



# Citizens' Summits in inner EU Border Regions; Experiences of Citizens during the COVID-19 pandemic.

Role of citizens: on top of questionnaires small numbers of in depth gathered experiences of citizens during this pandemic provide first-hand information and a deeper insight into the impact of COVID-19 in border regions within the EMR (Meuse-Rhine Euregion).

Eight citizens' summits were organised in 2021: Aachen (DE), twice in Maastricht (NL), Liège (BE), Hasselt (BE), Düren (DE), Heinsberg (DE) and Eupen (BE). Specially trained moderators, both volunteers and professionals, guided the citizen summits.

This report was written by EPECS (European Patients Empowerment for Customised Solutions) on behalf of the euPrevent COVID-19 project.

A very diverse picture was presented by citizens, living in a cross border area:  
lost | involved | lonely | anxious | enthusiastic | committed | traumatic | quiet | back to basics |  
heart-breaking | heart-warming | united | misunderstood | unrecognized | tired | longing | hope.



## The citizens' summits focused on four themes:

- 1. COVID-19 and my life: Physical and mental health, social life, shopping and exercise, traveling.**  
i) People were stressed and felt uncertain during COVID-19, although most people tried to adapt themselves to the changing situation. This was not easy to cope with. ii) Mental well-being of people is closely related to social life. Therefore, restrictions on social contact had a lot of impact on people's mental health. iii) People reduced their shopping and travelling behaviour and undertook fewer activities.
- 2. COVID-19, information and national measures: information and membership of associations, information about neighboring countries.** iv) Some people cancelled their memberships of associations, while others did not. v) People showed solidarity during time of COVID-19. vi) It is not always easy to find out the relevant and up-to-date information on national measures.
- 3. COVID-19 and health care: using the health care system, experiencing medical care, future of health care and access to the health care system.** vii) All participants observed that respect for health workers dwindled during the course of the COVID-19 pandemic. viii) People emphasized that health care workers are still under a lot of pressure and have an overload of work. ix) Most people could still get access to modified normal medical care, but some felt COVID-19 patients had priority over others.
- 4. COVID-19 and vaccination (added after some time as a theme to the summits): vaccination yes or no, side-effects and mandatory yes or no.** x) People felt the communication on vaccination was not always optimal, especially when it comes to side effects of vaccine. xi) The vaccination process in all EMR countries was most experienced as being well-organised and positive. xii) Whether vaccination should be obligated was a difficult decision and there was no consensus among the participants on this topic.



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## Conclusions

The main conclusions of the citizens' summits are:

1. When planning their infection prevention measures, national authorities did not take into consideration the situation in cross border areas of their country. This makes people living in a border region like the EMR feel their needs were 'ignored'.
2. The participants appeal for EU solidarity, coordination of health rulings and not only relying on unilateral national actions in each country.
3. A lot of experiences of citizens, resulting from the pandemic are similar to those not living in border areas. E.g.: Participants missed face-to-face contact, physical nearness to one another.
4. Fortunately, over time, the impact of living in a border region improved as restrictions within border regions were reduced.
5. Especially in border regions, people are in need of effective leadership, a comprehensible and timely (COVID) strategy, which in turn requires transparent and clear communication with people in general and relevant stakeholders in particular.



## Recommendations

Recommendations that EPECS would like to make taking into account the fact that 30% of the EU population lives in a border region:

1. Based on the subsidiarity principle, EU member states need to take into account the impact of their national health policies - especially in a pandemic - on border regions of their country.
2. More clear and coherent information is needed on the national policy of a country, and how the national policy fits border regions of the country.
3. Special attention should be paid to citizens in border regions who want to be able to be with (cross border) loved ones in their final days and when offering necessary informal care: especially also during this COVID-19 pandemic.
4. EU policies should coordinate within the EU national promotion of working in health care and mobilizing young people to study and engage in health care jobs.
5. Alongside the subsidiarity principle, national health care policies need a more flexible and effective health care system in border regions, and not only in times of pandemics. Structural Euroregional collaboration could raise existing health care capacity.
6. For the EU to enhance its cohesion, this pandemic makes it clear that border regions offer a unique opportunity. Citizens in border regions did not think about the borders before the pandemic, but they are the essence of the EU, free movement of people, goods and services; EU use it!