

RESOLUTION**on quality of life, including sound healthcare systems and sustainable pension reform in the EU and Eastern Partnership countries**

(2021/C 361/04)

THE EURONEST PARLIAMENTARY ASSEMBLY,

- having regard to the Constituent Act of the Euronest Parliamentary Assembly of 3 May 2011,
- having regard to the Joint Declaration of the Eastern Partnership Summit held in Brussels on 24 November 2017, as well as to the joint declarations of previous summits,
- having regard to the Euronest Parliamentary Assembly resolution of 3 April 2012 on strengthening civil society in the Eastern Partnership Countries, including the question of cooperation between government and civil society, and the question of the reforms aimed at empowering civil society ⁽¹⁾,
- having regard to the European Parliament recommendation of 19 June 2020 to the Council, the Commission and the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy on the Eastern Partnership, in the run-up to the June 2020 Summit ⁽²⁾,
- having regard to the joint staff working document of the Commission and the High Representative of the Union for Foreign Affairs and Security Policy of 9 June 2017 entitled 'Eastern Partnership – 20 Deliverables for 2020: Focusing on key priorities and tangible results' (SWD(2017)0300),
- having regard to the joint communication of the Commission and the European External Action Service of 18 March 2020 on Eastern Partnership Policy beyond 2020 (JOIN(2020)0007), and to the accompanying staff working document entitled 'Reinforcing Resilience – an Eastern Partnership that delivers for all' (SWD(2020)0056),
- having regard to the Council conclusions of 11 May 2020 on Eastern Partnership policy beyond 2020,
- having regard to the 2030 Agenda for Sustainable Development, and in particular to Sustainable Development Goal (SDG) 3 on ensuring healthy lives and promoting well-being for all at all ages, and SDG 4 on ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all,
- having regard to the Commission's European Economy Discussion Paper of 8 October 2020 entitled 'Towards Better Adequacy & Sustainability: A Review of Pension Systems & Pension Reforms in Eastern Partnership Countries',
- having regard to the European Pillar of Social Rights, especially to principle 15 on old age income and pensions,
- having regard to its recommendation to the Council, the Commission and the Vice-President of the Commission/High Representative of the Union for Foreign Affairs and Security Policy of 19 June 2020 on the Eastern Partnership in the run-up to the June 2020 Summit ⁽³⁾,
- having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences ⁽⁴⁾,
- having regard to the UN Secretary-General António Guterres' urgent appeal for a global ceasefire in all corners of the world to focus on defeating COVID-19 on March 23rd 2020;
- having regard to the Association Agreements between the EU, of the one part, and Georgia, Moldova and Ukraine, of the other part, the EU-Armenia Comprehensive and Enhanced Partnership Agreement, the EU-Azerbaijan Partnership and Cooperation Agreement and in particular to the chapters of these agreements on trade and sustainable development as well as on employment, social policy and equal opportunity;

⁽¹⁾ OJ C 153, 30.5.2012, p. 16.⁽²⁾ Texts adopted, P9_TA(2020)0167.⁽³⁾ Texts adopted, P9_TA(2020)0167.⁽⁴⁾ Texts adopted, P9_TA(2020)0054.

- A. whereas the Council conclusions of 11 May 2020 on Eastern Partnership policy beyond 2020 highlight that strengthening resilience as an overriding policy framework will be one of the key goals for the Eastern Partnership over the coming years, including in the areas of the environment, health (notably in the context of the current COVID-19 pandemic) and human security;
- B. whereas the joint communication of 18 March 2020 on Eastern Partnership policy beyond 2020 puts special emphasis on reinforcing resilience and envisages the scaling up of action in areas that are critical for people's health and wellbeing;
- C. whereas improving quality of life is a longstanding explicit and implicit policy objective of national governments, while its adequate definition and measurement is challenging and often elusive;
- D. whereas quality of life is a broad concept that covers more than just economic growth and material living conditions;; whereas it encompasses a range of indicators reflecting its multidimensionality, including life satisfaction, employment, health status, social relationships, free time, education and skills, work-life balance, civic engagement and governance, environmental quality, human security and governance;
- E. whereas the Eastern Partnership (EaP) Association Agreements and the EU-Armenia Comprehensive and Enhanced Partnership Agreement (CEPA) each contain a chapter dedicated to health issues, which provides for cooperation covering a wide range of areas with the aim of improving public health standards and the protection of human health, as well as a chapter dedicated to the environment, with the objective of achieving a high degree of regulatory convergence;
- F. whereas significant disparities exist within and between EU Member States and EaP countries, as reflected by socioeconomic indicators and the Human Development Index; whereas life expectancy as a key indicator is lower by up to seven years in the EaP countries than the EU average;
- G. whereas the combination of a large informal sector, high unemployment, low savings rates and a heavy reliance on remittances in the EaP region points to the vulnerability of large segments of society in EaP countries which are likely to experience increased levels of poverty and inequalities because of the COVID-19 crisis;
- H. whereas socioeconomic shocks resulting from the pandemic negatively affect people's incomes and physical and mental wellbeing, and the social integrity of communities as a whole;
- I. whereas affordable, effective, accessible, sustainable and resilient public health systems are a key determinant for improving citizens' quality of life and well-being;
- J. whereas healthcare expenditure, both in absolute terms and as a share of GDP, is significantly lower in EaP countries than in the EU;
- K. whereas civil society organisations have been and will continue to be essential in mitigating the effects of the pandemic in the long term and will require support to ensure the continuity of these key support activities to mitigate the economic, social, and health consequences of the COVID-19 crisis;
- L. whereas the COVID-19 pandemic has put a critical spotlight on the need to boost preparedness and response capacities across the wider European region against emergencies and notably serious cross-border threats to health;
- M. whereas the COVID crisis has stressed the importance of supporting and fastening the green, care and digital transition so that no one is left behind;
- N. whereas in response to the COVID-19 crisis, the EU has mobilised an emergency support package of EUR 80 million for immediate needs and up to EUR 1 billion to support health systems and the short- and medium-term social and economic recovery in the Eastern Partnership region;

- O. whereas programmes such as the European Union Solidarity for Health Initiative in the Eastern Partnership countries provide short- and medium-term assistance to address the challenges of the COVID-19 crisis and could act as a stepping stone towards further cooperation;
- P. whereas the COVID-19 crisis has demonstrated the importance of joint EU action; whereas Parliament has called, *inter alia*, for the creation of a European health response mechanism to better prepare for and respond in a common and coordinated way to any type of health or sanitary crisis;
- Q. whereas the EU has committed itself to a united, coordinated approach in order to act effectively and with solidarity when addressing the COVID-19 crisis, notably with regard to the procurement and roll-out of vaccines, while Member States retain full ownership of their public health policies and responsibility for organising and delivering health services and medical care;
- R. whereas older women are at greater risk of poverty due, among other factors, to the wage and pension gap, gender segregation in the job market, the gender care gap, and the gender gaps regarding working time;
- S. whereas the Commission and the World Health Organization (WHO) Regional Office for Europe recognised in their joint statement of 4 November 2020 ⁽ⁱ⁾ that further efforts are needed to assist the Eastern Partnership countries to improve regional and sub-regional health security, address health inequalities, bolster the resilience of health systems and strengthen the cooperation between WHO country offices and EU Delegations while enhancing the partnership between the European Centre for Disease Prevention and Control (ECDC) and WHO Europe in order to ensure coherent strategic approaches across the entire region;
- T. whereas predictable, adequate and sustainable pension systems constitute an important element in providing good quality of life after leaving the workplace, as well as ensuring income security, preventing poverty and reducing inequality in old age;
- U. whereas managing pension systems remains a Member State competence within the EU; whereas the facilitation of mutual learning and the exchange of best practices between the EU and its partner countries has significant potential to improve responses to demographic challenges and to enhance the adequacy and sustainability of pension systems;
- V. whereas in the context of accelerating population ageing, a significant informal sector and a large number of seasonal workers, as well as the unfolding economic crisis, it is becoming more challenging to achieve pension policy objectives in the Eastern Partnership region;
- W. whereas the European Pillar of Social Rights contains a number of provisions dedicated to pension rights, including the right of workers and the self-employed to a pension commensurate with contributions and ensuring an adequate income; the right to equal opportunities to acquire pension rights for both women and men; and the right to resources that ensure dignity in old age;
- X. whereas investment in the care economy is of paramount importance to ensure decent life for all and protect all people living in the EU and the Eastern Partnership; whereas older persons have been and still are heavily hit by complications and fatalities linked to different diseases, including COVID-19;

Quality of life

1. Welcomes the EU's overall emphasis on resilience in the current focus of its Eastern Partnership strategy and notes that stepping up cooperation in the areas of the environment, climate change social policies, gender equality, labour rights and social protection, in particular decent employment, public health and education would contribute to tangible long-term benefits to quality of life in the EU and its Eastern neighbourhood;

⁽ⁱ⁾ https://ec.europa.eu/health/sites/health/files/international_cooperation/docs/2020_who_euro_cooperation_en.pdf

2. Notes that most objectives and existing programmes under the Eastern Partnership contribute to improving quality of life indirectly, but that the visibility of their direct value added is mostly very limited for citizens, calls therefore for a better coordination of economic and social policies as well as their coherence with the ecological transformation of the economy in line with the commitments taken under the Paris Protocol to mitigate;
3. Stresses that decent living and access to social protection constitutes a serious joint challenge for EU Member States and EaP countries and should therefore be key topics of joint efforts and cooperation;
4. Calls on all stakeholders to realise the full potential of the existing provisions of bilateral agreements between the EU and EaP countries, as well as of the multilateral Eastern Partnership platform, using innovative policies to generate and measure tangible improvements to quality of life, while also increasing the visibility of such concrete actions and outcomes;

Sound healthcare systems

5. Calls on all stakeholders to draw lessons from the COVID-19 pandemic and step up needs-based cooperation between the EU and EaP countries, with the involvement of the relevant international organisations, civil society and local health services;
6. Recalls the crucial importance of accessible, affordable and quality healthcare for all;
7. Is of the view that public healthcare systems should focus primarily on their beneficiaries, rather than on costs, that they should be funded well enough to pay correctly and operate in good conditions;
8. Calls on the European Commission and EaP governments to address in their programs the needs accentuated by the current crisis, in particular to ensure social protection and safeguarding employment, access to resilient public health care services as well as access to education, including online learning, food security and material assistance for the most deprived;
9. Underlines the need to ensure universal access to health care services and to medical infrastructure such as hospitals, care facilities, medicines, tests and vaccines in times of COVID-19 and to preserve and strengthen public health care services and substantially increase their funding; stresses the need to increase joint efforts within the WTO to meet the global dimension to overcome the Covid-19-pandemic;
10. Calls on the EU and the EaP governments to address inequalities in access to health and care services, by focusing on strengthening the health services and capacities at the local and regional level within the planning of the next EaP programmes beyond 2020 and within the programming of the EU's bilateral support;
11. Urges EU Member States and EaP countries to respect the right to health by maintaining universal and equal access to health and care services, without discrimination on the basis of age, race, ethnicity, linguistic or social group or sexual orientation, gender expression, gender identity or sex characteristics, or any other grounds;
12. Insists that healthcare access for minorities should be strengthened during the current pandemic and stresses that they should not be targeted by restrictive pandemic measures without any specific indication for the necessity of such special measures in order to avoid discrimination;
13. Notes that therapy and care options for chronic diseases, such as cancer, should not be negatively affected by and be secured despite the COVID-19 pandemic and its impact on healthcare systems and public finances;

14. Notes that quality of life in Eastern Partnership countries is not only lower than in the EU countries, but many people, especially those living in rural areas, face difficulties in reaching basic social standards due to the poor infrastructure and sanitation, lack of distant medical and educational services;
15. Encourages regular and structured information and staff exchanges to improve the resilience of health systems and to reduce pressure on critical health infrastructure and staff, as well as to facilitate mutual learning on best practices, institutional preparedness and management;
16. Calls on the EU to consider bilateral and regional technical assistance programmes for healthcare reform in the EaP region with a view to improving the legislative framework and financial management of national healthcare systems, achieving better access to public health services and raising the overall quality of care, as well as to undertake targeted or sectoral health programmes bringing tangible long-term benefits to citizens and their quality of life;
17. Notes that the maternal mortality rate in the EaP countries are few times higher than in the EU and urges to address this issue by necessary healthcare reforms;
18. Notes with concern the potential negative impacts, including significant societal costs, of low remunerations and brain drain in the healthcare sector, which are exacerbated during times of crisis, notably the COVID-19 pandemic;
19. Welcomes the joint declaration of the Commission and the WHO Europe Regional Office of 4 November 2020 expressing a need to pool efforts to improve human health across Europe and actively support countries in achieving the highest level of health and health protection; fully supports further exchanges of information on best practices, consultations and regular structured dialogues with a view to considering joint actions and initiatives and urges the development of more concrete plans outlining projects;
20. Notes with concern that according to projections, COVID-19 vaccines provided in the framework of the COVAX scheme will cover on average only around 20 percent of the EaP population; and encourages further cooperation between the EU and the EaP countries in this regard; reiterates that it is of particular importance that COVID-19 vaccines are made available on the basis of clear and transparent criteria in the whole European region, including in the Eastern Partnership countries, without delay, in order to increase the speed of vaccine roll-out; welcomes in this context the establishment of a common EU vaccine sharing mechanism;
21. Emphasises that there is no effective COVID-19 pandemic management without fast and efficient transmission of adequate amount of vaccines to the EaP countries; without ensuring it, the virus will be spreading across EU as large group of people is working in many EU countries;
22. Recalls the need for sharing comparable national data related to health emergencies, infectious disease outbreaks and pandemics, as well as a viable system of mutual recognition of vaccinations;
23. Recognises the need to build on the example of the 1st Eastern Partnership Ministerial Conference on Tuberculosis and Multi-Drug Resistant Tuberculosis in 2015, which brought together ministers and high-level officials from national governments and international and non-governmental organisations;
24. Recalls the untapped potential of the Eastern Partnership framework for addressing cross-border aspects of healthcare cooperation, exchange programmes and emergency relief with the participation of medical staff from EU and EaP countries;

25. Highlights the work of civil society organisations during the COVID-19 pandemic, supporting vulnerable groups and health care workers and doctors; Stresses the need to strengthen EaP societies' resilience after the pandemic with a particular focus on vulnerable groups and the growing number of people socially affected by the crisis, calls for enhanced support for local civil society organisations in the EaP countries in order to enable them to fulfil their potential for mitigating the effects of the pandemic and improving the health and socioeconomic wellbeing of their populations, notably the most vulnerable groups and those who are disproportionately affected;
26. Underlines the will of EU and Eastern Partnership countries to build age-friendly societies, where high quality public services ensure intergenerational solidarity;

Sustainable pension reform

27. Takes note of the diversity of pension systems and the relevant legislative frameworks across EU and EaP countries; notes, however, the untapped potential of the EaP framework for helping the partner countries to move towards stronger welfare systems including more protective pension systems, with solidarity and dignity at its heart;
 28. Underlines that all citizens in the EU and in the EaP countries shall be guaranteed a minimum pension that reflects national income levels;
 29. Recommends stepping up cooperation in the area of public finance management, including management of pension systems, notably by training pension administration staff and supporting existing technical assistance programmes, such as those run by the World Bank;
 30. Encourages governments to move towards greater sustainability and adequacy in their pension systems by widening the contribution base through increased formalised employment; urges countries to consider their appropriate legal retirement age with a view to enacting long-term reforms tailored to their individual economic circumstances;
 31. Regrets the existing gender pension gap and calls on EU Member States and EaP countries to put forward concrete measures to tackle it, including by combating the gender pay gap and increasing women's employment rate through work-life balance measures and combating precarious and informal work, and ensuring a minimum income for all;
 32. Notes the close link between the retirement age and final sum of the pension received by the pensioner; takes note that pensions are relatively low compared to the cost of living what results
 33. Recalls the vital role of accompanying structural and institutional reforms, such as those aimed at improving labour market regulation and increasing formalised employment, or at building a well-functioning tax administration and an adequate regulatory framework for the financial sector;
 34. Recognises the complexity of achieving a balance between time spent working and time spent in retirement, in view of expected continued gains in life expectancy, while also improving the fairness of state-administered pension systems, including by further strengthening the link between benefits and contributions;
 35. Calls for further technical assistance from the EU and its Member States for the assessment and testing of mandatory complementary (pillar II) and fully voluntary (pillar III) pension schemes to complement state pensions in the EaP countries.
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