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*Plenary sitting*

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**B9-0261/2020**

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,  
and the consequences for Schengen and the single market  
(2020/2780(RSP))

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on behalf of the Renew Group

**B9-0261/2020**

**European Parliament resolution on COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market (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, and in particular Articles 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 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;
- 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 country;
- C. whereas no effective vaccine is currently available;
- D. whereas differing approaches to the collection of data relating to COVID-19 across the EU makes it difficult to compare data;
- E. whereas the EU response to the COVID-19 pandemic has so far demonstrated a lack of coordination between Member States among themselves and with the EU institutions in

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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)0175.

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

terms of coordination of public health measures, including restrictions on the movement of people within and across borders and the suspension of other rights and laws;

- F. whereas Member States have organised themselves without consultation, each at national level (barrier measures, isolation instructions, screening, care, territorialisation), leading to great disparities within the European Union;
- G. whereas many Europeans have systematically been made subject to different rules depending not only on their place of residence, but also on 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;
- H. whereas the COVID-19 crisis has not only had major health impacts, but also very significant negative consequences for fundamental rights and for economic, scientific, tourist and cultural exchanges;
- I. 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;
- J. 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;
- K. whereas cross-border threats can only be addressed together and thus require the cooperation and solidarity within the Union and a common European approach;
- L. whereas since the start of the wider spread of COVID-19 in the EU, Parliament has been repeatedly calling on the Commission and the Member States to adopt harmonised measures on the free movement of people and goods within the internal market; whereas the free movement of goods and services are part of the four freedoms, and essential pillars on which the proper functioning of the internal market is based;
- M. 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 these measures should be necessary, proportional, temporary and limited in scope;
- N. whereas solidarity between Member States is not an option but a Treaty obligation and part of our European values;
- O. whereas uncoordinated restrictions to the freedom of movement of people within the EU are strongly fragmenting the internal market;
- 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 not to have learned the lessons from the beginning of the crisis; whereas there is no common European health policy, but only a summation of national policies;
1. Strongly emphasises the need for shared and coordinated health management to fight this pandemic effectively;
  2. Points to the importance of reassuring 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 EU Charter of Fundamental Rights;
  4. Underlines that this right can be restricted only for specific and limited reasons of public interest, namely the protection of public policy and public security; recalls that the provisions of the Schengen Borders Code explicitly state that a threat to public health may constitute grounds for refusal of entry at the external border, and further recalls that the Code does not – and the Convention implementing the Schengen Agreement did not – mention public health as grounds for the reintroduction of internal border controls;
  5. Insists on the fact that those restrictions should be applied in compliance with the Schengen Borders Code and general principles of EU law, in particular proportionality and non-discrimination;
  6. Points out that controls at internal borders are a measure of last resort, and recalls that Member States should check whether other measures may be equally or better suited to achieving the same objective; urges the Member States to recognise the option of imposing minimum health checks and/or proportionate police checks as a better alternative to introducing internal border controls and to adopt only measures which are strictly necessary, coordinated and proportionate;
  7. Considers it essential to keep internal EU borders open for goods and to maintain all other freedoms of movement within the EU and the European Economic Area, as the closure of internal borders could have detrimental effects on the internal market;
  8. Urges the Member States to adopt only necessary, coordinated and proportionate

measures when restricting travel or introducing internal border controls, after careful evaluation of their effectiveness to address the public health issue, following the same methodology for the collection of health data and using the same criteria to assess and monitor the risk of the pandemic;

9. Points out that the European Centre for Disease Prevention and Control (ECDC) continues to highlight disparities in the data collection and data reporting by Member States. Deplores the fact that this lack of harmonisation prevents us from having a clear and complete picture of the spread of the virus in Europe;
10. Notes that each Member State has been following the recommendation of its own scientific council with only limited coordination with the other Member States or the Commission;
11. Calls on the Commission to promote a common methodology for collecting health data and for counting and reporting the number of deaths;
12. Urges the Member States to adopt the same definition for a positive case of COVID-19 and for a death by COVID-19;
13. 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 rates, hospitalisation rates, and intensive care unit occupancy rates;
14. Underlines that these common health criteria will allow the Member States and the Commission to conduct a common analysis of the epidemiological risk at EU level;
15. 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;
16. Supports the colour code proposed by the Commission in its last proposal for a Council recommendation; considers that the thresholds suggested (green, orange, red and grey) will facilitate movement within the EU and will give citizens more transparent information and ensure better predictability;
17. 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 on the Member States therefore to transmit to the ECDC data collected by regional public authorities;
18. Recalls that the ECDC has recommended that the Member States follow minimum baseline 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;
19. 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;

20. 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’;
21. 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;
22. 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;
23. 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;
24. Calls for the adoption and the implementation of a common testing strategy in all Member States, especially in cross-border regions;
25. 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;
26. Underlines that the comparability of test results will allow reciprocal recognition from one country to another;
27. Calls on the Member States to mutually recognise the results of COVID-19 infection tests carried out by certified health bodies in other Member States;
28. Calls on the Member States and the Commission to agree on a common quarantine period while considering the opinion of the ECDC;
29. 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;
30. Welcomes the use by citizens of passenger locator forms; considers that a digital version of passenger locator information should be used in order to simplify processing, while ensuring equal access to all Europeans;
31. Calls for the Commission and the Member States to rely on the opinion of a European Scientific Advisory Board;
32. Calls for the establishment of a COVID-19 task force led by the Commission; considers that each Member State should be represented in this task force and should designate a

point of contact from their national executives; proposes that the main objective of this task force should be to regularly disseminate recommendations relayed at European and national level; considers that Parliament should have a permanent evaluation mandate to assess the work of this taskforce;

33. 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;
34. 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;
35. Recalls that during the COVID-19 pandemic, several critical sectors, such as the food, pharmaceutical and health sectors and their supply chains, have experienced massive disruptions;
36. 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;
37. 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;
38. Strongly supports the Commission's appeal to the Member States to oppose national measures prohibiting inter-EU exports of personal protective equipment or other important medical instruments;
39. Underlines that the Commission must act to remedy disruptions to the single market linked to the COVID-19 pandemic while taking into account public security and public health measures and encourage economic recovery to strengthen the resilience of the single market, and to be prepared in the event of a new crisis;
40. Invites the Commission and national authorities to proactively monitor the market during and after the crisis in order to prevent consumer harm related to the COVID-19 situation and help consumers to exercise their rights stemming from EU law;
41. Instructs its President to forward this resolution to the Council and the Commission.