:

- The Vaszary Kolos Hospital in Esztergom (HU) and a Slovakian health insurance company (signed in 2004): treatments of insured Slovak patients in Esztergom (HU) could be reimbursed by the company. The nearest Slovakian hospital is situated 50 km away.
- The local governments of Esztergom (Hungary) and Južný Region (Slovakia): planned and emergency healthcare services, joint use of assets, management activities, expert exchange, education and training.
- The Szob micro-region (Hungary) and Šahy Region (Slovakia): to accommodate patients from the neighbouring country. However, this cooperation has not

¹⁷ Footman, K. et al. (2014), Cross-border healthcare in Europe, Policy Summary 14, WHO Regional Office, Copenhagen, Denmark, http://www.euro.who.int/__data/assets/pdf_file/0009/263538/Cross-border-healthcare-in-Europe-Eng.pdf?ua=1 (last accessed in October 2016), p 3.

¹⁸ Idem, p 4-5

¹⁹ Hungary-Slovakia Cross-border Cooperation Programme 2007-2013, Development of urgent care services and the related diagnostic equipment HUSK/0901, <http://husk-cbc.eu/en/financed/355> (accessed in October 2016)

Case Study 6

been fully realised due to geographical distances and limitations in border-crossing infrastructure.

- The Szabolcs-Szatmár-Bereg County and the town of Michalovce: exchange of experts, joint conferences and seminars among healthcare experts in order to strengthen inter-institutional cooperation.

While most Interreg projects also focused inter-institutional cooperation (such as exchange of experience, training, joint events, etc.); some initiatives also started with regard to cooperation of emergency healthcare service provision. Two examples are worth mentioning in this regard: The project entitled '**Developing emergency healthcare in the „Hármas Duna-Vidék” Euroregion along the axis of Győr-Dunajská Streda**' and the project entitled '**Setting up a common online medical on-call service watch system in selected areas of the Slovak-Hungarian border region, to support addressing unforeseen situations**'. Although there are relatively few projects implemented, they show the potential of Interreg, and cross-border cooperation in general, to make valuable contribution in the field of joint emergency service provision, despite legal and other types of barriers. In particular:

- The first project demonstrates the potential of cross-border joint emergency services in the context of disasters of mass catastrophes, when immediate coordinated actions can bring huge advantages. Inter-institutional cooperation and appropriate equipment (i.e. ambulance cars) are starting points for such actions. This is also in line with the finding that disaster management (including flooding) is an area where cooperation of emergency services would be particularly beneficial.
- The second project demonstrates that, in the absence of legal provisions that ensure joint emergency service provision, cooperation may concern soft activities, such as information provision about on-duty services. This can contribute to better access to emergency/on-duty health services for the people living in the border area.

Further cooperation can build on these types of project experiences in the future.

3 Impact analysis

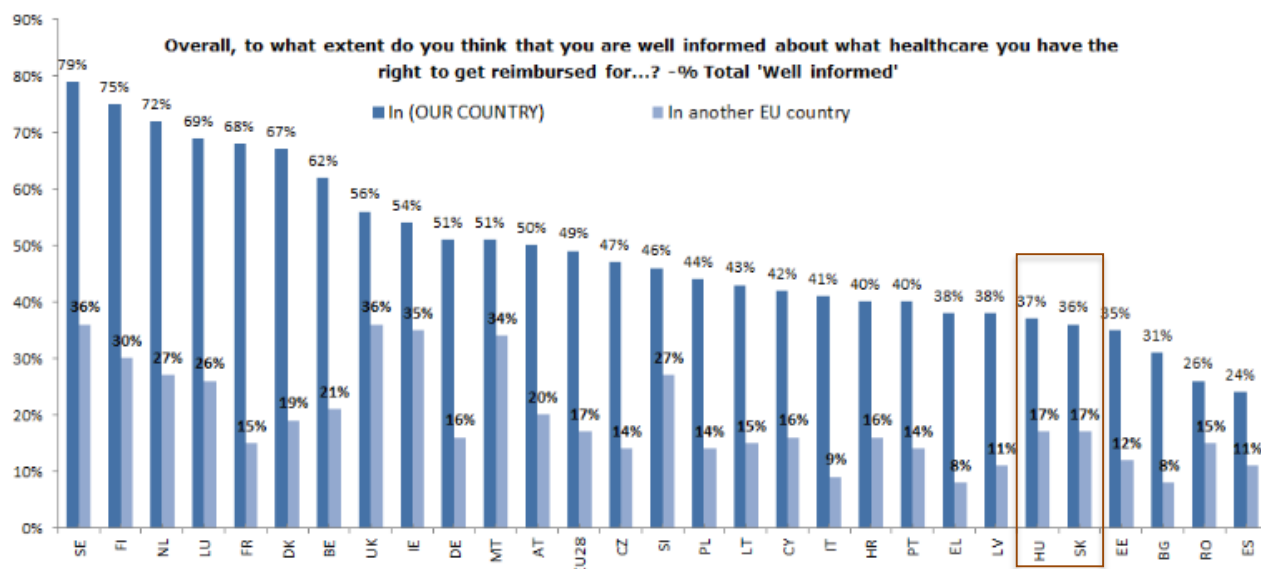
Due to the differences in national legislations, there are a number of obstacles preventing the development of **integrated cross-border emergency and rescue services in the field of healthcare in the Hungary-Slovakia border area**. Most importantly, national legislation does not allow ambulances to cross the border between Hungary and Slovakia and healthcare and insurance systems, as well as financing of the healthcare system, differ largely across countries.

Various cases and concrete incidents show that there would be a strong need for more harmonisation of legislation/ national rules and health insurance systems. However, these are issues related to the national systems that can be improved (e.g. through information provision, training, exchange), but cannot be fully overcome or eliminated through cooperation projects. There is often no strong political will to create integrated cross-border emergency services, not least due to the financial difficulties that the health sector is facing in both countries.

The main focus of healthcare Interreg projects to date reflects this situation. Most projects have focused on overcoming material and financial difficulties through **purchasing new medical equipment/vehicles**. These actions have often been complemented by consultations between the medical staff of hospitals and other health institutions on the two sides of the border, training actions and coordinated development and use of the health infrastructure.

One of the main obstacles in the way of efficient cross-border healthcare services (including emergency services) is limited information about the patient's records. Cooperation on information sharing can overcome such situation. Interviews and available data show that **awareness about available health services (including emergency services) is often limited**. For instance, the Commission report on the operation of Directive 2011/24/EU showed that both Hungary and Slovakia are among those Member States where people feel less informed about healthcare services.

Figure 2. To what extent do you feel informed about what healthcare you have the right to get reimbursed for?



Source: Commission report on the operation of Directive 2011/24/EU

While there is no strong potential for the operation of fully coordinated or integrated cross-border emergency and rescue services, **'soft' cooperation** projects in this field are expected to improve the situation. In particular, **improved information provision** can help to better understand available services on both sides of the border.

Case Study 6

Improved information provision has been an objective of several projects implemented in both cross-border emergency healthcare provision. The Interreg project that supported information provision with regard to on-duty clinics and pharmacies in the border region is a good example in case (see above). Similarly, the project on 'establishment of institutional relations' resulted in an Infopoint to strengthen professional links and improve communication.

4 Solutions and good practice

In the field of emergency services, the project described below (under good practice) is an example of how joint service centres or info points can facilitate cooperation. The project aims at information provision with regard to on-duty clinics and pharmacies in the border region. The EUROPÉER Foundation (www.europeer.eu) and the Regionálna Rozvojová Agentúra pre Rozvoj Dolného Zemplína (www.rradz.sk) established an up-to-date online on-duty healthcare monitoring system – NonStopMed – available cross-border, in several languages. In the future, efforts will be made by the organising partners to continuously update the database with authentic data. Based on the achievements of the model project, the project promoters wish to achieve national coverage in both countries in 2015, and they wish to extend the system to other countries subject to the demand and possibilities.

The main lesson to emerge from the projects in the field of emergency and rescue services is that there is a need for a political will for cross-border cooperation if progress is to be made. In times of financial austerity and political change, such projects tend to be shelved.

Having said this, legislation and project funding are also essential factors in the promotion of cross-border cooperation in the field. Project funding is essential to pay for the new services and often for the missing basic infrastructure as was the case in Interreg projects in the medical field. These were often mainly concerned with purchasing medical equipment rather than investigating possibilities for a more integrated cross-border emergency care system.

II. CROSS-BORDER NATURAL DISASTER MANAGEMENT

1. Outline of the obstacle (legal and administrative) and the policy context

1.1 Introduction

Europe faces significant challenges from present and future **climate change**, ranging from gradual effects (e.g. increase in temperature, loss of biodiversity, rise of sea level) to sudden and **extreme events (e.g. storms, flooding, droughts)**.²⁰ Risks may lead to rising costs resulting from heavy damage and health problems or death losses (e.g. resulting from heat waves, floods or water scarcity).²¹ River flooding is the most common natural disaster in the EU and global warming is expected to increase the magnitude and frequency of extreme downpours, which may then lead to more intense and frequent river floods. Between 1998 and 2009 alone, Europe suffered over 213 major floods causing some 1126 deaths, the displacement of about half a million people and at least €52 billion in insured economic losses.²²

Such catastrophic floods are both a human and economic threat. They can also have severe environmental consequences, for example when toxic chemicals are released or wetland areas destroyed. The coming decades are likely to see a higher flood risk in Europe and greater economic damage.²³ The case study focuses in particular on this area of natural disasters.

1.2 EU-wide legislation & activities

The EU has a long tradition of concern for disaster relief and has developed institutions and rules for humanitarian assistance and also for civil protection cooperation. Civil protection cooperation, in particular, has been expanded to apply both inside and outside the EU.²⁴ EU law-making on civil protection cooperation began in 1985. Six resolutions on civil protection were made over the following nine years, the most significant being the Resolution of 9 July 1991 on improving mutual aid between Member States in the event of technological disasters. Each of these resolutions contributed to what is now the Civil Protection Mechanism (CPM). The CPM was created in 2001 and has become a comprehensive framework for emergency assistance notification, request and response, and has developed an elaborate training and exercise programme to improve coordination and develop skills.²⁵ Since January 2002, the CPM has handled almost 200 events ranging from practice exercises to responses to large-scale disasters, such as the 2009 earthquake in the L'Aquila Province in Italy²⁶, or assistance to Portugal to fight forest fires in 2005. Also in 2005,

²⁰ Interact (2015) Scoping Study: A thematic analysis of territorial developments and Interreg / ETC Investments - in the period 1990-2013 Volume 1b. Expert assignment to deliver a Scoping Study on European Territorial Cooperation, Final version, January 2015, http://www.interact-eu.net/interreg_scoping_study_thematic_analysis_of_territorial_developments/interreg_scoping_study/599/18611 (accessed in October 2016)

²¹ Map 2.1 Major flood disasters in the EU, Switzerland and Norway, 1950-2009, p.6 in: European Environment Agency (2010), *The European Environment, State and Outlook, Adapting to climate change*, Copenhagen, 2010, www.eea.europa.eu/publications/adaptation-in-europe/download (accessed in October 2016)

²² European Environment Agency (<http://www.eea.europa.eu/>)

²³ http://ec.europa.eu/environment/water/flood_risk/

²⁴ See p. 6 in: International Federation of Red Cross and Red Crescent Societies (2010), *Analysis of Law in the European Union pertaining to Cross-Border Disaster Relief*, prepared for the International Federation of Red Cross and Red Crescent Societies by the British Institute of International and Comparative Law, http://www.biicl.org/documents/15_cross-border_disaster_relief_eu_report.pdf?showdocument=1 (accessed in October 2016)

²⁵ http://ec.europa.eu/echo/what/civil-protection/mechanism_en

²⁶ *Idem*, p.6

the Monitoring and Information Centre (MIC)²⁷ supported assistance to Bulgaria, Romania and Central European Member States, which were affected by serious flooding. Similar assistance and co-ordination was provided in relation to flooding in Bulgaria, Romania, Hungary and the Slovak Republic in 2006, Cypriot and Bulgarian forest fires in 2007, and forest fires in Italy and France in July 2009.²⁸

The majority of the relevant legislation on flooding and water management consists of Directives, Regulations or Decisions, each having varying degrees of binding authority. The most important Directive on flooding and water management is the so-called EU Floods Directive²⁹ that sets out coordinated actions at the Community level and cooperation between the Member States to improve the overall level of flood protection. The Directive entered into force on 26 November 2007 and requires Member States “to assess if all water courses and coast lines are at risk from flooding, to map the flood extent and assets and humans at risk in these areas and to take adequate and coordinated measures to reduce this flood risk”.³⁰ This Directive also reinforces the rights of the public to access this information and to have a say in the planning process.

1.3 Examples of cross-border initiatives

Interreg

In the current programming period (2014-2020), the themes of promoting investment to address specific risks, ensuring disaster resilience and developing disaster management systems are addressed under the ESIF Investment Priority 5b. Under Interreg IVC, Priority 2 was dedicated to Environment and risk prevention. The purpose of this priority was to enable regional and local authorities and other stakeholders at the regional level to improve their policies, methods and capacities in the area of environment and risk prevention. 84 projects were approved under this priority in the programming period of 2007-2013. They aimed at strengthening environmental protection and building synergies between the environmental and the economic priorities.³¹

Some of the topics addressed by interregional cooperation projects under the priority ‘Environment and risk prevention’ are summarized in the box below.

Box 2. Topics addressed under the fields of natural and technological risks, climate change and water management

Natural and technological risks, climate change

- improving the monitoring of environmental risks
- supporting awareness-raising and emergency planning for populations inhabiting very vulnerable areas, such as heavily built-up basins, seismic areas, flooding prone areas, etc.

²⁷ The MIC has been replaced by the Emergency Response Coordination Centre (ERCC), operating within the European Commission's Humanitarian Aid and Civil Protection department (ECHO). It was set up to support a coordinated and quicker response to disasters both inside and outside Europe using resources from the countries participating in the EU Civil Protection Mechanism. The ERCC replaces and upgrades the functions of the previous Monitoring and Information Centre (MIC).

²⁸ See p. 21 in: International Federation of Red Cross and Red Crescent Societies (2010), Analysis of Law in the European Union pertaining to Cross-Border Disaster Relief, prepared for the International Federation of Red Cross and Red Crescent Societies by the British Institute of International and Comparative Law, http://www.biiicl.org/documents/15_cross-border_disaster_relief_eu_report.pdf?showdocument=1 (accessed in October 2016)

²⁹ European Parliament and Council (2007), Directive 2007/60/EC of the European Parliament and the Council of 23 October 2007 on the assessment and management of flood risks. <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32007L0060> (accessed in October 2016)

³⁰ http://ec.europa.eu/environment/water/flood_risk/

³¹ Interreg IVC Priority 2: Environment & risk prevention, <http://www.interreg4c.eu/projects/environment-risk-prevention/> (accessed in October 2016)

Case Study 6

- developing strategies for minimising relevant natural and technological risks, and addressing air pollution
- developing tools, action plans and measures for awareness-raising and capacity-building to respond to all relevant natural and technological risks at all levels
- developing appropriate coordinated spatial planning measures in geographically vulnerable areas
- developing measures to raise awareness on climate change and promote adaptation and mitigation policies

Water management

- improving the quality of water supply and treatment, including cooperation in the field of water management
- supporting integrated, sustainable and participatory approaches to managing inland and marine waters, including waterway infrastructure
- developing ecosystems based approaches to sustainable sea and coastal zone management, and reaping the benefits of the sea.
- adapting to climate change effects related to water management

2 Case Study Context

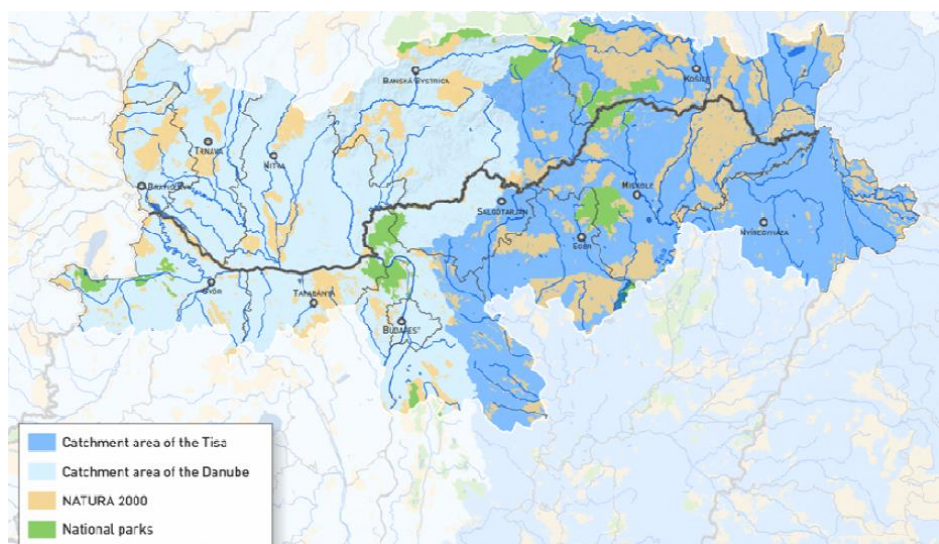
The selected geographical case study is the Hungarian-Slovak border area. This is an interesting case where legal and administrative obstacles have been well managed overall leading to the existence of structured cooperation efforts between the two countries.

2.1 The Hungarian-Slovak border region

The Hungarian-Slovakian border has a total length of 677km. The area is characterized by an uneven distribution of population, which is concentrated in several urban settlements, while large parts of the region are predominantly rural. The regions involved are underdeveloped compared to the European average.³²

The region has common catchment areas (like that of the Danube, the Tisza/Tisa or smaller rivers like Ipoly/Ipel', Bodrog, Sajó/Slana, Hernád/Hornád) which do not end at the border. As illustrated in the map below, the risks and damages are common and should be managed together.³³

Map 1. River (Danube and Tisa) catchment areas crossing the border



Source: SK-HU Operational Programme 2014-2020

2.2 Cross-border obstacles

There are a number of common issues when it comes to cross-border flood management and disaster management. EU-level provisions (directives, resolutions, etc.) with regard to cross-border emergency management and management of flood risk have been developed in the last decades, in particular since the institution of the Emergency Response Coordination Centre (ERCC) and the EU Floods Directive. The former is a coordination hub facilitating a coherent European response during. The ERCC "collects and analyses real-time information on disasters, monitors hazards, prepares plans for the deployment of experts, teams and equipment, and works with Member States to map available assets and coordinate the EU's disaster response efforts by matching offers of assistance to the needs of the disaster-stricken country. Better planning and the preparation of a set of typical disaster scenarios will further enhance the ERCC's capacity for rapid response".³⁴

³² Among others, this is reflected in the life expectancy which is 2.5 years lower than the average in Hungary for men and 1.5 years lower for women.

³³ Cross-border Co-operation Programme 2014-2020, http://ec.europa.eu/enlargement/neighbourhood/cross-border-cooperation/index_en.htm

³⁴ http://ec.europa.eu/echo/what/civil-protection/emergency-response-coordination-centre-ercc_en

Nevertheless, there are still a number of challenges when it comes to 'emergency' situations, e.g. communication, information exchange, linguistic and financial. Cooperation has often often focused on 'softer' cooperation actions (e.g. prevention actions, information provision on emergency services or flood modelling).

2.3 Cross-border cooperation to solve the cross-border obstacles

Water management and emergency services in the field of flood risk

In the field of water and flood risk management, good cooperation has been developed between the Hungarian and Slovak water management institutions within and outside of the Interreg programme. There are examples of well-established professional cooperation between the water management institutions, natural park directorates, risk prevention authorities, SME supporting associations and research institutions (universities included). For instance, close cooperation between the institutions made it possible to overcome a problem caused by the lack of the correction of the border line after a dam was constructed across the river Ipoly/Ipel'. When a salmon-ladder was constructed in 2007 in the not-arranged territory, the two institutions helped to the states to conclude an agreement.³⁵

The **Interreg programme** for 2014-2020 also has joint water management and natural risk prevention as its priorities. The Cross-border Co-operation Programme aims to increase inter-institutional cooperation and development of common services. This is part of the thematic objective 6 "Preserving and protecting the environment and promoting resource efficiency" and 11 "Enhancing institutional capacity of public authorities and stakeholders and the efficiency of public services".

Regarding water management/flood protection, several projects were implemented during the 2007-2013 programming period within sub-priorities 2.1.1 (Water, waste management, renewable energy) and 2.1.2 (Studies, plans and trainings). Similarly to cross-border activities, these mostly concern actions, such as exchange and studies in order to develop flood prevention and integrated flood protection activities. These included:

- "Development of a joint, integrated real time hydrological prediction system in the watershed of Ipel'/Ipoly" (HUSK/0801/2.1.2/0164), which aimed at **establishing an effective and operational system of cooperation** between Hungarian and Slovak organizations engaged in flood protection and water management. The result of the project was a **more effective flood control** throughout the basin, which will contribute to a reduction of risks and adverse impacts of floods on the population, the economy and the environment of the area.
- A further project was the "Establishment of institutional relations in the spirit of the Hungarian-Slovak borderline water agreement" (HUSK/0801/2.1.2/0072) with regard to the border rivers (Tisza/Tisa, Hernád/Hornád, Bodrog). The aim of the project was **to strengthen professional links, improve communication and collaboration between two water management organisations** (ÉKÖVIZIG and SVP s.p. OZ Košice) in the field of integrated water management and flood protection. Within the scope of the project, professionals from the two participating water directorates attended special technical trilingual communication training courses, trade conferences, meetings, seminars and study tours in both countries. The main result of the project is an **Infopoint** established at ÉKÖVIZIG and SVP and a closing document with recommendations for the Tisza/Tisa and Catchment Area Subcommittee of the Cross-border Waters Committee.

³⁵ Problems, obstacles and solutions identified by the stakeholders of the round table discussion, Komárom, 2nd October, 2015 (See: Central European Service for Cross-Border Initiatives CESCO (2016), Legal Accessibility, Summary Report on Stakeholder Workshops, CESCO, Budapest 2016)

Case Study 6

- Another project was the “Flood modelling and logistic model development for flood crisis management” (HUSK/1001/2.1.2/0009). The overall goal of the project was to **support the Disaster Management Directorates by providing a toolset for flood modelling, forecast** the size and location of the affected area and the affected population. The project also developed the **logistics framework to better manage human and natural resources for flood crisis management** in Bodva river catchment.
- The project “Assessment of flood protection potentials in the Sajó/Slaná Valley by means of remote sensing” (HUSK/1001/2.1.2/0026) had the aim of defining **common objectives** in the field of nature conservation, environment protection and water management. The strategic objective was **the improvement of the flood protection capabilities** of the region with flood simulation.
- The project “Danube floodplain rehabilitation to improve flood protection and enhance the ecological values of the river in section between Sap and Szob” (HUSK/1001/2.1.2/0060). This project **analyses processes in the shared Danube floodplains from the viewpoint of flood safety** and ecological potential. The partners compiled a common database and a coherent Hungarian-Slovakian base map from the survey data in the Sap-Szob section of the Danube riverbed and floodplain.
- The project “Developing a hydrological model and hydrodynamic model for the whole river basin of the Ipeľ/Ipoly” (HUSK/1101/2.1.1/0012) aimed at establishing an effective and operational system of cooperation between Hungarian and Slovak organizations engaged in flood protection and water management. The outputs of the project were a **hydrological model for the whole river basin** and a hydrodynamic model of the river, the creation of an information system providing real-time rainfall forecasts and predictions of flood events, a system of rapid early warning. The result of the project was a more effective flood control throughout the basin, which will contribute to a reduction of risks and adverse impacts of floods on the population, the economy and the environment of the area.
- The project “Modernisation of the information database on the river Danube in the field of anti-flood protection and shipping” (HUSK/1101/2.1.1/0348) aimed to **streamline, improve and expand existing systems of hydrological data** in the border area of the Danube river basin and publish relevant data on the Internet.

3 Impact analysis

Cooperation with regard to water management and flooding has had long traditions along the Slovak-Hungarian border even outside of the cross-border programmes. Interviews and reports/studies have equally showed that institutional cooperation in this area has been strong, and Interreg (and similar cross-border programmes and projects) can build on existing linkages and cooperation practices. Cooperation projects with regard to water management and flood management also mostly concerned **inter-institutional cooperation, studies and development of flood models** that can help to forecast flooding and improve flood protection capabilities. Joint actions (especially those of emergency services) in terms of flood management have been identified as an area where further action may be needed.

4 Solutions and good practice

Good progress has been made in the field of water management and dealing with natural and technological disasters. For example, the close cooperation between the institutions on both sides of the border made it possible to overcome a problem caused by the lack of the correction of the border line after a dam was constructed across the river Ipoly/Ipel'. Given the acuteness of the problem due to further expected climate change, there is also a will to further develop cooperation in this field and the past projects form the basis for future cooperation, e.g. by establishing a common database in the Sap-Szob section of the Danube riverbed and floodplain.

A significant and lasting improvement can be achieved through sustained cooperation (e.g. elaboration of cross-border risk prevention and risk management strategies and their medium or long-term application; on-going operation of cross-border networks among organisations in charge of risk prevention and risk management) and also through one-off cooperation during a limited time period (e.g. projects implementing cross-border flooding prevention measures and directly reducing flooding risks in the cooperation area).³⁶

³⁶ Stumm, T. (2015), Scoping Study: Action potentials of cross -border & transnational cooperation under the Thematic Objectives of the ESIF 2014-2020 (Volume 1a), Final Version, January 2015, Interact, http://admin.interact-eu.net/downloads/9136/Scoping_Study_Action_potentials_of_cross_border_transnational_cooperation_under_the_Thematic_Objectives_of_the_ESIF_2014_2020_1a_02_2015_.pdf (accessed in October 2016)

List of references

Central European Service for Cross-Border Initiatives CESCO (2016), Legal Accessibility, Summary Report on Stakeholder Workshops, CESCO, Budapest 2016 https://cescilegalaccessibility.files.wordpress.com/2016/06/joga_stakeholder_report_en1.pdf (last accessed in October 2016)

Cross-border Co-operation Programme 2014-2020, http://ec.europa.eu/enlargement/neighbourhood/cross-border-cooperation/index_en.htm

European Commission (2016), Overcoming obstacles in cross-border regions, Summary report on the online public consultation, 21 September – 21 December 2015, European Commission DG REGIO, April 2016, http://ec.europa.eu/regional_policy/sources/consultation/overcoming-obstacles-border-regions/results/report_reg-16-006_en.pdf (accessed in October 2016)

European Commission (2015), Report From The Commission To The European Parliament And The Council, Commission report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, COM(2015) 421 final, Brussels, 4 Sept.2015, http://ec.europa.eu/health/cross_border_care/docs/2015_operation_report_dir201124_en_en.pdf (last accessed in October 2016)

European Commission (2013), Guidelines on minimum/non-exhaustive patient summary dataset for electronic exchange in accordance with cross-border Directive 2011/24/EU', eHealth Network, 19 Nov. 2013, http://ec.europa.eu/health/ehealth/docs/guidelines_patient_summary_en.pdf (last accessed in October 2016)

European Environment Agency (2010), The European Environment, State and Outlook, Adapting to climate change, Copenhagen, 2010, www.eea.europa.eu/publications/adaptation-in-europe/download (accessed in October 2016)

European Parliament and Council (2007), Directive 2007/60/EC of the European Parliament and the Council of 23 October 2007 on the assessment and management of flood risks. <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32007L0060> (accessed in October 2016)

European Union (2002), Treaty establishing the European Community (Nice consolidated version) - Part Five: Institutions of the Community - Title I: Provisions governing the institutions - Chapter 2: Provisions common to several institutions - Article 249 - Article 189 - EC Treaty (Maastricht consolidated version) - Article 189 - EEC Treaty, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:12002E249:EN:HTML> (accessed in October 2016)

Footman, K. et al. (2014), Cross-border healthcare in Europe, Policy Summary 14, WHO Regional Office, Copenhagen, Denmark, http://www.euro.who.int/__data/assets/pdf_file/0009/263538/Cross-border-health-care-in-Europe-Eng.pdf?ua=1 (last accessed in October 2016)

Hungary-Slovakia Cross-border Co-operation Programme 2007-2013: <http://www.husk-cbc.eu/en/> (accessed in October 2016)

Hungary-Slovakia Cross-border Cooperation Programme 2007-2013, Development of urgent care services and the related diagnostic equipment HUSK/0901, <http://husk-cbc.eu/en/financed/355> (accessed in October 2016)

Integra (2011), Interregional Healthcare Plan of the Three Danube Region (prepared in the framework of Project HUSK/0901/1.4.1/0016), Integra Consulting 2011

Case Study 6

Interact (2015), Scoping Study: A thematic analysis of territorial developments and Interreg / ETC Investments - in the period 1990-2013 Volume 1b. Expert assignment to deliver a Scoping Study on European Territorial Cooperation, Final version, January 2015, http://admin.interact-eu.net/downloads/9137/Scoping_Study_A_thematic_analysis_of_territorial_developments_and_Interreg_ETC_Investments_in_the_period_1990_2013_1b_02_2015_.pdf (accessed in October 2016)

International Federation of Red Cross and Red Crescent Societies (2010), Analysis of Law in the European Union pertaining to Cross-Border Disaster Relief, prepared for the International Federation of Red Cross and Red Crescent Societies by the British Institute of International and Comparative Law, http://www.biiicl.org/documents/15_cross-border_disaster_relief_eu_report.pdf?showdocument=1 (accessed in October 2016)

Interreg IVC Priority 2: Environment & risk prevention, <http://www.interreg4c.eu/projects/environment-risk-prevention/> (accessed in October 2016)

Metis (2016), Inventory of obstacles, Easing legal and administrative obstacles in EU border regions, Service Request Nr 2015CE160AT013 commissioned by the European Commission

Slovakia-Hungary Cross-border Co-operation Programme, 2014-2020, 2014TC16RFCB015, <http://www.husk-cbc.eu/uploads/editors/SKHU%20OP%20english%20version%202014%2011%2028.pdf> (accessed in October 2016)

Stumm, T. (2015), Scoping Study: Action potentials of cross -border & transnational cooperation under the Thematic Objectives of the ESIF 2014-2020 (Volume 1a), Final Version, January 2015, Interact, http://admin.interact-eu.net/downloads/9136/Scoping_Study_Action_potentials_of_cross_border_transnational_cooperation_under_the_Thematic_Objectives_of_the_ESIF_2014_2020_1a_02_2015_.pdf (accessed in October 2016)

Mezei, I. (2010), Urban development in Slovakia – CRR of the HAS, Pécs – Hungary, Forum Minority research Institute

Review of Interreg projects, including:

- Setting up a common online medical on-call service watch system in selected areas of the Slovak-Hungarian border region, to support addressing unforeseen situations (HUSK/1101/1.4.1/0019)
- Development of urgent care services on both sides of the HU-SK border (HUSK/0901/1.4.1/0001)
- Development of imaging and diagnostic services in two hospitals on both sides of the border (HUSK/0901/1.4.1/0002)
- Purchasing a special medical vehicle and equipment for screening the health status of the population in the surrounding area of the hospitals
- Setting up the teleradiology and teleconsultation system between hospitals in the area of Miskolc and Košice in order to improve the healthcare services (HUSK/0901/1.4.1/0154)
- Enhancing the level of healthcare services in border regions (HUSK/1101/1.4.1/0079)

List of consultees

Contacts

National Directorate for Disaster Management (HU)

'Agnes.Rajacic@katved.gov.hu'

'Székely Miklós' Miklos.Szekely@katved.gov.hu

Ministry of Interior of the Slovak Republic

Ms. Eva Chmelová, Director

Organisational Department

Public Administration Section

Ministry of Interior of the Slovak Republic

Phone: +421 2 4859 2150

E-mail: eva.chmelova@mvsr.vs.sk

Ms. Nada Kurilova

Phone: +421 2 4859 2215

E-mail: nada.kurilova@mvsr.vs.sk

Mr Ladislav Matuska

Vaszary Kolos Hospital, Esztergom, Hungary

Email: lmatuska@bist.sk

Note: Contact made by email/ No response Zsuzsanna Rinyu

Borsod-Abaúj-Zemplén County Disaster Management Directorate

Phone: +36-20-315-2161

Email: zsuzsanna.rinyu@katved.hu

Note: Contact made by email/ No response

INTERREG HU-SK

<http://www.husk-cbc.eu/>

Ágnes Katalin PÁLFI

programme manager

e-mail: katalin.agnes.palfi@me.gov.hu

Phone: +36 1 896 0249

Csilla VERES (HU, EN)

Head of JTS

Phone: +36 1 224 3137

Fax: +36 1 224 3291

E-mail: csveres@vati.hu

Case Study 6

Arianna BIRIKI (HU, EN)

Communication manager

Phone: +36 1 224 3109

Fax: +36 1 224 3291

E-mail: abiriki@vati.hu

Note: interviewed on 17/05/16

Orsolya dr. DÖRY-TÖRÖK (HU, EN)

programme manager

fax: +36 1 224 3291

e-mail: otorok@vati.hu

Szilveszter HOLOP (HU, SK, EN)

programme manager

Phone: +36 1 457 5520

fax: +36 1 224 3291

e-mail: szholop@vati.hu

Lenka STRIŽENCOVÁ (SK, EN)

programme manager

Phone: +36 1 224 3146

fax: +36 1 224 3291

email: lstrizencova@vati.hu

Zsolt TÖRÖK (HU, SK, EN)

programme manager

Phone: +36 1 224 3233

fax: +36 1 224 3291

e-mail: zstorok@vati.hu

Ildikó TUBA (HU, SK, EN)

programme manager

Phone: +36 1 457 5514

fax: +36 1 224 3291

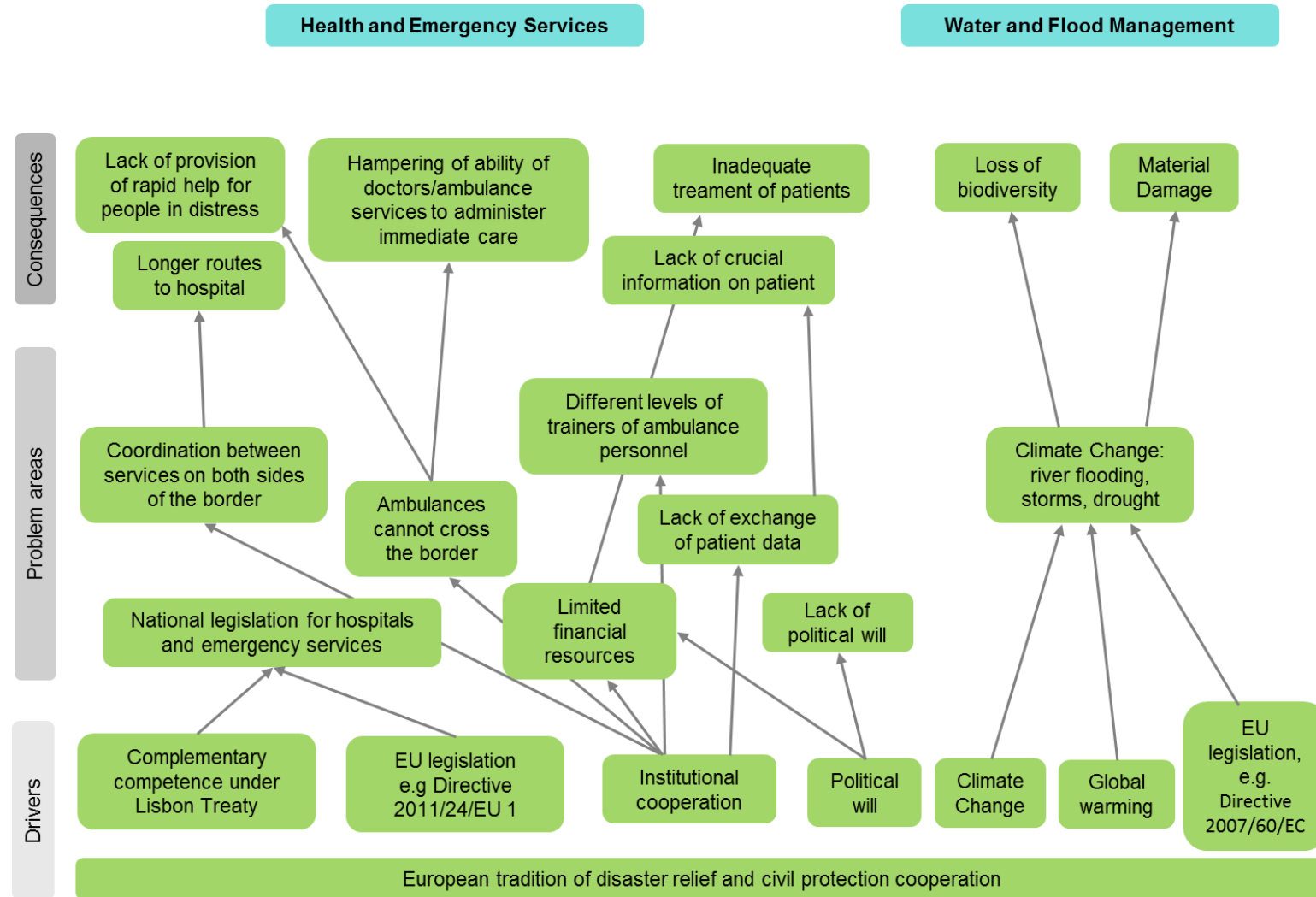
e-mail: ituba@vati.hu

List of interviews

- Interview with Livia Ónodi (Hungarian National Ambulance Emergency Service - Central Transdanubian Region), 13 May 2016
- Interview with Arianna Biriki (SKHU Joint Secretariat, Communication Manager), 17 May 2016
- Interview with Zoltan Skaliczky (Petz Aladar Hospital, Győr, Hungary), 30 May 2016
- Interview with Laszlo Papanek (General Directorate of Water Management, Central Danube Basin), 30 May 2016

Annex

Figure 3. Problem tree



HOW TO OBTAIN EU PUBLICATIONS

Free publications:

- one copy:
via EU Bookshop (<http://bookshop.europa.eu>);
- more than one copy or posters/maps:
from the European Union's representations (http://ec.europa.eu/represent_en.htm);
from the delegations in non-EU countries
(http://eeas.europa.eu/delegations/index_en.htm);
by contacting the Europe Direct service (http://europa.eu/europedirect/index_en.htm)
or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (*).

(*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

Priced publications:

- via EU Bookshop (<http://bookshop.europa.eu>).

Priced subscriptions:

- via one of the sales agents of the Publications Office of the European Union
(http://publications.europa.eu/others/agents/index_en.htm).

