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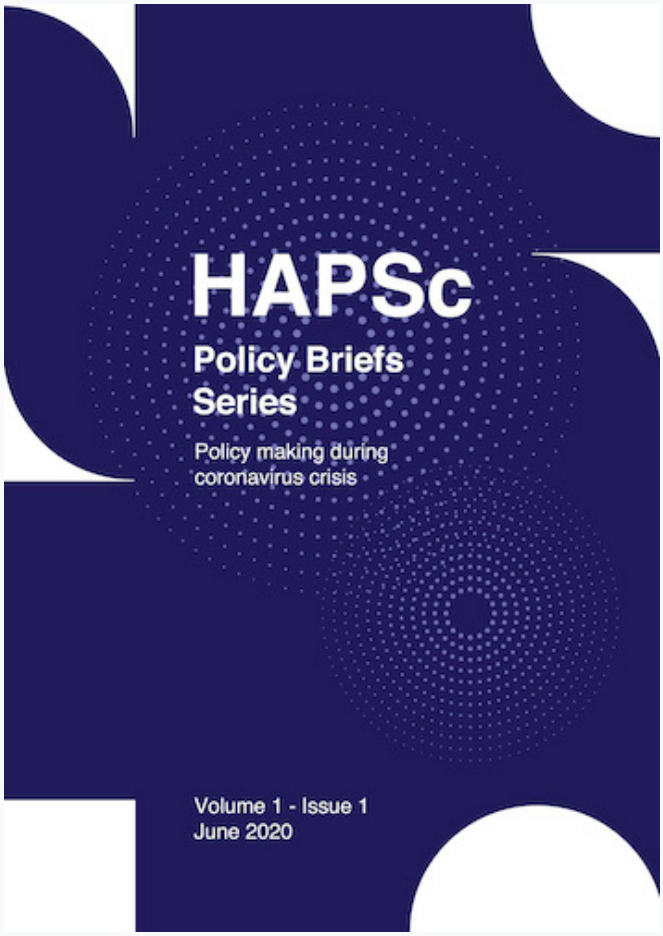

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European response to COVID-19 health crisis[1]

George Nastos[2]

Abstract

The world is undergoing the pandemic health crisis of COVID-19. First and foremost, the pandemic is causing losses in human lives all over the world. Secondly, it is testing the economies of all countries, regardless of the degree of dispersion and loss of lives between the states. Another consequence of this health crisis is that apart from national health systems, it also puts to the test political systems. This consequence is even greater for an evolving political system such as the European Union, which in a decade has faced two other crises - the Eurozone and the refugee crisis. The EU has once again been called upon to face an exogenous cross-border crisis. It has to confront a pandemic within the existing framework of its competence, tools and bodies, while creating new ones in the need to support its Member States. This paper focuses on the European Union's response to the management of the COVID-19 pandemic, the weaknesses that this crisis has brought to the fore and the policies that would help the EU manage similar crises in the future.

Introduction

Following the outbreak of pneumonia in the city of Wuhan, in the province of Hubei, China, on January 9, 2020, the Chinese health authorities announced that it was a new strain of coronavirus (2019-nCoV). The isolated coronavirus has been officially recognized since February 11, 2020 as Severe Acute Respiratory Syndrome (SARS) coronavirus 2 (SARS-CoV-2) and is a new virus that causes the COVID-19 disease. Due to its high infectiousness, within a month a local epidemic became a pandemic. On March 11, the World Health Organization declared a pandemic and the new virus hit Europe hard, which then became the centre of the global health crisis. Italy was the first

European country which experienced the severe outbreak and by 17th of March all countries within Europe had a confirmed case of COVID-19. The European Union was once again facing a new cross-border crisis with the primary concern being the protection of the lives of its citizens.

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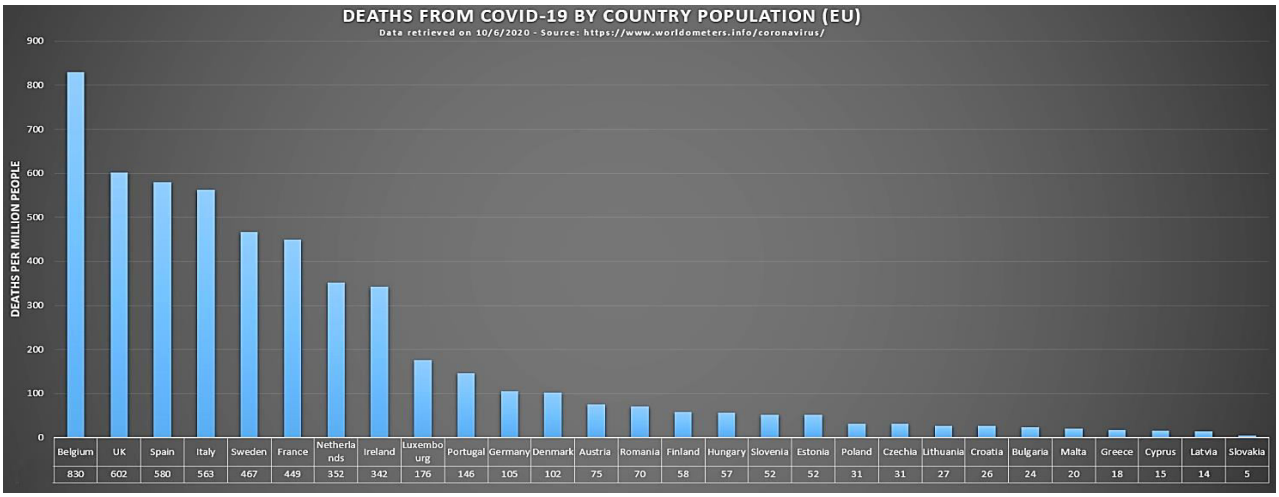
"Cross-border crises" are defined as those threats that require urgent action and cross geographical, political, economic, social and legal boundaries (Ansell, Boin, & Keller, 2010). Such crises involve more participants, who tend to be more scattered and often with different agendas, while at the managerial level they create the need to adapt to a close collaboration under conditions that are much more difficult to achieve. As has been observed, after a major crisis, or when faced with the complexities of new threats, leaders often express "solidarity" and the desire to take strong collective action. However, they rarely follow this up by authorizing the EU to take action by providing strong



legal bases on which to act, and whatever action is taken must be within the existing limits of competence, capabilities and tools available (Boin, & Rhinard, 2008).

The growing need for a European response to crises could signal a more active role for both EU institutions such as the Commission, the Council, the European External Action Service (EEAS), and for European organizations and agencies such as the European Centre for Disease Prevention and Control (ECDC), the European Food Safety Authority (EFSA), and the European Civil Protection and Humanitarian Aid Operations (ECHO). These and other organizations are called upon to become co-ordinating nodes of knowledge among experts who can bring coherence and have an advantage in crisis management in the EU (Jordana & Triviño - Salazar, 2020).

As we will see, despite the initial shock in the early stages of the pandemic and the lack of coordination observed, the EU then acquired a more active role by helping Member States in a policy area where it had never had to intervene so intensively in the past. However, and within the general framework of European integration, there are still many steps to be taken towards a European mechanism for immediate response and management of cross-border crises with the necessary capabilities and competence, to achieve the EU's goal of protecting its citizens against such crises.

EU response to the COVID-19 pandemic

The European Union's main tools for addressing public health issues are: a) The Decision 1082/2013/EU as a regulatory framework on cross-border public health threats. It aims to contribute to a high level of public health protection in the EU by ensuring the coordination of both risk assessment and risk management in public health emergencies (Council of the European Union and European Parliament, 2013). b) The European Centre for Disease Prevention and Control (ECDC), which analyses and interprets data from EU countries, provides scientific advice to EU governments and bodies, ensures early detection and analysis of emerging public health threats, helps EU governments prepare for epidemics and constitutes an important source of comparable epidemiological data for Member States (European Union, 2005). c) The Health Security Committee, as an important forum for mutual consultation and exchange of information between Member States that prioritizes the assessment of threats and risks, the rapid mobilization of experts and the provision of technical assistance and guidance (European Commission, 2001).

Institutionally, public health issues are the responsibility of the nation states, with the EU simply having an advisory and supportive role (Anderson, Mckee and Mossialos, 2020). However, there are many who criticize the EU for lack of coordination between the national health systems of the Member States, especially in the early stages of the outbreak. A paradox is pointed out in dealing with COVID-19 at the European level (Pacces and Weimer, 2020): While the very existence of the European Union is based on dealing with major cross-border and global challenges that nation-states cannot cope with on their own, in the pandemic crisis of the new coronavirus it was the national governments that had the first say and were called upon to deal with a crisis disproportionate to national capabilities. The result was a differentiated response, with each EU member state managing the pandemic in its own way. Different strategies have been adopted depending on the culture, structure and capabilities of the health system, the degree of centralization of the administration, and so on. The price of this differentiated reaction to a cross-border health crisis is, on the one hand, an inability to better track and control the dispersion, and on the other hand, the re-emergence of borders within the EU, suspending one of the fundamental values of the European Union – the free movement of persons and goods (Pacces and Weimer, 2020).

Article 168 TFEU calls on the EU to act on global health issues, promoting cooperation with third countries and relevant international organizations. However, it also establishes that the responsibility for organizing and managing the health systems belongs to the Member States (Renda and Castro, 2020). ECDC hosts the Early Warning and Reaction System, an online portal linking public health

organizations in Europe. This allows Member States to share information about COVID-19 cases as closely as possible in real time. However, countries beyond the European Economic Area, including Switzerland, do not have access and the United Kingdom has already withdrawn, against the advice of the Ministry of Health and Social Welfare, because Downing Street believed that participation in it would weaken the British government's bargaining position in the next round of Brexit negotiations (Flear, de Ruijter and McKee, 2020). This undermines the need for closer cooperation with non-EU countries.

In the first stages of the pandemic, the main goal was to control the dispersion of the virus, avoiding massive numbers of cases that would put too much pressure on national health systems. Each Member State adopted its own lockdown, diagnostic and movement procedures. The main policy adopted was that of social distancing. While different regulatory measures were initially used between states, later there was a relative convergence on how to achieve this in the best possible way. However, the guidelines issued by the ECDC and the European Commission on measures of social distancing, contact tracking and strategies for conducting diagnostic tests, remain at the recommendation level without being binding on EU Member States. Also, in terms of data exchange and collection, while EU Member States share data, in many cases the level of quality and detailed data varies greatly from country to country. Both global and European management of the pandemic seems very fragmented and insufficiently coordinated. This situation easily leads to problems of collective action, as well as to strategic behaviour by nation states. (Renda and Castro, 2020).

Moreover, the pandemic of COVID-19 brought to the fore the lack of self-sufficiency in health products and the great dependence of the European Union in this area on China (Palaiologos, 2020). Evidence shows that 50% of masks and protective materials are imported from China. 40% of antibiotics imported by Germany, France and Italy also come from China. In addition, 80% of pharmaceutical ingredients imported into the EU come from China and India, while 90% of the world-class penicillin is produced in China. Finally, Europe does not produce paracetamol at all, a widely used analgesic and antipyretic drug. The last EU paracetamol plant in France closed in 2008. The EU Commission has launched four different joint public agreements with 25 Member States to address these deficiencies. However, at the beginning of the crisis, some countries blocked the export of medical equipment.

Despite the primary shock and weaknesses in the initial stages of the pandemic, the European Union, within its institutional capabilities, has taken a number of actions in an effort to resolve any coordination problems, achieving a relative convergence on policies adopted and supporting the

Member States most affected by the health crisis. Some of the Commission's main actions in addressing the crisis include (European Commission, 2020): The European Commission has supported 18 projects since March in the fight against the COVID-19 disease, involving 140 research teams inside and outside the EU. At the same time, 140 million euros were allocated for the development of vaccines, new treatments, diagnostic tests and medical systems, to prevent the spread of the new coronavirus and save lives. In an effort to better coordinate between Member States, the European Commission has set up a European team of scientific experts to coordinate measures to tackle the pandemic. Deficiencies in protective medical equipment observed within the EU have led the European Commission to require that exports of such equipment outside the European Union must be subjected to an export license from the Member States. The aim was to prevent the adoption of individual measures by Member States affecting the circulation of such equipment within the single market, as well as in third countries. For the same purpose, sufficiency in medical equipment, the European Commission has set up a strategic medical equipment stockpile as part of the rescEU mechanism to help EU countries through the COVID-19 pandemic. On April 14, the Council approved the European Commission's proposal to activate the emergency support mechanism in order to directly support the health systems of the Member States in their fight against the pandemic with 2.7 billion euros providing direct support where most needed. In mid-May, the Commission presented a set of guidelines and recommendations for tourists, travellers and businesses.

Conclusions

The EU's response to the COVID-19 health crisis can be separated into three phases. The first relates to the initial stages of the pandemic with the rapid dispersion of the virus across Europe. Here, the management of the pandemic was mainly a matter for the nation states and the individual decisions they made, while the EU appeared to struggle within weaknesses in terms of capabilities, competence and coordination. The second period includes the months of social distancing and lockdowns, where the EU marked significant improvement in the coordination, the sufficiency in medical supplies and the relative convergence of Member States in the policies adopted for the management of the pandemic. The third phase relates to the lifting of the lockdowns and the restart of the European economies, while at the same time continuing the fight against SARS-CoV-2 and preparing for the next day. Here the expectation of the member states is for an increased role of the EU in dealing with the consequences of the pandemic and preparing for a possible second outbreak next winter.

Despite the initial shock of the EU regarding the COVID-19 crisis, the European Commission has taken a number of important steps to address a common strategy for the management of the pandemic.

However, much remains to be done as the EU's competence in public health is limited and its ability to prevent, respond quickly and manage crises remains weak. First of all, the need for better coordination with common public health management protocols is emphasized. It is also necessary for the EU to achieve a higher level of self-sufficiency in healthcare equipment and an efficient distribution system for emergency situations. The data, information and experience of this health crisis must become the basis on which the necessary political steps are taken to better shield the European Union, both from possible future pandemic situations and, in general, in other possible external crises from natural causes.

Implications and recommendations

The European Union has a lot to learn from the experience of the COVID-19 crisis and needs to go further in strengthening the safety of public health. Some of the next steps should include the creation of health units with specifications for dealing with pandemic emergencies in each Member State of the Union, as well as a new common protocol for managing and dealing with health crises. It is also necessary to allocate more resources for research and development. Particularly important is the development of policies that will allow the increase of European production in healthcare equipment, in order to achieve more self-sufficiency.

Dealing with a pandemic crisis like COVID-19 is not just a matter of public health. Effective management and control could also prevent serious social and economic disorders (Dayrit and Mendoza, 2020). Investment in health care should not only be increased but should be encouraged as a way to increase the resilience and sustainability of the economies of EU member states. Furthermore, the next steps for better coordination, and perhaps the extension of the EU's competence in the field of public health, should address not only pandemics, but also general health issues at the cross-border level (e.g. the high microbial resistance in antibiotics observed in many Member States, which has been classified by international organizations as a global risk to public health and safety)[3]. Finally, the ongoing external crises faced by the European Union demonstrate the need to focus on strengthening the role of existing European organizations (e.g. ECDC, EFSA, ECHO) or, if necessary, creating new rapid response mechanisms for the management of future crises arising from exogenous factors, such as major natural disasters, effects of climate change, and so on.

[3] More at https://atlas.ecdc.europa.eu/public/index.aspx?Dataset=27&HealthTopic=4

References

Anderson, M., Mckee, M. and Mossialos, E. (2020). Covid-19 exposes weaknesses in European response to outbreaks. *BMJ*, 368: m1075. doi: 10.1136 / bmj.m1075.

Ansell, C., Boin, A. and Keller, A. (2010). Managing Transboundary Crises: Identifying the Building Blocks of an Effective Response System. *Journal of Contingencies and Crisis Management,* 18: 195-207. doi: 10.1111 / j.1468-5973.2010.00620.x

Boin, A. and Rhinard, M. (2008). Managing Transboundary Crises: What Role for the European Union? *International Studies Review*, 10 (1): 1–26, https://doi.org/10.1111/j.1468-2486.2008.00745.x

Dayrit, M. and Mendoza, RU (2020). Social Cohesion vs COVID-19. [Online] Available at: https://ssrn.com/abstract=3555152 or http://dx.doi.org/10.2139/ssrn.3555152 (Accessed: June 15, 2020).

European Commission. (2001). Health Security Committee. [Online] Available at: https://ec.europa.eu/health/preparedness_response/risk_management/hsc_en (Accessed: June 15, 2020).

European Commission. (2020). Timeline of EU action. [Online] Available at: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/timeline-eu-action_en (Accessed: June 15, 2020).

European Union Law. (2013). Decision No 1082/2013 / EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98 / EC Text with EEA relevance. [Online] Available at: http://data.europa.eu/eli/dec/2013/1082/oj (Accessed: June 15, 2020).

European Union. (2005). European Center for Disease Prevention and Control. [Online] Available at: https://europa.eu/european-union/about-eu/agencies/ecdc_en (Accessed: June 15, 2020).

Flear, M., de Ruijter, A. and McKee, M. (2020). Coronavirus shows how UK must act quickly before being shut out of Europe's health protection systems. *BMJ.* 368: m400.10.1136 / bmj.m400 32005657.

Jordana, J., Triviño - Salazar, J. C. (2020). EU agencies' involvement in transboundary crisis response: Supporting efforts or leading coordination? *Public Admin*. 1–15. https://doi.org/10.1111/padm.12652

Pacces, AM and Weimer, M. (2020). "From Diversity to Coordination: A European Approach to COVID-19". *European Journal of Risk Regulation*. Cambridge University Press, pp. 1–14. doi: 10.1017 / err.2020.36.

Pacces, A. and Weimer, M. (2020). We need a European exit strategy for Covid-19 before it's too late. LSE European Politics and Policy (EUROPP). [Online] Available at: http://eprints.lse.ac.uk/104339/ (Accessed: June 15, 2020).

Palaiologos, G. (2020). Next day's Europe, Kathimerini, Athens, 17 May. Available at: https://www.kathimerini.gr/1078545/gallery/epikairothta/kosmos/h-eyrwph-ths-epomenhs-hmeras (Accessed: June 15, 2020).

Renda, A. and Castro, R. (2020). "Towards Stronger EU Governance of Health Threats after the COVID-19 Pandemic". *European Journal of Risk Regulation*. Cambridge University Press, pp. 1–10. doi: 10.1017 / err.2020.34.