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# Opinion of the European Committee of the Regions – Solving obstacles to the cooperation of emergency services in the EU's border regions

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## POLICY RECOMMENDATIONS

THE EUROPEAN COMMITTEE OF REGIONS (CoR),

### General comments

1. points out that more than one third of EU citizens live in border regions. These regions sometimes fail to provide their inhabitants with the same level of public services that inhabitants in interior regions enjoy;

2. notes that the evolution of European integration and cross-border cooperation has created cross-border functional/living areas where people regularly cross a state border to enjoy the complementary advantages of the adjacent borderlands. According to the latest figures, around 2 million Europeans commute to work across a border daily or weekly. People not only work but also buy properties, attend schools and benefit from various services on the other side of the border, making EU integration their everyday reality. In those areas, public services are or could be shared, resulting in a more economic and higher-quality service portfolio;

3. reiterates that there are still many obstacles and barriers to cross-border cooperation caused by national borders (as clearly demonstrated by the COVID-19 crisis). One area where obstacles are reported the most is cross-border cooperation among emergency services, hampering efficient cross-border emergency responses. The fact that resources from both sides of the border are not pooled or are insufficiently pooled often results in lower accessibility, lower standards of health and emergency services and longer response times;

4. stresses that overcoming these obstacles is particularly important as they can unnecessarily cost lives. In peripheral rural areas facing depopulation, ageing and increasing staff shortages and in areas with difficult accessibility (e.g. mountainous border regions) in particular, cross-border cooperation among emergency services is essential;

5. emphasises that, generally, there are two types of cross-border cooperation among emergency services: extraordinary large-scale crises and everyday cross-border cooperation among rescue services;

6. points out that, while extraordinary situations are much better covered – although not adequately so – by inter-state agreements and by EU legislation and instruments (such as the Union Civil Protection Mechanism (UCPM) with the European Civil Protection Pool, rescEU and the Emergency Response Coordination Centre, the EU Solidarity Fund and the Emergency Support Instrument), everyday cross-border cooperation among rescue services faces many more obstacles. Cooperation in this area is mostly governed by inter-state or regional agreements that try to overcome many existing obstacles;

7. notes that the Cross-Border Review and the b-solutions initiative have shown that obstacles can be tackled at various levels of public administration. In some cases, EU-level solutions are necessary and more efficient. Many legal and administrative obstacles need to be addressed, primarily through solutions developed individually or jointly by various actors in the Member States, considering the specific contextual conditions and institutional-administrative settings at each internal EU border. At some borders, local and regional actors can efficiently engage in removing obstacles to cooperation.

By actively engaging with key actors to enhance coordination, border regions can overcome barriers to cooperation and ensure more effective emergency response mechanisms in cross-border contexts. The need for multilevel governance in cross-border emergency services is evident. Permanent cross-border structures like Euroregions can provide an effective coordination role, leading to more efficient cross-border emergency services;

**Legal and administrative obstacles**

8. points out that there are a number of different types of legal and administrative obstacles limiting cross-border cooperation among emergency services. Some obstacles could easily be removed if the EU *acquis* were properly implemented. In other cases, changes in legislation and/or bilateral agreements are needed, including with non-EU (e.g. Switzerland) and candidate countries;

9. notes that, generally, responses by emergency services are not planned at cross-border level. In most cases, dispatch centres for emergency services lack the legal grounds and/or operational protocols to consider the capacities and resources available on the other side of the border. Without authorisation, emergency teams are not allowed to carry out rescues across national borders. Licences are issued according to domestic law, which is not in effect in the neighbouring Member State, so to be allowed to respond, every team needs prior authorisation from the neighbouring Member State's relevant authorities, which requires meeting differing criteria for equipment and people. In certain instances, transferring a patient back to their country of residence after an emergency or semi-emergency situation can be a complicated process. The working methods, rescue protocols and distinguishing signs of emergency vehicles differ in neighbouring Member States;

10. points out that, most commonly, the bilateral agreements concluded between states and/or regions help to make cooperation possible ([1]). These agreements often lay the groundwork for future technical agreements, which specify technical processes. Sometimes, there is a predefined critical infrastructure (e.g. hospitals) where, in the event of an incident, the emergency services in the neighbouring Member State are automatically alerted. At the same time, there are still areas where bilateral agreements are missing. In the case of cross-border emergency healthcare, in several borderlands, people from a predefined area on one side of the border can access specialised treatment for specific incidents in hospitals across the border ([2]). However, sometimes public authorities at local/regional level are not allowed to sign cooperation agreements where they are needed;

11. stresses the need to exploit at EU level existing good practice ([3]) and calls for a proposal for a framework convention template for bilateral/multilateral agreements on cross-border emergency cooperation, preferably covering all possible types of emergencies. The convention template should cover all the main issues to be covered in intergovernmental agreements and offer possible solutions to choose from that already work well at various borders;

12. encourages the Commission to explore the option of proposing new EU legislation (or amending the existing legislative framework) to bridge, at least partly, existing legislative disparities in border regions where intergovernmental agreements are not in place; highlights that new initiatives by the Commission or the Member States should minimise the administrative burden and costs and avoid the duplication of existing structures;

13. reiterates its support for the adoption of the Regulation on Facilitating Cross-Border Solutions, encouraging Member States to establish cross-border contact points for systematic reporting and for resolving cross-border obstacles and to use this mechanism to focus on emergency services;

([1]) For example, the Euregio Maas-Rhine Incident Response and Crisis Management (EMRIC) set up by the Euregio Meuse-Rhine EGTC.
([2]) For example, patients with a suspected stroke or extremity injuries in the municipality of Dinkelland (NL) have access to the Euregio-Klinik in Nordhorn (DE).
([3]) Such as the existing Benelux Convention.

14. appreciates the contribution of the b-solutions initiative in identifying legal and administrative obstacles to cross-border cooperation and calls for its continuation;

15. welcomes the European Health Data Space (EHDS) proposal and calls for its quick adoption and implementation in all Member States; notes, however, that further clarification of its financial implications, particularly for local and regional authorities, may be needed;

16. stresses that there are already many cooperation projects financed by the EU and encourages their further promotion;

17. calls for the Member States to remove or significantly reduce obstacles by implementing EU legislation in a cross-border-friendly way;

18. encourages the Member States to continue concluding bi- and multilateral intergovernmental agreements, where such agreements are not in place or need to be updated, to provide a solid legal basis for the efficient functioning of emergency services in cross-border regions. These agreements should involve local and regional as well as semi-public and private actors;

19. underlines the importance of existing frameworks for data collection, especially to assist in preparing for and managing emergencies such as flooding and wildfires, as retrieving and sharing data locally on both sides of the border is essential. These frameworks enhance cooperation between neighbouring Member States and improve the effectiveness of cross-border emergency communication networks. Local and regional actors should be involved. EHDS could be a very helpful instrument if properly implemented;

20. asks the Member States (in many cases in cooperation with the local and regional level) to develop joint protocols or provide for mutual recognition of protocols based on existing agreements, and encourage joint cross-border training;

21. suggests exploring the possibility of cross-border certification of emergency service providers in the neighbouring Member States;

22. stresses the need to focus on preparedness and to move from requests for assistance towards the automatic cross-border provision of emergency services; in this regard, encourages the creation of functional cross-border regions to ease emergency service provision across borders ([4]). Local and regional actors should, in cooperation with the Member States concerned, determine the spatial extent of such regions;

23. acknowledges that using the available legal tools (e.g. European Groupings of Territorial Cooperation (EGTCs)) could significantly ease the provision of cross-border emergency services. In some cases, they have proven to be very effective in crisis situations (such as the COVID-19 pandemic), providing accurate information to individuals, businesses and central governments;

24. recognises the vital role that permanent cross-border structures play in coordination and in facilitating partnerships, bringing together the right partners with matching competences;

**Financial obstacles**

25. points out that, in a cross-border context, the question of who finances the response and covers the costs incurred is a major obstacle to cooperation among emergency services. Additionally, complications arise if a neighbouring Member State's rescue vehicle is involved in a road accident. Typically, the insurance for these vehicles does not extend beyond their home borders. There is also a lack of payment and insurance mechanisms to address situations where the acute treatment phase occurs in one Member State and the non-acute post-treatment phase occurs in the patient's home Member State. Due to limited financing, some border regions experience capacity shortages that hamper common exercises, language training etc. as these require more effort and time;

([4]) For example, the zones of organised access to cross-border healthcare (ZOASTs) along the Franco-Belgian border.

26. calls on the Commission to develop a contract template for service provision to regulate the relationship between health insurance providers, healthcare providers and their (also uninsured) patients;

27. underlines the need to make the Interreg programme financially robust, as this is the main EU instrument for tackling the persistent cross-border obstacles facing emergency services, and proposes a more prominent focus on emergency services in these programmes;

28. suggests financing the development of cross-border emergency (health) areas from instruments other than Interreg, such as EU4Health, the Digital Europe Programme, InvestEU, etc.;

29. welcomes the further exploration of the concept of cross-border emergency functional areas (mapping by ESPON) and encourages the use of integrated financial instruments for such areas. They should be simplified in the next programming period so that they can be easily used in cross-border contexts;

30. encourages the Member States to set up a framework for the financing of cross-border emergencies with the health insurance providers – unilaterally or by employing intergovernmental agreements. Cross-border cooperation among health insurance providers is essential for effective cross-border emergency care;

31. calls for local and regional actors to conclude agreements with their neighbours, softening the impacts of financial obstacles. In many cases this power needs to be granted to them in inter-state agreements;

32. encourages local and regional actors to use the Interreg programme to introduce and test future permanent cooperation financing schemes;

33. underlines the crucial role of permanent joint coordination structures ([5]) in coordinating dialogue on solutions to the challenges of day-to-day operations, and calls on them to further promote relevant actors and coach them in developing and managing projects to finance cooperation, including joint practices;

**Technical obstacles**

34. points out that, in many border regions, digital maps used by rescue teams often do not cover neighbouring Member States. Access to the dispatch centre of the neighbouring Member State is frequently hampered by differing technical standards. Additionally, radio frequencies are authorised nationally and the systems used to operate them vary across Member States. In emergency healthcare, there is no European standard for cross-border sharing of digital patient data/ digital patient files. Data protection issues also pose challenges to cooperation;

35. notes that there are examples of solutions overcoming the main technical obstacles. These range from interconnecting communication systems to developing protocols for exchanging information between dispatch centres and emergency vehicles so that exact geographical locations can be provided;

36. underlines that using digital solutions would significantly reduce response times; therefore welcomes the proposed EU Critical Communication System (EUCCS) mentioned in the guidelines for the next Commission as a means of improving cross-border communication in emergencies and underlines the need to involve local and regional authorities from border regions in the development of this system so it reflects the real needs of cross-border areas;

37. emphasises that the EHDS proposal could significantly ease the transfer of patients across borders, also solving data protection issues;

38. stresses the need to draw up an EU-wide regulation on the use of emergency vehicle signals by foreign rescue services. This is needed in particular in border areas including more than two countries;

([5]) For example, the Acute Zorg Euregio.

39. calls on the Commission to revise the UCPM to further promote cross-border risk assessments and cooperation in disaster risk management (DRM). This revision should be accompanied by improved access at EU level to good practices, relevant risk-assessment and planning methodologies, and tools that support cross-border risk management;

40. urges the Commission to establish a new EU-wide platform for data exchange and an early warning system and enable cooperation among emergency services. The platform should strive to be interoperable with existing platforms but offer the possibility for these platforms to switch to the new platform for the sake of efficiency and cost savings while enabling a lot of actors to be involved, such as civil protection bodies, firefighters, healthcare services, municipalities and non-profit organisations;

41. believes that, with a new IT platform and a revised UCPM, it will be important to clarify roles and responsibilities at national, regional and local levels, by taking into account the subsidiarity principle but above all making sure that the cooperation of all levels leads to savings and especially to the increased efficiency of emergency services. This would be accompanied by ongoing training for local governments and staff working in emergency services with the aim of improving coordination and preparedness for DRM activities in border areas;

42. encourages the Member States to make the best use of the upcoming Galileo Emergency Warning Satellite Service in the event of cross-border emergencies, in addition to their own national public warning systems;

43. invites the Member States to fully explore the possibilities provided by existing interstate agreements and prepare technical protocols laying down rules for the everyday operation of cross-border emergency services;

44. recommends the adoption of new technologies, which could contribute to solving certain problems, especially in terms of faster and simplified communication (with automatic translation) and coordination of cross-border planning;

45. stresses that technical/equipment differences, for example, different technical platform protocols among neighbouring emergency service providers, should be resolved by jointly involving local and regional actors as well as other relevant stakeholders, including the Member States, in cross-border networks;

**Language obstacles**

46. points out that the wide range of languages in Europe complicates cooperation, including communication between dispatch centres, between dispatch centres and rescue teams, between rescue teams and patients, and between rescue teams and hospitals, as well as the use of patient data by rescue teams and hospitals;

47. notes that approaches to overcoming these obstacles range from the use of digitally assisted translation tools to predefined bilingual protocols. Many activities are being carried out in relation to language training and developing special emergency dictionaries;

48. stresses how important it is for the relevant emergency service operators to adopt a common cross-border language;

49. calls for investment in technical solutions providing simultaneous real-time translation;

50. underlines the need for all levels to promote and implement bilingual education from an early age along the EU's internal borders, as knowledge of the language of a neighbouring country builds trust and can remove major obstacles to cross-border cooperation, including in emergency services;

51. encourages local and regional actors and emergency service providers to regularly organise language courses and internships for emergency service staff, preparing special vocabularies, etc.;

**Mental and cultural obstacles**

52. emphasises that overcoming mental/cultural obstacles, prejudices and misconceptions is an essential precondition for cooperation. Sometimes a lack of trust limits willingness to explore potentially better options across national borders. Therefore, knowledge about the history, traditions and language of neighbouring countries should be boosted to promote trust among people and institutions. Continuously building mutual trust is a way to remove such obstacles and can further lead to the emergence of cross-border identity;

53. stresses the need to promote people-to-people projects in Interreg programmes (including simplifying the management of small project funds) to build mutual trust and overcome prejudices. Such projects should be as simple as possible;

54. calls on all levels to promote learning about the cultures of neighbouring countries at all levels of education;

55. recommends that local and regional actors continue creating joint networks for learning and conduct joint activities, including training and internships;

56. encourages all actors to support building European citizenship at cross-border level, including by raising awareness among institutions and individuals about the possibilities of utilising cross-border public services, including emergency services.

Brussels, 20 November 2024.

*The President*
*of the European Committee of the Regions*
Vasco ALVES CORDEIRO