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*Plenary sitting*

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**B9-0259/2020**

14.9.2020

## MOTION FOR A RESOLUTION

to wind up the debate on the statements by the Council and the Commission

pursuant to Rule 132(2) of the Rules of Procedure

on COVID-19: EU coordination of health assessments and risk classification  
(2020/2780(RSP))

**Kateřina Konečná**

on behalf of the GUE/NGL Group

**European Parliament resolution on COVID-19: EU coordination of health assessments and risk classification  
(2020/2780(RSP))**

*The European Parliament,*

- having regard to Article 3 of the Treaty on European Union (TEU), – having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU), as well as to Articles 4, 6, 9, 21(1), 67(2), 114, 153, 169 and 191 thereof,
  - having regard to the Charter of Fundamental Rights of the European Union (‘the Charter’), in particular Article 35 and 45 thereof,
  - having regard to Regulation (EU) 2016/399 of the European Parliament and of the Council of 9 March 2016 on a Union Code on the rules governing the movement of persons across borders (Schengen Borders Code)<sup>1</sup>,
  - having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences<sup>2</sup>,
  - having regard to its resolution of 19 June 2020 on the situation in the Schengen area following the COVID-19 outbreak<sup>3</sup>,
  - having regard to its resolution of 10 July 2020 on the EU’s public health strategy post-COVID-19<sup>4</sup>,
  - having regard to the most recent communicable disease threats report (CDTR) of the European Centre for Disease Prevention and Control (ECDC) and to the ECDC’s public health guidelines and reporting protocols on COVID-19,
  - having regard to Regulation (EC) No 261/2004 of the European Parliament and of the Council of 11 February 2004 establishing common rules on compensation and assistance to passengers in the event of denied boarding and of cancellation or long delay of flights, and repealing Regulation (EEC) No 295/91<sup>5</sup>,
  - having regard to Rule 132(2) of its Rules of Procedure,
- A. whereas the COVID-19 pandemic has moved from an acute to a chronic risk management phase; whereas it seems likely that the virus will stay active until an effective and safe vaccine has been found and supplied in large enough quantities to ensure proper protection in a very large part of the global population; whereas this

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<sup>1</sup> OJ L 77, 23.3.2016, p. 1.

<sup>2</sup> Texts adopted, P9\_TA(2020)0054.

<sup>3</sup> Texts adopted, P9\_TA(2020)0163.

<sup>4</sup> Texts adopted, P9\_TA(2020)0205.

<sup>5</sup> OJ L 46, 17.2.2004, p.1.

means that we will continue to live in difficult circumstances for at least several months to come;

- B. whereas the intensity of the spread of the virus differs greatly from one Member State to another and from one region to another within the same Member State;
- C. whereas the regular influenza season will most likely increase the number of people with mild symptoms who will be tested;
- D. whereas the testing capacity in some Member States is still not sufficient; whereas people sometimes need to wait for days to get the results of their COVID-19 tests; whereas this greatly affects their ability to work and travel;
- E. whereas some Member States are refusing to recognise any kind of COVID-19 test that has been performed in another Member State; whereas such mistrust is greatly complicating the lives of people;
- F. whereas differing approaches to the collection of data relating to COVID-19 across the EU makes it difficult to compare data;
- G. whereas there is still no harmonised methodology for collection and evaluation of number of infected people nor the harmonised methodology regarding the COVID- 19 'semaphores'; whereas due to this lack of harmonisation, the data on infected people are often interpreted across the Member States, which consequently make wrong decisions and implement changes in their COVID- 19 'semaphores', which lead citizens from other Member States being unduly discriminated against;
- H. whereas the EU response to the COVID-19 pandemic has so far demonstrated a lack of coordination between the Member States and with the Union institutions in terms of coordination of public health measures, including restricting the movement of people within and across borders and the suspending other rights and laws; whereas most Member States have reintroduced internal border controls or have closed such borders, either partially or totally, or have closed them to certain types of travellers, including EU citizens and their family members and third-country nationals residing in their territory or that of another Member State;
- I. whereas many Europeans have been systematically subjected to different rules depending not only on their place or residence, but also where they have travelled to; whereas this lack of coordination during the summer period led to disorganised controls and measures at borders, as well as within airports and train stations;
- J. whereas the COVID-19 crisis has had, and is still having, major health impacts and, in many cases, very significant negative consequences on fundamental rights and on economic, scientific, tourist and cultural exchanges;
- K. whereas the provision of healthcare is above all a national competence, but public health is a competence shared between the Member States and the Union;
- L. whereas there is still scope for the European Union to better deliver on public health policy within the existing parameters of the Treaties; whereas public health provisions

under the Treaties are still largely underutilised in terms of the commitments they could be used to fulfil;

- M. whereas cross-border threats can only be addressed together and thus require cooperation and solidarity within the Union;
- N. whereas the measures taken by the Member States, including internal border controls, affect the rights and freedoms of people as enshrined in Union law; whereas measures taken by the Member States or the Union should always respect fundamental rights; whereas such measures should be strictly necessary, proportional, temporary and with a limited scope; whereas solidarity between the Member States is not an option but a Treaty obligation;
- O. whereas it can be very complicated to find correct and up-to-date information about national, regional and local measures, restrictions and infection rates, especially for people who do not speak the Member State's national language; whereas the ECDC is trying to make this information more accessible, but it is not very well-known by the public;
- P. whereas the Commission has already taken initial action by adopting several packages of measures, communications and strategies, including the recent proposal for a Council recommendation of 4 September 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic (COM(2020)0499);
- Q. whereas the Council should support this recommendation and establish the necessary measures to ensure that the Member States coordinate their decisions and actions in an effort to stop or limit the spread of the virus;
- R. whereas a return to a fully functional Schengen area is of the utmost importance to safeguard the principle of freedom of movement as one of the main achievements of European integration, and a key prerequisite for the EU's economic recovery after the COVID-19 pandemic;
- S. whereas Parliament, as co-legislator and the only institution directly elected by EU citizens, must be included as an integral and essential part of all discussions on EU coordination to tackle this health crisis;
- T. whereas the EU seems to not have learnt from the lessons dating back to the beginning of the crisis;
- U. whereas COVID-19 has demonstrated the inter-dependencies between human health and the health of our planet; whereas the emergence of zoonotic diseases – those transferred from animals to humans – is exacerbated by climate change and environmental degradation;
- V. whereas the interrupted free flow of goods has endangered the supply of necessary medical equipment throughout the Union;
- W. whereas the diverging travel restrictions have led to many citizens having their flights cancelled, for which they still not been refunded;

1. Is concerned about the impacts of the COVID-19 outbreak and its long-term consequences on the well-being of people around the world, notably the most vulnerable groups and people in vulnerable situations, such as elderly people and those already suffering from poor health; is deeply worried about the recent flare-ups of the coronavirus and the high number of new cases reported in the Member States; calls for continued caution in any planned easing of sanitary measures; emphasises that protecting and promoting health should remain the most important policy goal;
2. Strongly emphasises the need for coordinated health management to fight this pandemic effectively; stresses the importance of assuring citizens on the consistency of measures taken from one Member State to another;
3. Recalls that freedom of movement for Union citizens is a fundamental right enshrined in the EU Treaties and the Charter;
4. Underlines that this right can be restricted only for a specific and limited reasons of public interest, namely the protection of public policy and public security;
5. Insists on the fact that those restrictions should be applied in compliance with the Schengen Borders Code and the general principles of EU law, in particular proportionality and non-discrimination;
6. Points out that the notion of ‘last resort’ of the Schengen Borders Code requires a verification as to whether other measures may be equally or better suited to achieving the objective and urges the Member States to act accordingly and adopt only necessary, coordinated and proportionate measures as their last resort when restricting travel or introducing internal border controls;
7. Emphasises that the ECDC is doing invaluable work and should be given more resources immediately, including more permanent staff, to continue its work on COVID-19 while being able to continue and recommence its work on other diseases; calls on the Commission to propose a revised mandate for the ECDC to significantly increase its long term budget, staffing and competences, so that it can provide world-class public health protection at all times, including during epidemics;
8. Points out that the ECDC is still underlining disparities in the data collection and data reporting by the Member States; whereas, in some cases, it is hard to clearly distinguish the most infected regions in some Member States on the basis of national data;
9. Deplores the fact that this lack of data harmonisation prevents us from having a clear and complete picture of the spread of the virus in Europe and of the regions that are to be avoided;
10. Notes that each Member State has been following the recommendation of its own scientific council without coordinating with the other Member States or the Commission;
11. Invites the Member States to invest more in exchanging knowledge and best practices with each other, including between their scientific councils and calls on the Commission to facilitate such exchanges;

12. Calls on the Commission to promote a common methodology for collecting health data and for counting and reporting the number of deaths;
13. Urges the Member States to adopt the same definition for a positive case of COVID-19 and for a death by COVID-19 and for recovery from infection;
14. Acknowledges the importance of incidence rates in evaluating the spread of the virus, but also insists on the need to assess the situation taking into account other health criteria such as positive test rate, hospitalisation rates, and intensive care unit occupancy rates;
15. Underlines that those common health criteria will allow the Member States and the Commission to conduct a common analysis of the epidemiological risk at EU level;
16. Considers that the ECDC should be able to assess adequately and effectively the risk of spreading of the virus and to publish a weekly updated map of the risk based on a common colour code, established according to the information collected and provided by the Member States;
17. Supports the colour code proposed by the Commission in its last proposal for a Council recommendation; considers that the thresholds and colours suggested (green, orange, red and grey) will facilitate movement within the EU and will give citizens more transparent information and ensure better predictability;
18. Strongly welcomes the regional approach suggested by the Commission; considers that the risk mapping of the ECDC should be done at regional level and not only at national level; calls, therefore, on the Member States to transmit to the ECDC data collected by regional public authorities;
19. Calls on the Member States to adopt more targeted public health and social measures in the future, applicable at regional level, including cross-border regions and euroregions; stresses that in emergent health situations, public health strategy should be coordinated not only among Member States but also with the regional and local authorities;
20. Recalls that the ECDC has recommended that the Member States follow minimum baselines measures to avoid the spread of the virus, such as hygiene measures, physical distancing and limiting gatherings, using face masks in specific settings, teleworking arrangements, extensive testing, isolation of cases, quarantine of close contacts and protection of vulnerable populations;
21. Calls on the Member States to follow the ECDC's abovementioned recommendations and to define a common framework of health measures that public authorities in affected areas should adopt in order to halt the spread of the pandemic;
22. Acknowledges that additional measures should be considered and shared by public authorities if the rate of transmission increases, including interventions limiting population movement, reducing the number of contacts per person, avoiding mass gatherings, paying particular attention to high-risk areas, closing of schools or recommending that people 'stay at home';

23. Considers that such a framework would strengthen mutual trust between the Member States and between the affected areas, and avoid restrictive measures in response; calls on the Member States to pay particular attention to the specificities of cross-border regions and to insist on the need to cooperate at local and regional level;
24. Considers that in the event of an active cross-border spreading zone, public authorities should jointly establish health mechanisms for real-time coordination and exchange of information;
25. Stresses that coordinated application of health measures on both sides of borders appears essential to ensure that they are consistent, effective and supported by the population;
26. Calls for the adoption and the implementation of a common testing strategy in all Member States, especially in cross-border regions;
27. Considers that the Member States should agree on the minimum number of tests to be carried out per day in accordance with the colour of the zone affected;
28. Underlines that the comparability of test results will allow reciprocal recognition from one country to another;
29. Deems it unacceptable for Member States not to accept tests conducted in another Member State as proof of not being infectious, even if they are only 1 or 2 days old or have been carried out just over the border, and that they insist that a test must be performed in their own laboratories instead; calls on the Member States to mutually recognise the COVID-19 tests and their results carried out by the certified health bodies in other Member States and calls on the Commission to facilitate this harmonisation;
30. Calls on the Member States to provide adequate testing capacities, including laboratories, to ensure that everyone who needs to take a test can do so without any disproportionate waiting times;
31. Calls on the Member States and the Commission to agree on a common quarantine period while considering the opinion of the ECDC;
32. Calls on the Member States to adopt a common protocol for monitoring asymptomatic patients and measures regarding the isolation of patients who tested positive for COVID-19;
33. Reiterates its call for the close monitoring of all adopted measures on the basis of personal data collection, and urges the authorities to adequately enforce existing rules on data protection;
34. Insists that any measures limiting our privacy and data protection must be lawful, effective to deal with the risk to life and public health, strictly proportionate and used only for public health purposes, and subject to strict time limits; stresses that emergency initiatives must not lead to mass surveillance after the crisis and calls for guarantees in this regard;



35. Underlines that the common methodology and criteria adopted and the maps developed by the ECDC should facilitate a coordinated approach as regards Member States' own decision-making processes, and ensure that any decision taken by the Member States are consistent and well-coordinated;
36. Calls on the Commission to fulfil the promise of universal access to an effective and safe vaccine and waive intellectual property rights, making a future COVID-19 vaccine a public good and guaranteeing the Right to Cure and putting public health before private profits;
37. Underlines the importance of patient empowerment and a patient-centred approach; urges the Commission and Member States to improve patient representation and input within the decision-making process around healthcare policies;
38. Recalls that giving the public clear, timely and comprehensive information is crucial to limiting the impacts of any restrictions to free movement put in place, and to ensure predictability, legal certainty and compliance by citizens;
39. Calls on the Commission to dedicate a part of its website to giving an overview of all infected regions using harmonised colour coding, to provide information about all national, regional and local measures and travel restrictions in place, and to clarify where people can go to get tested or to receive health care, in order to ensure that all EU citizens and travellers can easily find the relevant information for their travel destinations;
40. Emphasises the importance of clear, accessible and understandable information about the European, national, regional and local numbers of infections, healthcare systems, measures in place and travel restrictions; stresses that this crucial information needs to be available in all official languages and in languages used by significant parts of the population to include people with a migratory background;
41. Stresses that all information must be easily understandable for the entire population, including low-literate people by including clear, harmonised colours and understandable symbols in public information, and including people with no or limited access to the internet by also providing this information in analogue format in appropriate places;
42. Considers that a swift return to a fully functional Schengen area is of the utmost importance, and calls urgently on the Member States to discuss, together with Parliament, the Council and the Commission, a Recovery Plan for Schengen, including the ways and means to return to a fully functioning Schengen area without internal border control and contingency plans as quickly as possible, in order to prevent temporary internal border controls from becoming semi-permanent in the medium term; condemns the use of discriminatory restrictions on the right of entry by the Hungarian authorities and calls on the Commission to take appropriate action on the matter as soon as possible;
43. Recalls that temporary travel restrictions applying to all non-essential travel from third countries to the Schengen Area have been introduced; underlines that all decisions on refusal of entry at external borders need to be in accordance with the provisions of the Schengen Borders Code, including the respect of fundamental rights in particular, as



laid down in Article 4 thereof;

44. Expresses regret over the fact that during the lockdown to contain the spread of the coronavirus, several Member States closed their internal borders for products and therefore jeopardised the supply of essential medical products and protective equipment; calls on the Member States to show solidarity with those Member States hardest hit by any future wave of the pandemic and to prevent losing consumers' trust in the functioning of the free flow of goods;
45. Calls for the better exchange of information on restrictions to the free movement of goods in order to prevent future shortages of essential goods across Europe;
46. Calls on airline companies to refund passengers who have had their flights cancelled due to the pandemic as soon as possible and meet their obligation as laid down in Regulation (EC) 261/2004; asks the Commission to investigate the widespread infringements of passenger rights during this pandemic;
47. Supports the Commission's call for a regional approach and asks the Member States to pay particular attention to border regions and frontier workers working in essential sectors in particular, for example by introducing so called 'green lanes' for these workers;
48. Notes that during the pandemic crisis many European consumers were faced with non-compliant protective products and scams on online market places; calls on the Commission to use the upcoming Digital Services Act to improve the liability of online market places where these products are often sold to consumers directly;
49. Highlights that the COVID-19 crisis and the strictness of measures taken by Member States have had disastrous impacts on platform workers as they are not covered by any financial safety net; calls on the Member States to compensate these workers financially and to make sure platforms using their services pay their part of the compensation schemes;
50. Notes that the COVID-19 crisis has shown the dependence of Europe on third-country producers of medical and personal protective equipment; calls for the Re-Europeanisation of medical production in order to serve public interest and to establish effective future-proof epidemic control;
51. Recalls that strengthening the public provision of universal health care is the best way to fight global epidemics and protect our societies; emphasises that prevention is the best cure; calls for full implementation of the One Health principle, which recognises that human, animal and environmental health are closely interlinked; recalls the importance of health in all policies; notes with concern how rising global temperatures and the destruction of habitat and biodiversity can greatly exacerbate the risk of zoonotic diseases to public health; stresses the need to drastically step up efforts to halt global warming, biodiversity and habitat loss; calls for the European Reference Networks to be expanded to include infectious diseases and zoonosis; stresses that the recommendations of the World Health Organization for a healthy and green COVID-19 recovery must be fully implemented at EU and national levels;

52. Warns that the defence of public health does not correspond to the pursuit of profit, which will always be obtained at the expense of peoples' well-being; advocates that public health services should be free, of quality and universal; considers it essential for the Member States and the EU to increase the budget related to health by Member States; expresses its deep regret over the Council's proposed dramatic cuts in the EU4Health programme and urges it to reconsider its position and to ensure that the programme receives sufficient funding to help increase the resilience of public healthcare systems and to help prevent and combat disease in Europe; believes that public health systems must be strengthened in both their curative and preventive dimension to be better equipped and financed to deal with future health crises;
53. Calls on the Commission to develop a strategy for a 'resilient Europe', consisting of a risk assessment map and options to address sound management and investment in healthcare systems and pandemic response at European level, including resilient supply chains in the EU;
54. Considers that the reinforcement of human resources, – with effective work links, fair wages, and adequate working and protection conditions – in the Member States' national health systems is essential, and would provide them with the necessary training to respond to immediate health needs and to reinforce the appropriate levels of response in order to guarantee healthcare in general; calls for the role of the European Agency for Safety and Health at Work to be strengthened to ensure that healthcare workers are not put at risk;
55. Instructs its President to forward this resolution to the Council and the Commission and the parliaments of the Member States.