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Building Cross-border Resilience in Europe:

From crisis response to sustainable health cooperation in the Greater Region

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Introduction

On the morning of 16 March 2020, the cross-border region between France, Germany, Belgium and Luxembourg awoke to a reality that had seemed unthinkable only days before. Roads that had served as daily arteries for more than 250 000 cross-border commuters were suddenly blocked by police cars. Nurses queued at dawn to reach hospitals across the border. Families waved across metal barriers. The invisible lines of Europe — long softened by decades of integration — re-emerged abruptly, sharply and painfully. What had been a fluid, interconnected space became a patchwork of national jurisdictions overnight. The Greater Region, one of Europe's most integrated socio-economic areas, was thrust into a stress test of historic proportions.[1]

This moment — surreal, disorienting and deeply revealing — is the point of departure for this policy paper. It is also the moment that shaped my own experience. As manager of the Presidency of the Summit of the Greater Region during the COVID-19 crisis, I found myself in the middle of political decision-making, administrative improvisation and human resilience — a deeply personal experience. I witnessed how quickly cross-border interdependence can turn into vulnerability — and how quickly it can become strength again when cooperation is mobilised. The pandemic did not create the vulnerabilities of the Greater Region; it revealed and exposed them. But it also revealed something else: the region's capacity for innovation, solidarity and rapid institutional learning.

The Greater Region — Luxembourg, Saarland, Rhineland-Palatinate, Wallonia and the German-speaking Community of Belgium as well as Grand Est — is one of

[1] Weber, F., Dittel, J., & Crossey, N. (2023). *Grenzüberschreitende Governance in der Großregion: Strukturen, Dynamiken, Krisenerfahrungen*. Universität des Saarlandes.

Europe's most densely interconnected cross-border spaces. More than 280 000[2] people cross its borders every day for work. Hospitals treat patients from neighbouring countries. Emergency services coordinate across jurisdictions. Families live transnational lives. This interdependence is not an abstract concept; it is lived reality. It makes the region a laboratory for European integration — and a stress test for crisis governance[3]. The pandemic revealed both sides of this reality: the region's vulnerability to national reflexes and its capacity to innovate under pressure.

This paper builds explicitly on the work of Nora Crossey, Julia Dittel and Florian Weber, whose research between 2021 and 2024 provides one of the most comprehensive analytical frameworks for understanding cross-border governance in the Greater Region[4]. Weber argues that the region constitutes a *functional space without territorial governance* — a socio-economic system that operates across borders, but whose governance, border regimes, and cross-border interdependencies form the conceptual backbone of this paper. They help explain why the Greater Region was simultaneously resilient and fragile during the pandemic: resilient because of dense social and institutional networks; fragile because these networks lacked formalised governance structures to manage systemic shocks.

The COVID-19 crisis exposed four structural weaknesses that Weber and others had long identified. First, *fragmented national health systems* meant that each country — and in some cases each region — applied its own health regulations, testing

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[2] Observatoire Interrégional du Marché du Travail. (2024). *Flux de travailleurs frontaliers dans la Grande Région – Édition 2024*.

[3] Wassenberg, M. (2019). Border regions as laboratories of European integration. *Journal of Cross-Border Studies*. *(Volume, issue, and page numbers were not given in your source material — add these if you have them; APA requires them for journal articles.)*

[4] Dittel, J. (2023). Covid-19 als Zäsur und Chance für grenzüberschreitende Regionen am Beispiel der Großregion. In D. Brodowski et al. (Eds.), *Pandemisches Virus – nationales Handeln: Covid-19 und die europäische Idee* (pp. 125–148). Springer VS.;Dittel, J., Opiłowska, E., Weber, F., & Zawadzka, S. (in press). The Covid-19 pandemic as a driver for transformation processes in European border regions? A comparative analysis of Franco-German and German-Polish borderlands. In F. Weber et al. (Eds.), *Transformation processes in Europe and beyond: Perspectives for horizontal geographies*. Springer VS.; Dittel, J., & Weber, F. (2024). A living lab of European integration? Cross-border developments in the Greater Region during the Covid-19 pandemic. *Frontières en Mouvement (Frontem): Which Models of Cross-Border Cooperation for the EU*, 59–87; Crossey, N., & Weber, F. (2021). *Handlungsempfehlungen zur weiteren Gestaltung der grenzüberschreitenden Kooperation im deutsch-französischen Verflechtungsraum; Recommandations d'action pour les orientations futures de la coopération transfrontalière dans le bassin de vie franco-allemand* (UniGR-CBS Policy Paper No. 4). UniGR-Center for Border Studies.

strategies, hospital protocols, and crisis measures. Cross-border alignment was not foreseen in national plans. Second, *diverging regulations and crisis protocols* created confusion for commuters, employers and health institutions. Lockdowns, mask mandates, quarantine rules and vaccination strategies differed across borders, often changing at different speeds and with different rationales. Third, the *absence of permanent cross-border crisis mechanisms* meant that cooperation depended on personal relationships and improvisation. Fourth, *insufficient data interoperability* prevented real-time information exchange on hospital capacity, infection rates and emergency needs.

The Greater Region in emergency mode: united in practice, divided in governance

These weaknesses were not new. Academic literature had long warned that cross-border regions are structurally overlooked in national crisis planning. COVID-19 made this visible to the public — and politically unavoidable. When the crisis hit, national reflexes dominated. Borders were closed unilaterally. Health measures diverged. Communication was inconsistent. Coordination between national authorities was limited. Media reporting across the region — *Saarbrücker Zeitung*, *Luxemburger Wort*, *Le Républicain Lorrain*, *Grenzecho* — documented these failures in real time. Their coverage confirms Weber's argument that the *Greater Region's functional integration is not matched by political integration*. The crisis revealed a structural paradox: *the region functions as a single space in practice, but not in governance.*

Yet the crisis also triggered unprecedented cooperation. New forms of coordination emerged: informal communication channels between administrations, rapid coordination mechanisms between health authorities, cross-border patient transfers, shared ICU capacity management, and pragmatic solutions developed under pressure. During the peak of the first wave, between 22 March and 5 April 2020, a total of 161 French ICU patients were transferred to hospitals across Europe.[5] At the same time, the partners coordinated mutual support by supplying each other with essential medical and pharmaceutical equipment — from masks and ventilators to anaesthetics and disinfectants. These innovations emerged not because structures existed — but

[5] Interview with Ministry of European Affairs of Saarland.

because people improvised. Trust, personal relationships and professional commitment compensated for institutional gaps.

These informal mechanisms were no coincidence; they were the product of years of cross-border interaction, professional familiarity, and a shared understanding of the Greater Region as a functional space. Hospital directors in Luxembourg were accustomed to speaking with their counterparts in Trier or Saarbrücken. Emergency services in Wallonia had long cooperated with colleagues in the Grand Est. Civil servants in Saarland and Rhineland-Palatinate had personal contacts in Luxembourg's ministries. These relationships, built over time, became the backbone of crisis response. They enabled rapid information exchange, pragmatic problem-solving and more trust-based coordination. They also compensated for the absence of formal structures — but only temporarily.

The crisis revealed that *informal networks are essential but insufficient*. They are agile, flexible, and responsive, but they lack durability. They depend on individuals, not institutions. They are vulnerable to personnel changes, political shifts, and administrative turnover. They cannot replace formal governance structures. The challenge, therefore, is to institutionalise the strengths of informal cooperation without losing its agility. This requires a governance model that integrates formal mandates with informal practices, combining structure with flexibility, and political authority with professional expertise.

The Summit of the Greater Region played a central role during the crisis[6], even though its formal mandate is limited. Traditionally, the Summit is a political forum that brings together the heads of government of the participating regions. It sets strategic priorities, endorses cooperation initiatives, and provides political visibility. During the pandemic, however, the Summit became a de facto coordination platform. It facilitated information exchange, aligned political positions and provided a space for discussing cross-border challenges. As a manager of the Summit Presidency at that time, I witnessed how the Summit adapted to the crisis: meetings became more frequent, communication more direct and political engagement more intense. The Summit's

[6] Sommet des Exécutifs de la Grande Région, *Rapport sur la gestion de crise sanitaire* (Luxembourg, 2021).

flexibility allowed it to respond to the crisis, but its limited mandate constrained its effectiveness.

Exchanges with political actors and my own experience confirm that these are its limitations.. It lacks legal authority, operational capacity and dedicated crisis mechanisms. It relies on the goodwill of participating governments and the commitment of civil servants. It has no mandate to enforce decisions, harmonise measures or properly coordinate health policies. This limits its ability to respond to crises. At the same time, the Summit's political legitimacy and cross-border reach make it an ideal platform for developing a permanent cross-border health governance framework. Strengthening the Summit's mandate, resources and operational capacity is therefore essential for building long-term resilience.

The experience of the Saarland — which held the Presidency of the Summit of the Greater Region during the first phase of the pandemic — illustrates this with clarity. The European affairs department suddenly became a de facto coordination hub, organising weekly videoconferences with all Summit partners, compiling daily epidemiological overviews and even providing ad-hoc interpretation when needed. This was not foreseen in any crisis plan; it was an emergency response to a governance vacuum.[7]

The pandemic's emergency mode exposed how misunderstandings, missing data, and divergent national measures can become life-threatening in a border region. The Saarland's rapid creation of a daily cross-border overview of the development of Corona cases was therefore not merely an administrative tool but a critical safety instrument. It addressed a structural weakness: the absence of interoperable data systems capable of providing a shared situational picture. The crisis made this painfully visible. Hospitals lacked real-time information on ICU capacity across borders; health authorities used incompatible indicators; emergency services struggled to coordinate. In a region where ambulances cross borders daily, this fragmentation was not an inconvenience — it was a risk.

The establishment of the Corona Taskforce in April 2020 marked a turning point. This informal but highly effective mechanism brought together health authorities (including

[7] Interview with the Ministry of European Affairs of Saarland.

ARS Grand Est[8]), ministerial experts, and, when necessary, representatives of federal ministries. Its agenda evolved from infection data to exit strategies, vaccination policies and best practices. The Taskforce's success confirms a central theme of this paper: *informal, trust-based networks can compensate for structural gaps — but only temporarily*. They are agile and responsive, but they depend on individuals rather than institutions and are vulnerable to turnover and political shifts.

The Saarland's experience also highlights a structural insight that is central to the governance of the Greater Region: *in a highly complex, multi-actor environment, bilateral initiatives often thrive more easily and can then be scaled outward in concentric circles. In a region as heterogeneous as the Greater Region, bilateral pilots often succeed where multilateral structures struggle — and can later be expanded into wider frameworks.*

Resilience also requires operational capacity at the level where crises are felt most directly: local administrations, hospitals, emergency services and Euroregions. The informal working groups that emerged organically during the pandemic — particularly between Saarland, Rhineland-Palatinate, Grand Est, and Baden-Württemberg — demonstrated the value of trust-based cooperation. These groups coordinated hospital capacity, mobility corridors, and emergency services with remarkable agility. Their effectiveness confirmed Weber's concept of "soft infrastructures of integration." But informal networks are fragile. They depend on individuals, not institutions.

Finally, the pandemic underscored *the importance of data interoperability*. Health data systems in the Greater Region are fragmented, incompatible, and often inaccessible across borders. During the crisis, this hindered coordination. Hospitals lacked real-time information on ICU capacity in neighbouring regions. Health authorities could not easily compare infection rates, testing strategies, or vaccination progress. Emergency services struggled to share information on cross-border incidents. This created uncertainty, delayed responses, and undermined trust. Interviews with health officials highlight the need for interoperable data systems, shared dashboards, and common indicators. Academic literature — including Weber and Wenzelburger's work

[8] Agence Régionale de Santé du Grand Est (ARS).

on digital cross-border infrastructures — supports this: data interoperability is essential for cross-border crisis management.[9] The political executives of the Greater Region have already taken steps in this direction. The 2020 Memorandum of Understanding on coordinated pandemic response, the 2022 Report on Cross-Border Crisis Management and the 2024 decision to establish an Interregional Health Observatory mark important milestones.[10] The ongoing Interreg project *OstGR-Gov* is now clarifying governance, legal frameworks, financing and data security — laying the foundation for a permanent structure capable of providing comparable, real-time health data across borders.

Verticalising Regional Concerns

A future governance model for the Greater Region must strengthen the *verticalisation of regional concerns by anchoring them in national decision-making structures* such as the Franco-German Cross-Border Cooperation Committee (Comité de coopération transfrontalière, CCT – Ausschuss für Grenzüberschreitende Zusammenarbeit, AGZ), which proved indispensable during the pandemic by escalating unresolved issues to Berlin and Paris and harmonising national measures that directly affected border regions.[11] Border closures, quarantine rules, testing requirements, and mobility exemptions were decided in Berlin, Paris, Brussels, and Luxembourg City — not in Saarbrücken, Trier, Metz or Namur. The Franco-German AGZ/CCT proved indispensable in this context. Created under the Aachen Treaty, the AGZ/CCT provided an institutionalised interface between national and regional levels, allowing regional concerns to be escalated to national governments. It offered political visibility, regulatory harmonisation, and a structured channel for crisis coordination.

Luxembourg

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[9] Weber, F., & Wenzelburger, G. (2025). Mit dem Halbkreisblick? Daseinsvorsorge in Grenzregionen. *Zeitschrift für Politikwissenschaft*, *35*, 819–842. https://doi.org/10.1007/s41358-025-00438-5

[10] Interview with the Ministry of European Affairs of Saarland (May 2026).

[11] Gröning-von Thüna, S., & Dittel, J. (2025). Grenzüberschreitende Zusammenarbeit zwischen Krisenmanagement und Aufbruchsstimmung: Die deutsch-französische Grenzregion auf dem Weg in eine krisenfestere Zukunft? In F. Weber & J. Dittel (Eds.), *Beyond borders: Zur Krisenfestigkeit grenzüberschreitender Verflechtungsräume* (pp. 28–36). Verlag der ARL – Akademie für Raumentwicklung in der Leibniz-Gemeinschaft. https://doi.org/10.60683/zsbh-f987

Luxembourg's crisis management during COVID-19 illustrates how a small, highly interconnected state can develop pragmatic, science-driven and agile responses that transcend national reflexes. Its Large Scale Testing programme created early epidemiological transparency and enabled coordinated communication with neighbouring authorities, strengthening trust and situational awareness across the Greater Region.[12] The country's rapid measures to protect its 200,000 cross-border workers — including special permits, commuter corridors and bilateral coordination — prevented the collapse of essential sectors and became a widely cited example of functional crisis governance in integrated border spaces.[13]

Luxembourg also played a key role in intensive-care cooperation, receiving patients from the Grand Est during the first wave and later coordinating capacity with neighbouring regions — a form of "lived European solidarity" that demonstrated how mutual dependencies can become mutual assets. Clear communication, regular briefings and transparent course corrections further reinforced public trust and operational clarity.[14]

Taken together, Luxembourg's approach confirms the central thesis of this paper: *the Greater Region has all the prerequisites to become a European model for cross-border health resilience* — provided that national strengths are embedded in a shared, institutionally anchored governance system.

Cross-Border Health Innovation in the Greater Region

Long before the pandemic, the Greater Region had developed a dense landscape of cross-border health initiatives — but COVID-19 acted as a catalyst that pushed many of them into a new phase of visibility and operational relevance. One of the most established examples is the ZOAST[15] (Zone Organisée d'Accès aux Soins Transfrontaliers) framework between France and Belgium, which grants residents in defined border zones access to hospitals across the border without prior authorisation

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[12] OECD. (2023). *Évaluation des réponses au COVID-19 du Luxembourg*. OECD Publishing.
[13] Gouvernement du Luxembourg. (2023). *Briefing presse: Présentation du rapport OCDE à l'issue de l'évaluation de la gestion de la pandémie COVID-19 au Luxembourg*. Gouvernement du Luxembourg.
[14] Ministère de la Santé du Luxembourg. (2022). *L'impact direct de la pandémie de COVID-19 au Luxembourg*. Ministère de la Santé du Luxembourg.
[15] Observatoire Franco-Belge de la Santé. (n.d.). *ZOAST – Coopération franco-belge*. https://www.ofbs.org/cooperation-franco-belge/zoast/

or financial uncertainty. During the pandemic, ZOAST hospitals became essential buffers when national systems reached capacity, demonstrating how pre-existing agreements can absorb shocks and ensure continuity of care.

Other initiatives also gained momentum. Luxembourg deepened its collaboration with Belgian and German hospitals, especially in paediatrics and intensive care, reinforcing its role as a regional medical hub. Interreg projects such as COSAN (Coopération transfrontalière en santé dans la Grande Région)[16], cross-border telemedicine pilots, and infectious-disease surveillance networks also benefited from renewed political attention and additional resources.

Taken together, these developments reveal the Greater Region's innovative potential as a learning region. They show how border territories can pioneer solutions that combine legal frameworks, digital tools, operational protocols and professional exchange — and how resilience is built not only in crises, but through the long-term construction of interoperable systems that function every day.

Against this backdrop, the three case studies presented in this paper — MOSAR, MOSAICS and the multilingual initiative “Französisch und mehr” [17]— illustrate in concrete terms how such innovation takes shape on the ground.

1. Case Study: Multilingual Communication for Cross-Border Health Resilience in the Saarland–Lothringen Region[18]

The multilingual communication initiative in the Saarland–Lothringen health sector shows how cross-border resilience is built through everyday operational capacity. Originating from the project ‘*Französisch und mehr’* at Saarland University, it expanded into the health sector in 2024 with the insight that language competence is essential for trust, clarity and patient safety. COVID-19 exposed how linguistic misunderstandings and missing information flows in emergency care can become life-threatening, underscoring the need for multilingual skills and interoperable communication.

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[16] COSAN Grande Région. (n.d.). *COSAN – Coopération transfrontalière en santé dans la Grande Région*.
[17] Structured interviews with project owners - 1-3.
[18] Structured interview with project owners – 1.

A 2024 needs assessment revealed significant gaps in French among German health professionals, leading to the development of '*Französisch für den Beruf – Gesundheitswesen'*[19] – targeted language courses in cooperation with the community college vhs. Funded by the Saarland State Chancellery and later institutionalised within the vhs Regionalverband Saarbrücken, the programme quickly demonstrated practical impact and generated strong demand within the health sector. Its momentum culminated in the 2026 cross-border health day and the creation of a digital platform '*Forum Gesundheit'*, with the initiative now expanding into other sectors.

The case illustrates that bilateral, practice-oriented initiatives can build trust and operational capacity that later scale into broader regional frameworks. It reinforces the central thesis of this paper: cross-border resilience depends not only on governance structures but on functional infrastructures and everyday professional competence.

2. Case Study: MOSAICS – Operational Tools for Cross-Border Healthcare[20]

MOSAICS is one of the most concrete efforts to reduce everyday barriers in cross-border healthcare between Saarland and Moselle. While COVID-19 exposed weaknesses in crisis governance, MOSAICS addresses routine obstacles by developing a software tool that standardises patient admission and billing across borders. Led by the Saarland Ministry of Health, with support from the Eurodistrict SaarMoselle, regional hospitals, and insurers, it translates political ambition into practical instruments.

Beyond administrative simplification, MOSAICS strengthens information exchange, specialist training and language skills — recognising that effective cross-border care requires shared knowledge and professional mobility. The project's structured cooperation, technical expertise and inclusive governance enabled steady progress, culminating in a completed software requirements specification that prepares the ground for implementation.

MOSAICS also highlights challenges such as linguistic and procedural differences, showing that sustainable cross-border governance depends on stable networks, clear

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[19] Saarland State Chancellery. (n.d.). *Französisch und mehr: Sprachenlernen leicht gemacht*. Saarland.de. https://www.saarland.de/stk/DE/portale/franzoesisch-und-mehr/sprachenlernen-leicht-gemacht/franzoesisch-beruf

[20] Structured interview with project owners – 2; https://interreg-gr.eu/de/project/mosaics-de/.

mandates and institutions willing to adapt internal processes. For the EU, it demonstrates that resilience is built through interoperable systems functioning daily, supported by political commitment and sustained coordination.

3. Case Study: MOSAR Framework – A Structured Model for Cross-Border Emergency Care[21]

MOSAR is one of the most advanced frameworks for cross-border emergency healthcare in the Greater Region and an initiative of the Eurodistrict SaarMoselle. Supported by Interreg projects, it enables patients in the Saarland–Moselle area to access specialised emergency care across borders through jointly defined protocols. It brings together health authorities, insurers, hospitals, and the Eurodistrict SaarMoselle, thereby aligning administrative, financial, and clinical procedures.

Three supplementary protocols — cardiology, neurosurgery/polytrauma and nuclear medicine — ensure that patients reach the nearest specialised facility regardless of borders. By 2025, the SHG Klinik Völklingen had treated its 1.000th French emergency patient under MOSAR. Years of negotiation, coordination, and mediation underpin this success, which is supported by regular working groups and evaluations.

MOSAR also exposes structural challenges such as differing administrative systems and communication gaps, showing that cross-border cooperation requires continuous operational maintenance. As a model for the European Health Union, MOSAR demonstrates how border regions can pioneer solutions that later inform EU-wide standards — provided they receive sustained political support and institutional recognition.

Policy recommendations

The COVID-19 pandemic revealed a structural truth long underestimated: Europe's cross-border regions are deeply integrated in practice yet insufficiently integrated in governance. The Greater Region exemplifies this paradox more sharply than most. It is a space where around 280.000 people cross borders daily, where hospitals treat patients from neighbouring countries, where emergency services coordinate across

[21] Structured interview with project owners – 3; https://www.h2020-mosar.eu/

jurisdictions and where families live transnational lives. Yet when the crisis struck, the region's governance structures proved too fragmented, too nationally anchored, and too weakly institutionalised to manage a shock of this magnitude. As the Luxembourg chapter of this paper demonstrated, Luxembourg's crisis management — marked by early action, scientific decision-making, and operational agility — confirmed that the region possesses all the prerequisites to become a European model for cross-border health resilience. But this potential can only be realised if national strengths are integrated into a shared, institutionally anchored governance system. While pragmatic solutions emerged during the crisis, cooperation often reverted to formal and slow decision-making once the immediate pressure eased. Strengthening resilience, therefore, requires sustained political commitment from national capitals and a willingness to prioritise cross-border coordination beyond emergency moments. The EU should activey encourage this by embedding border-region needs into its governance frameworks and by incentivising Member States to maintain these cooperative practices in normal times.

The case studies presented in this paper underline why policy reform must be grounded in operational reality. MOSAR, MOSAICS and the multilingual initiative 'Französisch und mehr' each illuminate a different dimension of what resilient cross-border governance requires. MOSAR shows that structured emergency protocols and clearly defined responsibilities can ensure reliable cross-border care even under pressure. MOSAICS demonstrates that everyday cooperation depends on interoperable administrative and digital systems that reduce friction for hospitals, insurers and patients. The multilingual initiative highlights the human factor: without competence in neighbouring languages, even well-designed governance structures fail at the point of care.

Taken together, these examples show that resilience is not created by political coordination alone. *It emerges when governance structures, digital and administrative interoperability, and everyday professional practice reinforce one another*. They also illustrate that bilateral pilots can move faster than multilateral formats and can later be scaled outward — a pragmatic pathway for strengthening cross-border resilience across the Greater Region. These operational insights should inform the institutional reforms proposed in this chapter and guide the EU in designing support instruments that align with the functional realities of border regions.

Florian Weber argues that cross-border regions function as “spaces of everyday Europeanisation”[22] but lack the institutional architecture to manage shared risks. The pandemic confirmed this diagnosis with striking clarity. The task now is to transform these insights into a durable governance model that strengthens resilience not only in the Greater Region but across Europe’s borderlands.

1. **Establish a multi-level governance architecture that reflects the reality of interdependence**.

A resilient governance model requires that the Summit evolve into a strategic body with a clear mandate for cross-border health coordination, supported by a permanent administrative unit capable of maintaining situational awareness and ensuring continuity across political cycles. This is not a call for supranational authority, but for a governance structure that aligns with the region's functional realities.

At the same time, the pandemic demonstrated that regional structures alone are insufficient when national decisions shape the reality at the borders. The AGZ/CCT should therefore be systematically integrated into the governance architecture of the Greater Region, with formal liaison mechanisms and structured participation formats for all regional partners. More broadly, the AGZ/CCT offers a transferable model for other European border regions seeking to institutionalise vertical coordination including Euroregions and bilateral initiatives. They must be formalised as permanent cross-border working groups with fixed membership, regular meetings and clear reporting lines.

Bilateral pilots – demonstrated as well in the case studies *Französisch und mehr* and MOSAR can then be expanded outward in concentric circles — a pragmatic model for scaling cross-border resilience.

2. **A further pillar of resilience is the development of interoperable data infrastructures.**

The pandemic revealed that data fragmentation is one of the greatest obstacles to cross-border crisis management. A resilient governance model requires a shared cross-border health data platform that integrates epidemiological data, hospital

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[22] Brand, R., Niemann, A. & Weber, R. (2024). *The Europeanisation of identities through everyday practices. Journal of Contemporary European Studies*, Special Issue.

capacity, emergency service information and mobility flows. This platform should be interoperable with the European Health Data Space and supported by harmonised indicators and thresholds. The Greater Region, given its density of interdependence, is ideally suited to serve as a pilot region for digital health governance at the EU level and the first steps of the initiative OstGR-Gov should be followed up and intensified.

3. **Legal frameworks must also be adapted to enable joint action.**

The pandemic showed that border closures, quarantine rules and emergency powers were applied unilaterally, often without consultation, especially in the very early phase of the pandemic. Cross-border regions should therefore develop bilateral and trilateral agreements for crisis activation, patient transfers and mobility corridors. National governments should further integrate cross-border crisis coordination into their crisis laws, ensuring that border regions are not overlooked in future emergencies. Emergency services should be able to operate across borders without administrative barriers, supported by mutual recognition of qualifications, shared protocols and legal clarity on liability and jurisdiction.

4. **Finally, resilience requires the institutionalisation of trust and cross-border culture**.

Trust was the most valuable resource during the pandemic. It enabled rapid coordination, pragmatic problem-solving and improvisation. But trust alone is not enough; it must be embedded in structures that survive personnel changes and political cycles. Cross-border regions should therefore formalise informal networks, conduct more annual crisis exercises, and develop shared communication strategies that reinforce the identity of cross-border spaces as functional regions.

Taken together, these recommendations form a roadmap for strengthening the resilience of cross-border regions. If implemented, this agenda would transform cross-border regions from vulnerable peripheries into laboratories of European resilience.

Conclusion: Border regions are at the core of Europe’s strategic resilience

Recent crises have made one point unmistakably clear: Europe's border regions are not peripheral spaces but strategic stress points for the Union's resilience. Whether confronted with a pandemic, an energy shock or extreme weather events, the same structural weaknesses reappear — fragmented responsibilities, incompatible data systems and insufficient mechanisms for coordinated cross-border action. These are not technical details; they are systemic vulnerabilities that undermine the EU's capacity to protect its citizens.

The experience of the Greater Region shows that resilience cannot be built within national silos. It requires shared risk assessments, interoperable data, joint crisis protocols and permanent structures for cross-border coordination. It requires governance that reflects how people in border regions live — mobile, interconnected and dependent on systems that function across jurisdictions. And it requires the EU to treat border regions not as exceptions, but as core components of the Single Market and the European Health Union.

The case studies examined in this paper — MOSAR, MOSAICS and the multilingual initiative 'Französisch und mehr' — illustrate what this means in practice. They show how structured emergency protocols, interoperable administrative tools and everyday professional capacities can make cross-border cooperation reliable, predictable and safe. These examples are not isolated successes; they are operational models that demonstrate how resilience can be built from the ground up. As such, they offer valuable good-practice templates for EU-level policy, showing how political ambition can be translated into functioning systems.

The lesson is clear: *cross-border resilience must become an explicit pillar of EU crisis policy.* The Union should integrate border regions into its preparedness planning, support the creation of permanent cross-border observatories and data platforms, and ensure that national crisis legislation systematically accounts for cross-border interdependence. The Greater Region demonstrates that when cooperation is institutionalised, it saves time, reduces uncertainty and protects lives.

If the EU wants to strengthen its strategic autonomy and crisis readiness, it must anchor cross-border governance at the heart of its resilience agenda. Border regions are not Europe's edges — they are where Europe is most deeply interconnected. Investing in their resilience is therefore not a regional luxury, but a European necessity.

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The Wilfried Martens Centre for European Studies is the political foundation and think tank of the European People's Party, dedicated to the promotion of Christian Democrat, conservative and like-minded political values.

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