



Special Committee on the COVID-19 pandemic: lessons learned and recommendations for the future

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DRAFT REPORT

on the COVID-19 pandemic: lessons learned and recommendations for the future
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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI))

The European Parliament,

- having regard to Articles 3, 4, 9, 12, 16, 26, 36, 45, 52, 67, 114, 122, 151, 153, 168, 169, 173, 179, 180, 181, 187, 191, 202, 207, 216, 217, 218 and 225 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to the constitution of the World Health Organization (WHO), as last amended by the 51st World Health Assembly,
- having regard to the Charter of Fundamental Rights of the European Union, in particular to Articles 31, 32, and 35 thereof,
- having regard to the Commission communication of 15 June 2021 on drawing the early lessons from the COVID-19 pandemic (COM(2021)0380),
- having regard to the Council conclusions of 23 November 2021 on enhancing preparedness, response capability and resilience to future crises,
- having regard to the Council conclusions of 7 December 2021 on strengthening the European Health Union¹,
- having regard to the Commission Decision of 16 September 2021 establishing the Health Emergency Preparedness and Response Authority²,
- having regard to Commission communication of 16 September 2021 entitled ‘Introducing HERA, the European Health Emergency preparedness and Response Authority, the next step towards completing the European Health Union’ (COM(2021)0576),
- having regard to the Commission communication of 17 June 2022 entitled ‘Conference on the Future of Europe – Putting Vision into Concrete Action’ (COM(2022)0404),
- having regard to special report 13/2022 of the European Court of Auditors (ECA) of 13 June 2022 entitled ‘Free movement in the EU during the COVID-19 pandemic – Limited scrutiny of internal border controls, and uncoordinated actions by Member State’,
- having regard to ECA special report 18/2022 of 1 September 2022 entitled ‘EU institutions and COVID-19 – Responded rapidly, challenges still ahead to make the best of the crisis-led innovation and flexibility’,

¹ OJ C 512 I, 20.12.2021, p. 2.

² OJ C 393 I, 29.9.2021 p. 3.

- having regard to ECA special report 19/2022 of 12 September 2022 entitled ‘EU COVID-19 vaccine procurement – Sufficient doses secured after initial challenges, but performance of the process not sufficiently assessed’,
- having regard to ECA special report 01/2023 of 11 January 2023 entitled ‘Tools facilitating travel within the EU during the COVID-19 pandemic’,
- having regard to ECA special report 02/2023 of 2 February 2023 entitled ‘Adapting cohesion policy rules to respond to COVID-19: Funds used more flexibly, but reflection needed on cohesion policy as a crisis response tool’,
- having regard to ECA special report 21/2022 of 8 September 2022 entitled ‘The Commission’s assessment of national recovery and resilience plans – Overall appropriate but implementation risks remain’,
- having regard to the Commission communication of 27 April 2022 entitled ‘COVID-19 – Sustaining EU Preparedness and Response: Looking ahead’ (COM(2022)0190),
- having regard to the Commission communication of 2 September 2022 entitled ‘EU response to COVID-19: preparing for autumn and winter 2023’ (COM(2022)0452),
- having regard to the Commission report of 18 November 2022 entitled ‘State of Vaccine Confidence in the European Union’,
- having regard to Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic³,
- having regard to Regulation (EU) 2021/2282 of the European Parliament and of the Council of 15 December 2021 on health technology assessment and amending Directive 2011/24/EU⁴,
- having regard to Regulation (EU) 2022/123 of the European Parliament and of the Council of 25 January 2022 on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices⁵,
- having regard to Council Regulation (EU) 2022/2372 of 24 October 2022 on a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level⁶,
- having regard to Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU⁷,

³ OJ L 211, 15.6.2021, p. 1.

⁴ OJ L 458, 22.12.2021, p. 1.

⁵ OJ L 20, 31.1.2022, p. 1.

⁶ OJ L 314, 6.12.2022, p. 64.

⁷ OJ L 314, 6.12.2022, p. 26.

- having regard to the Regulation (EU) 2022 /370 of the European Parliament and of the Council of 23 November 2022 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control⁸,
- having regard to Directive (EU) 2022/2557 of the European Parliament and of the Council on the resilience of critical entities and repealing Council Directive 2008/114/EC⁹,
- having regard to the Commission proposal for a regulation of the European Parliament and of the Council establishing a Single Market emergency instrument and repealing Council Regulation No (EC) 2679/98 (COM(2022)0459),
- having regard to the Commission proposal for a regulation of the European Parliament and of the Council establishing a common framework for media services in the internal market (European Media Freedom Act) and amending Directive 2010/13/EU (COM(2022)0457),
- having regard to Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee¹⁰,
- having regard to the report of the High-Level Group convened by Commissioner for Economy Paolo Gentiloni on post-COVID economic and social challenges of 1 March 2022 entitled ‘A New Era for Europe – How the European Union Can Make the Most of its Pandemic Recovery, Pursue Sustainable Growth, and Promote Global Stability’,
- having regard to the report of the International Labour Organization (ILO) of 31 October 2022 entitled ‘Monitor on the world of work. Tenth edition – Multiple crises threaten the global labour market recovery’,
- having regard to the ILO report of 11 August 2022 entitled ‘Global Employment Trends for Youth 2022: Investing in transforming futures for young people’,
- having regard to the Commission proposal for a directive of the European Parliament and of the Council on combating violence against women and domestic violence (COM(2022)0105),
- having regard to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention),
- having regard to the UNICEF report of December 2013 entitled ‘Children’s Rights in Impact Assessments: A guide for integrating children’s rights into impact assessments and taking action for children’,
- having regard to the report of the European Expert Network on Economics of Education of 2022 entitled ‘Learning deficits due to the COVID-19 analysis – A literature review

⁸ OJ L 314, 6.12.2022, p. 1

⁹ OJ L 333, 27.12.2022, p. 164.

¹⁰ OJ L 223, 22.6.2021, p. 14.

(2020-2022)',

- having regard to its resolution of 11 November 2021 on an intellectual property action plan to support the EU's recovery and resilience¹¹,
- having regard to the joint communication from the Commission and the High Representative of the Union for Foreign Affairs and Security Policy of 1 December 2021 on the Global Gateway (JOIN(2021)0030),
- having regard to the communication from the EU to the World Trade Organization (WTO) General Council of 4 June 2021 on urgent trade policy responses to the COVID-19 crisis,
- having regard to the report of the WHO and the European Observatory on Health Systems and Policies of 10 September 2021 entitled 'Drawing light from the pandemic: A new strategy for health and sustainable development – A review of the evidence',
- having regard to the Commission communication of 30 November 2022 entitled 'EU Global Health Strategy – Better Health for All in a Changing World' (COM(2022)0675),
- having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences¹²,
- having regard to its resolution of 19 June 2020 on the situation in the Schengen area following the COVID-19 outbreak¹³,
- having regard to its resolution of 19 June 2020 on European protection of cross-border and seasonal workers in the context of the COVID-19 crisis¹⁴,
- having regard to its resolution of 10 July 2020 on the EU's public health strategy post-COVID-19¹⁵,
- having regard to its resolution of 17 September 2020 entitled 'COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market'¹⁶,
- having regard to its resolution of 13 November 2020 on the impact of COVID-19 measures on democracy, the rule of law and fundamental rights¹⁷,
- having regard to its resolution of 21 October 2021 on EU transparency in the development, purchase and distribution of COVID-19 vaccines¹⁸,

¹¹ OJ C 205, 20.5.2022, p. 26.

¹² OJ C 316, 6.8.2021, p. 2.

¹³ OJ C 362, 8.9.2021, p. 77.

¹⁴ OJ C 362, 8.9.2021, p. 82.

¹⁵ OJ C 371, 15.9.2021, p. 102.

¹⁶ OJ C 385, 22.9.2021, p. 159.

¹⁷ OJ C 415, 13.10.2021, p. 36.

¹⁸ OJ C 184, 5.5.2022, p. 99.

- having regard to its resolution of 13 September 2022 on the impact of COVID-19 closures of educational, cultural, youth and sports activities on children and young people in the EU¹⁹,
- having regard to its resolution of 7 July 2021 on the trade-related aspects and implications of COVID-19²⁰,
- having regard to the joint declaration of the European Parliament, the Council and the Commission on EU legislative priorities for 2023 and 2024²¹,
- having regard to the Commission proposal for a regulation of the European Parliament and of the Council on the European Health Data Space (COM(2022)0197),
- having regard to the conclusions and recommendations of the study prepared for its Panel for the Future of Science and Technology (STOA) in December 2021 entitled ‘European pharmaceutical research and development – Could public infrastructure overcome market failures?’,
- having regard to the conclusions and recommendations of the study prepared for STOA in October 2022 entitled ‘Fostering coherence in EU health research – Strengthening EU research for better health’,
- having regard to the study by its Directorate-General for Internal Policies (DG IPOL) of November 2022 entitled ‘Impact of COVID-19 measures on democracy and fundamental rights – Best practices and lessons learned in the Member States and third countries’,
- having regard to the DG IPOL study of January 2023 entitled ‘The effect of communication and disinformation during the COVID-19 pandemic’,
- having regard to the DG IPOL study of February 2023 entitled the ‘Social and Economic Consequences of COVID-19’,
- having regard to the European Parliament Research Service (EPRS) study of April 2022 entitled ‘Future Shocks 2022 – Addressing the risk and building capabilities for Europe in a contested world’,
- having regard to the EPRS study of January 2023 entitled ‘Parliamentary oversight of governments’ response to the COVID-19 pandemic: Literature Review’,
- having regard to the study entitled ‘European public health response to the COVID-19 pandemic: lessons for future cross-border health threats’,
- having regard to its decision of 10 March 2022 on setting up a special committee on COVID 19 pandemic: lessons learned and recommendations for the future, its responsibilities, numerical strength and term of office²², adopted under Rule 207 of its

¹⁹ Texts adopted, P9_TA(2022)0314.

²⁰ OJ C 99, 1.3.2022, p. 10.

²¹ OJ C 491, 23.12.2022, p. 1.

²² OJ C 347, 9.9.2022, p. 234–237.

Rules of Procedure,

- having regard to the extension of the committee’s term of office by three months, as announced in plenary on 18 January 2023,
- having regard to Rule 54 of its Rules of Procedure,
- having regard to the report of the Special Committee on COVID-19 pandemic: lessons learned and recommendations for the future (A9-0000/2023),

Introduction and overview

1. Acknowledges that the spread of the COVID-19 has cost the lives of millions of people in Europe and the world and has caused irreparable damage, and that the EU, as well as the rest of the world, was not ready to cope with this unprecedented health crisis and its shock waves, which have affected societies and economies worldwide;
2. Considers that, despite shortcomings and gaps in prevention, preparedness and response, the EU developed a common response to the pandemic and took actions to ensure the swift development and fair distribution of vaccines on the European continent and globally;
3. Notes that the COVID-19 pandemic acted as a catalyst to speed up transformations on the path to the digital and green transitions, and to pay deeper attention to health;
4. Highlights that the pandemic exacerbated existing structural issues in the health sector, in particular workforce shortages;
5. Affirms the importance of preparedness and resilience in the face of crises, particularly in terms of healthcare systems and supplies, in increasing strategic autonomy in key areas, such as vaccine production and distribution;
6. Highlights that in 2020, the world was unprepared to cope with the impact of the COVID-19 pandemic and Europe had to face its most challenging socio-economic crisis since the Second World War;
7. Takes into account the impact of the crisis on the economy and underscores the need for a coordinated response to support businesses and self-employed people;
8. Emphasises that the economy supports our welfare state, personal freedom and a good future; calls for the EU to strengthen its economic performance in hard times by coupling economic and social measures;
9. Highlights that the pandemic has increased inequalities between countries and within countries, that life expectancy in Europe has dropped for the first time in 50 years and that the future of the universal coverage and social welfare model has been jeopardised;
10. Observes that the medical emergency affected security and stability conditions and social relationships, changed ways of work and education, impacted various societal groups and increased global inequalities;

11. Emphasises the importance of learning lessons and being better prepared for future crises and stresses that a high level of human health protection must be ensured in the definition and implementation of all Union policies and activities; stresses that we are still learning about the effects of COVID on health and health systems, in particular the impact of so-called long COVID effects;
12. Stresses that Europe can only pull through future pandemics if the European family stands together in solidarity and responsibility, and fully utilises its capabilities to coordinate better and deliver the needed added-value to EU governments and their citizens;
13. Underlines the importance of science-based decision-making and consistent communication with citizens from all the stakeholders involved, including EU and Member State public institutions, the scientific community, the private sector and civil society organisations;
14. Calls for the EU to continue on the path towards establishing a European Health Union that brings true added-value to the health governance of the Member States and operates in fields that cannot be covered by the Member States alone;
15. Recognises that all the actions taken during the pandemic were meant to safeguard the right to health and life, but that some actions nevertheless implied the existence of limitations on other fundamental rights; highlights that, because the crisis was unprecedented, governments had to take swift action with very little preparation and a lack of internal expertise;
16. Notes that the law-making and scrutiny role of national parliaments did initially suffer, including facing the delegation of legislative powers to the executive and the implementation of emergency and fast-track legislative procedures, as governments had to respond quickly under evolving circumstances;
17. Welcomes EU efforts to step up solutions for global access to vaccines and medicines during the pandemic through collaborative initiatives such as the Access to COVID-19 Tools Accelerator and COVAX, but recognises that the EU needs to be much more of a global leader to ensure that it plays a central role in future pandemic preparedness, prevention and response.

1. Health

a) Building the European Union of Health prevention, preparedness and response to cross-border health threats

1) EU PREPAREDNESS AND PREVENTION IN RESPONSE TO CROSS-BORDER HEALTH THREATS

18. Believes that health promotion and disease prevention, preparedness and response to cross-border health threats must constitute the foundations of a future European Health Union with a view to reinforcing the resilience and quality of the healthcare systems in the Member States and tackling health inequalities in the EU, by providing adequate investments in health systems at the national and regional levels;

19. Calls on the Member States to invest more in primary healthcare, making full use of the EU4Health programme, in order to increase capacity and flexibility in healthcare services, so that hospitals will be not overwhelmed during emergencies;
20. Welcomes the fact that the Commission established scientific advice resources, such as the scientific advice platform for COVID-19, early-on with experts from the Member States, who helped to inform policymaking in a coordinated manner;
 - ii) ROLE OF THE REGULATION ON SERIOUS CROSS-BORDER THREATS TO HEALTH, THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC), THE EUROPEAN MEDICINES AGENCY (EMA), AND THE EMERGENCY PREPAREDNESS AND RESPONSE AUTHORITY (HERA)
21. Acknowledges the adoption of Regulation (EU) 2022/123 on the EMA's extended mandate, Regulation (EU) 2022/2371 on serious cross-border threats to health, the reinforcement of the ECDC's mandate, and the creation of the Emergency Preparedness and Response Authority HERA as examples of EU instruments that will enable the EU to become more resilient and effective, as we move towards a more sustainable approach to preventing, preparing for and managing pandemics;
22. Urges stock to be taken of the coordination among relevant agencies, and of their beefed-up mandates and calls for the EU to be given an enhanced ability to coordinate these matters;
23. Welcomes the creation of HERA, as a much-needed body to improve the EU's preparedness for health emergencies, to ensure the availability of medical countermeasures and to manage this new reality in preventing, preparing for, detecting, and rapidly responding to health emergencies;
24. Stresses that Parliament should have been involved in the creation of HERA's mandate and that it should have scrutiny powers over and the ability to monitor HERA;
25. Congratulates the Commission on proposing the EU FAB project, a network of 'ever-warm' production capacities for vaccine and medicine manufacturing that can be activated in the event of future crises, as a response to the need for the EU to strengthen its industrial upstream and downstream production activities concerning vaccines and medical equipment;
26. Expresses its hope that the Commission can play a focal role in the cooperation between academia, industry, research institutes and governments, as these partnerships are instrumental in accelerating responses to pandemics, while maintaining a secure capacity;
27. Understands that the unprecedented, urgent demand for medicines and medical countermeasures during the COVID-19 pandemic tested the EMA's resources and necessitated resorting to ad hoc measures;
28. Recognises the pivotal role that the EMA plays in implementing measures to enable flexible regulatory processes, while ensuring the safety and efficacy of the authorised vaccines and therapeutics, notably through the EMA's COVID-19 pandemic task force,

its rapid delivery of scientific advice, its rolling review and conditional marketing authorisation;

29. Notes with appreciation that, under the EMA's new mandate, its Emergency Task Force took over the activities of its COVID-19 pandemic task force and became a permanent body of the EMA, improving interactions with the Commission, vaccine developers and academics, and coordination with other EU agencies;
30. Observes that the Commission granted conditional market authorisation to vaccines for COVID-19, after receiving the EMA's recommendation and consultation with the EU Member States, under the condition that the benefits of the vaccines far outweighed their potential risks and with mandatory, rigid post-approval safeguards and controls;
31. Takes note that the use of conditional marketing authorisation has contributed to a remarkable reduction in deaths and hospitalisations in the EU, and that this is an appropriate tool to accelerate vaccine authorisation in a public health emergency like the COVID-19 pandemic;
32. Notes that the ECDC did not detect the seriousness of the threat in a timely manner, as a result of a lack of preparedness within the Member States at the beginning of the pandemic; acknowledges that this delayed action was due to the lack of timely data sharing by the Member States, and a lack of adequate funding and resources for monitoring and data surveillance management;
33. Supports the ECDC's extended mandate, which provides for greater resources and additional areas of competence, which will allow it to play a bigger role in improving European preparedness and response;

III) EU VACCINE STRATEGY

34. Reaffirms its belief that the primary goal of vaccination is to avoid serious disease and death, towards which vaccines are effective, as shown by the outcomes of the COVID-19 vaccination process, which saved more than 250 000 lives in the EU;
35. Emphasises that the development and deployment of COVID-19 vaccines constituted a game-changer in the pandemic and underpinned the important role of vaccine research and development; considers that the speed at which researchers developed effective vaccine protection was unprecedented and that the EU demonstrated leadership in the global response to the COVID-19 pandemic;
36. Notes that vaccination strategy, not only for COVID-19, remains a national competence, and calls for a stronger coordination role for the EU to harmonise the timeline, scope and outcomes of vaccines administration in all the Member States;

IV) RESILIENCE, ACCESSIBILITY AND SUSTAINABILITY OF NATIONAL HEALTH SYSTEMS (AND IN THE LIGHT OF CURRENT INFLATION, HEALTH MUST REMAIN AN AREA OF INVESTMENT)

37. Notes that, at the beginning of the pandemic, many Member States' health systems were unprepared to cope with the magnitude of such a crisis;

38. Points out that the Member States faced obstacles concerning national coordination, cooperation with experts, research funding, the exchange of data and cooperation and solidarity within Member States; observes that some of the challenges faced by the Member States were a sudden increase in the demand for healthcare services, a lack of ICU (Intensive Care Unit) beds available (that dropped dramatically between 2019 and 2020), shortages of staff, a lack of preparedness plans or a clear governance structure, an insufficient strategic stock of personal protective equipment, insufficient infection prevention and control plans in healthcare settings, inadequate indoor air quality in public buildings and how to effectively communicate with the public;
- V) EFFECTIVENESS OF GATHERING AND SHARING DATA, DEVELOPING DIGITAL HEALTH AND DIGITALISING HEALTH SYSTEMS (INCLUDING TRANSPARENCY OF CLINICAL DATA), EU HEALTH DATA SPACE
39. Notes that the EU lacked an effective system for data collection and exchange and for epidemiological reporting, which was a key part of addressing the pandemic; observes that surveillance services during the pandemic were not fit for purpose and that dedicated surveillance systems had to be set up for this new pathogen;
40. Believes that the EU needs further regulatory simplification, the coordination and acceleration of clinical trials at EU level and the digitalisation of health systems; underlines the importance of data in medical research and highlights the European Health Data Space as a key initiative in this field;
41. Supports adapting existing EU regulatory frameworks and soft law and developing and implementing new frameworks in order to allow national healthcare systems and the scientific community to benefit from artificial intelligence (AI) in the fields of clinical practice, biomedical research, public health and health administration, while ensuring the safety and respectful treatment of patients receiving AI-mediated healthcare;
42. Calls on the Member States to introduce measures that enhance the security of digital networks in order to protect health institutions and patients from cyberattacks;
43. Reaffirms the need to improve the security of critical infrastructure, such as power grids and financial systems, as well as measures to increase awareness of cybersecurity risks and to provide training to individuals and organisations on how to protect themselves, as these cyberattacks may also have an impact on patients and hospitals;
- VI) BOOSTING THE HEALTH WORKFORCE IN THE EU TO BE PREPARED FOR THE NEXT CRISIS (TRAINING, SUFFICIENT NUMBER OF HEALTHCARE WORKERS, IMPROVED WORKING CONDITIONS, UPSKILLING AND RESKILLING)
44. Is concerned that investment in public healthcare has not been prioritised in all the Member States, which leads to staff shortages in this area and consequent low levels of resilience in health systems in the face of new possible emergencies;
45. Calls for investments in healthcare personnel to enhance their skills, and support Member States in improving their working conditions, in order to attract the next generation of healthcare workers and address the lack of medical professionals and brain drain within the Union;

46. Reiterates that the EU needs to take a stronger role in guiding and orienting the improvement of public health, as all Member States should consider health a strategic asset for investments and not a cost to be minimised;
47. Highlights the need to upskill, reskill and out-skill workers for healthcare careers in order to be better prepared for potential emergency and crisis situations; calls for due consideration to be given to the further training and retraining of workers involved at all stages of the value chain;

VII) ROLE OF PRIMARY CARE IN BUILDING RESILIENT HEALTH SYSTEMS

48. Underlines the importance of primary care and ‘assistance at proximity’ in building resilient health systems that facilitate the continuity of health services during health emergencies and contribute to avoiding hospital congestion and collapse by sustaining the provision of essential local services;
49. Calls for the EU and the Member States to rethink the role of primary care, focusing on its potential to relate to families on a day-to-day basis, to improve prevention and promote a greater community capacity to respond to health threats, in close coordination with hospital care;

VIII) EU FINANCING INSTRUMENTS (EU4HEALTH, HORIZON EUROPE, CIVIL PROTECTION MECHANISM, COHESION FUNDS, RECOVERY FUND, ETC.)

50. Highlights the divergences in healthcare systems among Member States and among regions within Member States, in particular remote rural areas, the outermost regions and peripheral islands; calls for the use of cohesion policy to even out these divergences;
51. Notes that economic support, the government response and stringency indices differed depending on each Member State’s income support, fiscal measures and restriction measures; highlights that different demographics and cultural specificities, such as the large population of older people in Italy and tourism as an active business sector in southern countries, led to different pandemic socio-economic impacts;
52. Notes that lessons learned showed a lack of investment at EU and Member State level in comprehensive, integrated surveillance systems and the management of validated, comparable and interoperable data, which led to poor planning and preparedness, although previous investments in research and development (R&D) made it possible for vaccines to be produced;
53. Notes that the EU reacted quickly by easing State aid rules, suspending fiscal rules, introducing the European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE) and NextGenerationEU and investing in joint vaccine financing; points out that Member States were also able to spend and borrow easily thanks to the actions of the EU monetary and political authorities; recognises that the southern countries in the EU suffered a much larger GDP shock as a result of pandemic lockdowns compared to the EU countries in the north-west and recognises that most southern countries were reliant on tourism as a principle source of economic activity;

- IX) PREVENTING SHORTAGES OF CRITICAL MEDICINES AND PROTECTION DEVICES:
MONITORING THE MANUFACTURING CAPACITIES OF THE EU HEALTH INDUSTRY
54. Calls for better coordination to enable the timely stockpiling and joint procurement of medical countermeasures in line with the EU's Civil Protection Mechanism and the rescEU stockpile;
- X) EU HEALTH STRATEGIC AUTONOMY: STRENGTHENING RESEARCH AND INNOVATION INVESTMENTS THROUGH PUBLIC-PRIVATE PARTNERSHIPS, SUPPORTED BY A GLOBALLY COMPETITIVE, EFFECTIVE AND SUSTAINABLE INTELLECTUAL PROPERTY (IP) RIGHTS PROTECTION AND INCENTIVES SYSTEM
55. Calls for the EU and the Member States to reduce the EU's dependence on third countries and to act decisively to prevent drug shortages, address supply chain vulnerabilities in the European system of sourcing medical products and active pharmaceutical ingredients from outside Europe and ensure better sharing of data from the industry, earlier projections on where shortages may occur in the future and greater transparency in the production and distribution chain of medicinal products;
56. Underlines the importance of robust IP protection in offering incentives in medicinal research and development, and in making Europe the leading place for pharmaceutical R&D;
- b) *Access to medical countermeasures*
- I) VACCINE PRODUCTION, STORAGE AND DISTRIBUTION, INCLUDING SUPPLY CHAIN RESILIENCE, EU STRATEGIC AUTONOMY AND AVAILABILITY OF CRITICAL PHARMA AND MEDICAL PRODUCTS
57. Stresses that stepping up research on and development of responses to pathogens with epidemic and pandemic potential prior to epidemics and pandemics is crucial; recognises that nothing was known about SARS-CoV-2 and the disease caused by this new virus, including nothing about its genetic sequence (even if the sequence was then shared very soon) or its other characteristics and epidemiological behaviour, such as the methods of infection and transmission and infection, transmission and mutation rates; highlights that, therefore, in the beginning, research was required before a vaccine could be developed and that affected the industry production capacity to develop and deploy vaccines;
58. Notes that high-income countries facilitated the vaccine market at the beginning of the pandemic, hosting most of the large manufacturing facilities, and that major pharmaceutical corporations enhanced the global production and supply of lifesaving medical tools by ownership of IP, technologies and data;
59. Highlights that the Access to COVID-19 Tools Accelerator demonstrated the power of international collaboration, speed, equity, transparency and innovation, because it enabled a rapid response and an unprecedented level of coordination and collaboration among global health agencies to address the pandemic; emphasises, at the same time, the importance of learning lessons from this initiative;

60. Notes that the pandemic put pressure on global supply chains, including the pharmaceutical sector, resulting in disruptions and unpredictability in the supply of vaccines and other countermeasures;
 61. Stresses the importance of generic, biosimilar and value added medicines in preventing shortages of medicines, avoiding the consequences of disruptions in pharmaceutical supply chains during emergency situations, consistently increasing equitable access for patients and making healthcare systems sustainable in an EU in which access is still uneven;
 62. Calls on the Commission to consider new processes to promote the repurposing of medicinal products to facilitate broader off-label use of medicines, including less expensive medicines, whenever there is strong scientific evidence of efficacy and safety for patients in order to avoid shortages of medical countermeasures and the effects of disruption in pharmaceutical global supply chains; highlights, in addition, the opportunity for a new framework to support the marketing and use of drugs with new approved indications;
 63. Recalls the critical need for global health and for global supply chains to develop local production and distribution capacities in the EU and in developing countries, notably in terms of pharmaceutical research, development and production and always according to social standards and industry due diligence; calls on the Commission to use the industrial, IP and pharmaceutical strategies to bridge the persistent gap in research and medicine production through product-development partnerships and the creation of open centres for research and production;
 64. Understands that the political and economic consequences of the response to the COVID-19 pandemic occurred before health systems were overwhelmed, notably by the collapse of global supply chains;
 65. Notes that sustainable vaccine development, production and delivery rely on robust and transparent supply chains; calls on the WTO to take action to ensure the fluidity of supply chains and vaccine deliveries;
 66. Highlights that a framework for compulsory licensing is provided for under the existing Agreement on Trade-Related Aspects of Intellectual Property Rights, enabling governments to supply their citizens with generic versions of patented treatments either through domestic production or foreign imports;
 67. Acknowledges that the EU is a major exporter of vaccines in the world and that it contributed to the worldwide solidarity efforts with the donation of 500 million doses of vaccines;
- ii) JOINT PROCUREMENT AGREEMENTS AND ADVANCED PURCHASE AGREEMENTS
(NEGOTIATIONS, TRANSPARENCY, LIABILITIES AND ENFORCEMENT)
68. Believes that the EU needed a common approach for vaccine procurement in order to avoid competition among Member States and the undermining of the European project; believes that the exclusivity in the negotiations of vaccines and the early engagement from the Member States were successful points in this process;

69. Takes the view that joint procurement procedures could provide the EU and its Member States with more flexibility according to their needs, whereas negotiations for the advanced purchase agreements were beneficial at a time when the development of vaccines was risky and production lines were prepared without knowing which vaccine would actually succeed or whether the vaccines would actually be approved;
70. Stresses the importance of new joint EU voluntary public-procurement contracts by the Commission and the Member States, especially for, but not limited to, emergency medicines and unmet therapeutic needs, to improve their affordability and access to them at EU level; calls for such practices to be explored in areas such as rare diseases and cancer through clearly outlined milestones, objectives and commitments agreed on by all parties involved; highlights the need to ensure high levels of transparency in these initiatives and to apply lessons learned from the joint procurement of COVID-19 products; stresses that joint procurement must not risk having a negative impact on supply flows by increasing the risk of shortages in the EU;
71. Welcomes the reference in the pharmaceutical strategy for Europe to the fact that actions in the area of public procurement can foster competition and improve access to medicines; urges the Commission, in the context of Directive 2014/24/EU²³, to swiftly propose guidelines for the Member States, notably on how to best implement the most economically advantageous tender criteria, looking beyond solely the lowest price criteria; emphasises that security of supply is an essential factor and must be used as a qualitative criterion in connection with the awarding of public pharmacy contracts and calls for tendering for the supply of medicines; emphasises the importance of diversified supplies and sustainable procurement practices for pharmaceuticals; proposes that investments in the manufacture of active ingredients and medicinal end products in the EU should also be retained as an essential criterion, as well as the number and location of production sites, the reliability of supply, the reinvestment of profits into R&D and the application of social, environmental, ethical and quality standards;
72. Highlights the lack of transparency in the joint procurement agreements negotiated with companies, which was justified by respect for the right to confidentiality; stresses that transparency in the work of the EU institutions is of the utmost importance, especially under the conditions of the unprecedented pandemic crisis;
- c) COVID, communicable and non-communicable diseases (including long COVID)*
73. Observes that the causes of long COVID are still scientifically uncertain, as are the specifics of what it includes and its long-term impact; highlights that the EU needs a strategic approach in order to address long COVID, focusing on increasing research, training and primary care awareness;
74. Stresses that the pandemic had consequences for the health of patients with communicable diseases (CDs) and non-communicable diseases (NCDs) linked to delays and disruptions in diagnostics and treatments, particularly for HIV, hepatitis, cancer and rare diseases, with a massive decrease in screenings for breast and colorectal cancer;

²³ Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (OJ L 94, 28.3.2014, p. 65).

75. Observes that the disruptions in cancer screenings, along with other early detection services, have raised serious concerns about long-term consequences, as postponed diagnoses inevitably result in cancer being diagnosed at a later stage, making treatment more complex and costly, and reducing survival probabilities²⁴;
76. Takes note that CD and NCD services were disrupted due to cancellations of elective care, the closure of screening programmes, government or public transport lockdowns which hindered access to the health facilities and lack of staff, and notes that rehabilitation was the most commonly disrupted service;
77. Observes that most countries that have included NCD services in national COVID-19 plans have prioritised services for the four major NCDs: cardiovascular disease services, cancer services, diabetes services and chronic respiratory disease services; highlights that some countries, like Spain, have recognised mental health as an area to prioritise;
78. Highlights the fact that scientifically recognised, integrative medicine approved by public health authorities can bring benefits to patients in relation to the parallel effects of several diseases, such as cancer, and their treatment; stresses the importance of developing a holistic, integrative and patient-centric approach and of encouraging, where appropriate, the complementary use of these therapies under the supervision of healthcare professionals;
79. Recognises that restrictions and lockdowns led to a rise in mental health issues, particularly for youth; underlines, therefore, the importance of introducing such limiting measures as a last resort; calls for support for EU governments' actions on mental health with a focus on youth and children, while taking into account the limitations of EU competence in this area;
80. Regrets that routine vaccination suffered from setbacks; acknowledges the importance of carrying on and improving these activities to avoid outbreaks of other vaccine-preventable diseases;

d) One Health

81. Insists that COVID-19 and other recent epidemics and pandemics have made it unmistakably clear that human, animal, plant and environmental health cannot be dealt with separately, but need to be addressed in a 'One Health' approach; highlights that their interdependencies need to be better acknowledged and require intersectional work using a multi-sectoral, transdisciplinary and integrated approach; recalls that 75 % of human infectious diseases are zoonotic and that the threat of increasing antimicrobial resistance is one of the leading causes of death worldwide;
82. Underline that mainstreaming One Health means better able to prevent, predict, prepare for, detect and respond to global health threats at both global and EU level; recommends that the One Health approach be designed and implemented through public policies,

²⁴ Organisation for Economic Co-operation and Development/EU, 'Health at a Glance: Europe 2022: State of Health in the EU Cycle', OECD Publishing, Paris, 2022.

legislation and research with the engagement of multiple sectors;

e) *Conclusions*

I) HEALTH SYSTEMS

83. Encourages the EU and Member States to implement the European Health Union package, developing a permanent agenda for health and looking at healthcare as an investment; calls for basic health services to be strengthened, as a way of improving the general state of health of the population;
84. Highlights the need to ensure the performance of epidemiological surveillance at EU level and the availability and interoperability of information systems, new tools and research to strengthen interdisciplinary research and human and social sciences as regards the impact of pandemics and non-pharmaceutical measures;
85. Calls for EU guidance to improved when healthcare services are temporarily stopped, decreased or diverted, identifying priority patients who should continue to be diagnosed and to receive treatment;
86. Urges the further digitalisation of administrative services and, wherever appropriate and feasible, the use of online healthcare services;
87. Calls for the continuous professional development of healthcare workers and for protective measures for their physical and mental health, as well as vaccinations for them, to be ensured;
88. Looks forwards to the inclusion of mental health in the EU Health Union;
89. Calls on the Member States to properly finance their health systems in order to ensure their immediate and long-term resilience, and to invest in critical health infrastructure, tools, structures, processes and laboratory capacity;

II) CONTRACTS AND NEGOTIATIONS

90. Believes, considering that by nature pandemics are very unpredictable and with the benefit of hindsight, that lessons need to be learned on how to be better prepared for negotiations with companies in order to avoid ending up with surplus vaccines and medical countermeasures;
91. Urges the improvement of common and joint procurement procedures in emergency situations and a more coordinated approach, allowing for contracts to be adapted;

III) AVAILABILITY OF MEDICAL COUNTERMEASURES

92. Recommends that the EU establish adequate systems to provide manufacturers with proper at-risk funding during emergencies in order to quickly adapt and scale-up production, avoiding disruptions and shortages of medicines, medical devices and services;
93. Calls on the Commission to ensure that the revision of the general pharmaceutical

legislation builds on a good understanding of the root causes of medicine shortages; highlights the need for the Union's pharmaceutical industry to have a diversified supply chain and a medicine-shortage risk-mitigation plan to cope with any vulnerabilities and risks to the supply chain;

94. Highlights the valuable role of community pharmacies and recognises their key contribution during the pandemic in continuously providing an essential and quality service; suggests that pharmacists should play a more active role in epidemiology surveillance to contribute monitoring the insurgence of CDs, and invites the Member States to include them in their health, care and research programmes; calls for greater recognition of pharmacies in rural areas, which enable such areas to retain their populations and ensure the availability of medicines;

IV) SUPPLY CHAINS

95. Proposes that global supply chains be opened to the EU in order to prevent tariff retaliation and that stronger provisions be promoted within contracts, especially related to supply disruptions; calls for the detection of high-risk dependencies and the establishment of production capacities of related products in the EU;
96. Believes that the EU should reduce its dependence on unreliable trade partners and act decisively to prevent drug shortages; advises mapping out supply chain vulnerabilities related to the European system of sourcing medical products and active pharmaceutical ingredients from outside Europe;
97. Believes that the EU should ensure better sharing of data from the industry, earlier projections on where shortages may occur in the future and greater transparency in the production and distribution chain of medicinal products where this would promote the availability and accessibility of medicines without infringing on business sensitive information;
98. Believes that the EU should increase the share of key production on our territory to strengthen Europe's supply chain autonomy, while retaining openness to global supply chain dynamics;
99. Calls on the Commission to promote dialogue with the Member States and all relevant stakeholders to promote 'Made in Europe' pharmaceuticals by strengthening manufacturing and supply resilience and by assessing additional criteria for national pricing at no additional cost to patients and without prejudice to the sustainability of the health system; stresses that these criteria should include high environmental manufacturing standards, robust supply chain management and investment in innovation and research; believes that stimulating and building on an attractive European industrial ecosystem for the pharmaceutical sector is one of the key conditions for continuing to foster the relocation of production facilities back to the EU; believes further that relocations of this kind can help to make EU healthcare systems more independent from third countries and more resilient to disruptions;
100. Recommends the simplification and harmonisation of regulatory procedures for the approval of vaccines and medicines in order to improve the fluidity of global supply chains;

101. Suggests developing networks that can be mobilised to produce a variety of technologies at short notice (such as the EU FAB) and address supply chain challenges and trade barriers that impact the production process;

V) RESEARCH AND DEVELOPMENT

102. Encourages further investment in R&D, by increasing the resources of the EU framework programme for research and innovation and the EU4Health programme, and establishing HERA as a future EU agency supporting research to make vaccines available in times of crisis;
103. Calls for more research to determine the underlying causes, frequency, and best treatment options for long COVID and post-acute COVID-19 syndrome, since these conditions are still not fully understood; calls therefore for a coordinated programme of surveillance systems that includes data from each Member State, using consistent case definitions and methodologies, and encompassing the impact of this condition on health, employment, and the economy;

VI) TRANSPARENCY

104. Calls on the Commission to periodically evaluate and review the incentive system, increase price transparency, and highlight the factors limiting affordability and patient access to medicinal products;
105. Encourages responsible ways to enhance transparency regarding public vaccine funding and procurement, the real costs of R&D, and access to clinical trials results and related data through the clinical trial information system;
106. Urges the Commission, Member States and manufacturers to communicate the potential side effects of vaccines better and to do so in a consistent and coordinated way so as to avoid vaccine hesitancy and misinformation;

VII) EU INSTITUTIONS

107. Calls for HERA to be made an autonomous agency, with a strong and well-defined mandate from Council and Parliament (including a proper industrial role and mandate), and a budget to fulfil its mandate and increase resources; calls for HERA to have a role in safeguarding the public interest;
108. Welcomes the Commission Healthier together – EU NCD initiative to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health and well-being;

VIII) EU FINANCING INSTRUMENTS (EU4HEALTH, HORIZON EUROPE, CIVIL PROTECTION MECHANISM, COHESION FUNDS, RECOVERY FUND, ETC.)

109. Is concerned that during the pandemic the executive branch had the upper hand in emergency decision-making, which undermined the role of the European Parliament; calls on the Commission and the Council to refrain from using Article 122 TFEU, and to increase parliamentary control and codecision for various instruments so as to bolster

the legitimacy of emergency response actions;

110. Believes that there are transparency issues concerning the design and implementation of the Resilience and Recovery Fund facility, including a lack of clear obligations to publish data on details of the spending of the funds received; is of the opinion that without common standards on data sharing, there is a significant risk of corruption and recommends that Member States should put more effort into sharing data on their national recovery plans;

2. *A coordinated approach with respect for democracy and fundamental rights*

- I) BETTER AND MORE EFFECTIVE EU HEALTH COMMUNICATION, PARTICULARLY IMPROVED COMMUNICATION ON EPIDEMICS/ HEALTH CRISES (VACCINATION, NON-PHARMACEUTICAL MEASURES, ETC.)

111. Stresses that public trust is indispensable for an effective response to pandemics and is unattainable without transparency; underlines that trustfulness and consistent disclosure of public documents increase people's willingness to follow health recommendations and increase public trust in general;

112. Acknowledges the need for the EMA to improve its transparency, communication and the availability of information on vaccines and the authorisation processes, with a view to fostering public trust;

a. Building trust

- II) COORDINATED EU VACCINATION CAMPAIGNS TO ADDRESS AND REDUCE VACCINE HESITANCY

113. Welcomes the Commission's 2020 joint communication entitled 'Tackling COVID-19 disinformation – Getting the facts right'²⁵, which includes a list of good practices on how to address the sources, channels, amplifiers and targets of misinformation on social media platforms; acknowledges the limited cooperation of social media platforms, owing to a lack of intelligibility in their reports;

114. Welcomes the use of the pre-existing Rapid Alert System during the COVID crisis, which was specifically designed to counter foreign disinformation campaigns; notes the upcoming toolbox jointly established by the Commission and the European External Action Service, which lays out resilience-building, regulatory and response action solutions;

115. Strongly supports the proposed European media freedom act, which is designed to preserve freedom and diversity of media in the face of anti-misinformation tools;

116. Points out discrepancies in the ability to face disinformation among Member States; notes that such differences led to disparities in terms of vaccine hesitancy;

²⁵ Joint communication of the Commission and the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy of 10 June 2020 entitled 'Tackling COVID-19 disinformation – Getting the facts right' (JOIN(2020)0008).

117. Considers that a focus on health education, among other policies, including communication and proximity to health providers, is key to reducing vaccine hesitancy;

III) INVESTING IN EFFECTIVE RISK COMMUNICATION AND TACKLING DISINFORMATION (SOCIAL MEDIA, TACKLING FAKE NEWS)

118. Considers that the European information space needs to be better protected; notes that restrictive measures led to the increasing importance of ‘online democracy’, which allowed misinformation on social media to gain influence;

119. Notes the establishment of a permanent taskforce on misinformation to monitor the scale of misinformation in the EU and notes the proposed European democracy action plan to establish a common European strategy to tackle misinformation;

120. Highlights that disinformation campaigns, along with cyberattacks, are part of ‘hybrid warfare’ strategies by foreign powers; reiterates that security and freedom are inseparably interlinked;

IV) IMPORTANCE OF COMMUNITY ENGAGEMENT, INCLUDING LISTENING TO AND ADDRESSING PUBLIC CONCERNS

121. Recommends further including representatives of local and territorial communities, including elected officials, in the interinstitutional, multi-level process of building trust, coordinating the delivering of correct messages and fostering the population’s active engagement in times of crisis;

b. COVID-19 and fundamental rights (focus on the digital)

122. Reiterates the importance of well-established scrutiny processes, both at national and European level, to ensure that national authorities are held accountable for breaches of freedom of assembly, freedom of speech, the right to private property and patient rights, and to ensure certainty and predictability in changes to rules for businesses;

I) COVID-19 CERTIFICATE, TRACING APPS AND THEIR SECURITY

123. Notes that the EU has a strong data protection system with consistent data privacy provisions; highlights that the EU COVID Digital Certificate and its tracing apps respected this system, while allowing the free movement of EU citizens under the sanitary rules applied during the crisis;

II) IMPACT ON VULNERABLE/MARGINALISED GROUPS AND SOCIAL INEQUALITIES

124. Considers that the digital divide is an element of concern for the EU’s preparedness and resilience, given that vulnerable population groups are particularly impacted because they tend to have fewer connection opportunities;

c. Democratic oversight to pandemic response

I) INSTITUTIONAL CAPACITY TO RESPOND TO PANDEMICS

125. Notes a high discrepancy in the degree of parliamentary oversight of COVID-19-related

emergency measures among some Member States; notes that the resilience of parliamentary scrutiny was generally higher in countries with constitutions that give their national parliaments more room to manoeuvre vis-à-vis the executive power;

126. Considers that in the context of the current perma-crisis, safeguarding transparency, accountability and all the other key features embedded in European democratic values is critical and necessitates designing systematic plans rather than ad hoc measures;
127. Highlights that during the pandemic, extensive use was made of Article 122, which undermined Parliament's prerogatives and ability to conduct political oversight; is of the opinion that it is necessary to reassess the situation in order to safeguard Parliament's prerogatives;

III) RESILIENCE TO SUPPORT CORE ACTIVITIES AND THE DECISION-MAKING PROCESS

128. Regrets that the crisis has exacerbated pre-existing challenges to democracy and the rule of law in some Member States;
129. Notes that Parliament adopted extraordinary measures and undertook innovative action to maintain the continuity of its activities, carry out its duties and exercise its legislative, budgetary, scrutiny and oversight prerogatives under the Treaties, while protecting the health of Members, staff and other persons during the course of the pandemic; highlights Parliament's ability to maintain its interpretation services in the 24 official EU languages, even during remote meetings;
130. Calls for more coordination among institutions on adopting extraordinary measures and stresses the need to address digitalisation challenges and ensure that institutions can fulfil their mandates and responsibilities in person, such as at plenary sittings and interinstitutional negotiations (trilogues);
131. Considers that the procurement mechanisms, notably the advanced purchase agreements used for vaccine contracting, could have improved transparency; recommends finding a way to publish vaccine contracts sooner and in less redacted versions;

d. COVID-19 and Member States' restrictions on free movement of persons and the internal market

132. Highlights that the four freedoms are fundamental building blocks of the European project and therefore deplores the initial blocking of essential goods, including personal protective equipment (PPE) and medical equipment, and delivery failures across the single market during the first part of the COVID-19 pandemic;
133. Highlights that, in 2020, the Commission published Guidelines for border management measures to protect health and ensure the availability of goods and essential services²⁶, as well as a communication on green lanes²⁷, in order for Member States to guarantee the continued functioning of supply chains in the single market and avoid possible

²⁶ OJ C 86 I, 16.3.2020, p. 1.

²⁷ Commission communication of 28 October 2020 upgrading the transport Green Lanes to keep the economy going during the COVID-19 pandemic resurgence (COM(2020)0685).

shortages, and Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak²⁸ to allow workers in critical occupations, in particular, to perform activities related to essential services;

134. Notes that diverging approaches among the Member States on the use of the EU Digital COVID Certificate undermined public trust in the tool;

e. Conclusions

135. Acknowledges that, in the middle of the crisis, institutions were confronted with exceptional situations in which urgency necessarily prevailed over the timely publication of certain documents; stresses, however, that transparency should still be a priority;
136. Considers that the COVID-19 crisis was a stress test for the EU's democratic resilience;

3. Social and Economic Impact

a) The effects of COVID-19 measures, including lockdowns, on businesses and workers

137. Notes that the shock of the pandemic to labour markets in 2020 was short and sharp, and that the recovery has been swift, aided by policy interventions and significant public support at national and EU level; underlines that overall, EU employment recovered to pre-crisis levels within two years, compared to nearly eight years following the global financial crisis;
138. Notes that job losses during the pandemic were concentrated in low-paid jobs but that the recovery in employment during 2021 was driven by growth in well-paid jobs and occupations; underlines that the pandemic had a disproportionate impact on certain categories of workers, including self-employed workers and contractual workers, such as seasonal and temporary workers, who were strongly affected;
139. Stresses that on average, about 90 % of small and medium-sized enterprises (SMEs) reported suffering an economic impact in the first months of the pandemic, with the worst affected sectors being services, with a drop in turnover of between 60 % and 70 %; notes that the food sector followed with an impact of between 10 % and 15 %; points out that 30 % of all SMEs reported that their turnover suffered at least an 80 % loss and that the EU hospitality sector was the worst affected, with over 1.6 million jobs being lost in this sector between the fourth quarter of 2019 and the fourth quarter of 2020;
140. Welcomes Member States' efforts to help SMEs with schemes such as loan guarantees or subsidies; notes that SMEs in all European countries used the short-term unemployment scheme to protect their workers and businesses and that Member States also implemented income subsidies to cover self-employed workers' loss of income;
141. Stresses that the ILO special report on the impact on youth employment found that the

²⁸ OJ C 102 I, 30.3.2020, p. 12.

youth labour market was three times worse off during the pandemic than that for adults;

142. Notes that the labour market is still affected by the consequences of the pandemic and 94 % of workers were living in countries with workplace closures just over one year ago²⁹, moreover the war in Ukraine and the food and energy crises have led to a further global economic downturn;
 143. Welcomes efforts by the EU to quickly put in place economic measures such as the pandemic emergency purchase programme, the triggering of the general escape clause in the Stability and Growth Pact and the Commission's adoption of an extraordinary State aid framework to help Member States and businesses;
 144. Welcomes the measures and instruments that followed, with the development of the SURE, the Recovery and Resilience Facility (RRF) and NextGenerationEU, to which the EU committed EUR 800 billion for grants and loans;
 145. Highlights that to date EUR 100 billion of financial assistance has been allocated by SURE across 19 Member States, NextGenerationEU loans have been disbursed to seven Member States and allocation to other Member States is ongoing;
 146. Notes that across Europe EU economic support instruments have helped 31 million people keep their jobs and 2.5 million firms keep their business running and that these support instruments, in conjunction with existing national temporary schemes, have helped reduce unemployment in Europe by 1.5 million;
- b) *The impact of COVID-19 measures, including lockdowns, on women, young people and children*
- i) WOMEN
147. Notes that women's labour-market participation in certain sectors has either stagnated or decreased and that this could have a strong impact on women's pensions by aggravating the already wide pension gap (39 %) and increasing the risk of poverty and economic dependency;
 148. Acknowledges that in 2020, 3.6 % of women's employment was lost compared to 2.9 % of men's employment, while the greatest losses were in the Americas, followed by Asia-Pacific, Europe and Central Asia, and Africa; notes that in 2021, there were still 20 million fewer women in work than before the pandemic, compared to 10 million fewer men; notes that women were overrepresented in the hardest-hit sectors, such as the hospitality and food services sector, manufacturing and the health sector; takes the view that those delivering care were at centre stage of the pandemic; notes that a large percentage of workers in care are women who are subject to unequal pay;
 149. Highlights that during lockdowns resulting from the pandemic, male violence towards women increased significantly as the restrictive measures fostered a particularly enabling environment for abusers; notes, moreover that digitalisation drove an

²⁹ ILO World of Work Report.

observable rise in online abuse particularly affecting vulnerable populations;

ii) YOUNG PEOPLE AND CHILDREN

150. Confirms that the restrictive measures in Member States affected the mental health of teenagers and young adults; notes that there is evidence of a rise in mental health problems, anxiety, depression-related symptoms and suicidal behaviours; notes that lockdowns and the consequent lack of physical exercise also increased the prevalence of eating disorders and that all these issues were particularly manifest in vulnerable at-risk groups;
151. Notes that some younger students showed a decline in reading, writing and maths skills; points out that among students from low-income households this learning deficit was found to be twice that among those from higher-income households, such that the gap between the strongest and weakest students has widened;
152. Reports that social inequalities have always affected children's mental well-being but that this has become a serious social issue in the wake of the pandemic; notes that the pandemic exacerbated domestic violence and abuse towards children and widened educational and digital divides, particularly for those from disadvantaged backgrounds; believes that school closures also complicated the situation of disadvantaged children making their position even more precarious;
153. Is concerned that during the pandemic children and young people suffering from mental health issues received much less mental health support compared to older adults and this could remain an ongoing issue;

c) *The impact of COVID-19 on the elderly and vulnerable/marginalised groups*

154. Finds that the pandemic had a disastrous impact on people with disabilities; emphasises that people with disabilities faced discrimination in terms of access to healthcare and difficulty obtaining PPE; stresses that lockdowns resulted in feelings of loneliness, which exacerbated addiction and mental health issues, particularly among low-income families, women, the elderly, children, and people with disabilities, who were the most vulnerable group; notes that the needs of socially disadvantaged groups were not met at the beginning of the first lockdown; points out that social services were not considered critical infrastructure and the important role of socio-economic factors in health risks was not recognised;
155. States that the pandemic had a major impact on the elderly and people with dementia due to their isolation and reduced opportunities for social interaction, as well as the suspension of their daily activities; notes that it also increased signs of depression and anxiety among the elderly and their caregivers as well as increased financial difficulties for the caregivers; points out that this contributed to the progression of the dementia-related symptoms, and adults with dementia and COVID-19 experienced serious difficulties in receiving appropriate medical care and assistance;
156. Highlights that the pandemic and the restrictive measures have aggravated pre-existing disparities in obesity and metabolic health, with an overall rise in excess body weight, especially among women, lower educated and lower paid people, and psychiatric

patients; notes that the quality of people's diets often worsened, and physical activity declined due to the closure of sport facilities and play areas, leading to a rise in sedentary behaviour;

157. Notes that homeless people faced challenges in staying safe from infection, increasing their mortality risk, and shelters did not operate adequately because of smaller numbers of workers and volunteers;

d) COVID-19 and the emergence of digital technologies for business and workers: risks and opportunities

158. Notes that during the pandemic the EU moved towards new forms of digitalisation and flexible working; highlights that the appropriate use of digital tools can be an asset to employers and workers in terms of allowing greater freedom, independence and flexibility to better organise working time and working tasks, reduce time spent travelling to work, and make it easier to manage personal and family obligations, thus enabling a better work-life balance; notes that workers' needs vary widely and therefore emphasises the importance of developing a clear framework that simultaneously promotes personal flexibility and protects workers' rights;

e) Conclusions

i) BUSINESSES AND WORKERS

159. Calls on the Commission and Member States to take the necessary steps to make Europe a truly business-friendly environment, with increased access to capital, more flexibility and less red tape for European companies so as to enable them to react quickly, continue business innovation and encourage entrepreneurship, while at the same time protecting and enforcing workers' rights within the EU's borders;

160. Stresses the need to strengthen support for Member States' social policies, with due respect for the principle of subsidiarity, so that no one is left behind; to achieve equal and effective access to social protection, strengthening efforts to achieve higher levels of employment while narrowing inequalities and gender gaps in relation to pay and benefits, and further reinforcing social dialogue;

161. Calls on the Commission and Member States to support, strengthen and safeguard freedom of movement (of people, goods and services) in future pandemics and minimise the burden of documentation and legislation; emphasises the need for rules and guidelines on travelling and disease detection to be harmonised between the Member States to simplify procedures for SMEs;

162. Emphasises that the Support to Mitigate Unemployment Risks in an Emergency (SURE) instrument helps safeguard jobs, as do other similar programmes in the form of one-off economic and social solidarity measures in Europe, while emphasising that such programmes should be based on loans, and only activated in the event of severe external financial or economic shocks;

163. Notes that the Commission recommended that Member States recognise COVID-19 as an occupational disease in certain sectors during a pandemic;

164. States that while EU cooperation during the pandemic suffered some teething problems, it quickly made up for lost time with several key initiatives; notes that the free movement of goods and critical health staff was made possible through the establishment of green corridors; notes that the European Agency for Safety and Health at Work (EU-OSHA) played an important role in providing guidelines and information to businesses about COVID-19 preventive measures, while the QR-code-based COVID-19 certificate demonstrated that the EU was able to create a common digital certificate to benefit administrations, companies and the public;
165. Recommends that lockdowns or other drastic safety measures should be taken in consultation with social partners at all the different stages of an unfolding emergency;
166. Concludes that measures to preserve SME jobs where possible through support schemes, income support, upskilling and reskilling of workers, reinforced support to the hardest-hit self-employed sectors should be further boosted;
167. Calls on the Member States to take full advantage of RRF funding, which is built on the notion of 'build back better', with a view to reinforcing research and innovation and kick-starting the economy through ambitious proposals and policies, focusing particularly on the green and digital transition, in order to make the EU stronger;
168. Believes that the EU should endeavour to ensure solidarity and coordination between the Member States on the economy to strengthen EU competitiveness and avoid fragmentation of the internal market;

II) WOMEN

169. Calls on the Commission and Member States to combat violence against women in all its forms and wherever it occurs, whether inside or outside the home; welcomes the Commission's proposal for a directive on combating violence against women and domestic violence but calls for its content to be improved to protect victims better;
170. Suggests that the development of virtual or digital solutions should be promoted to allow women to reach for support more easily and safely;
171. Believes that cooperation between countries should be enhanced while decentralising care to better reach isolated populations; is convinced that local communities and the role of women have to be at the centre of solutions; considers that fostering innovation and digitalisation within the health service, particularly in areas where health provision is lagging is key as is relying on the expertise of civil society organisations;
172. Calls on the Commission to criminalise all forms of sexual exploitation in a harmonised way so as to provide a similar level of protection to all women in the EU no matter where they live; supports the inclusion in the directive of a definition of sexual violence that is broader than the definition of rape, and a definition of sexual harassment in line with the existing EU anti-discrimination directives and following the standards of the Istanbul Convention;
173. Calls for the EU and Member States to step up their efforts to mainstream the gender perspective in EU policy and national recovery plans;

III) YOUNG PEOPLE AND CHILDREN

174. Calls for the EU and Member States to closely monitor the use of RRF funds and their role in supporting measures for children, young people and young families; considers that investments should be made in compensatory policies, focusing on low socio-economic status individuals, programmes to prevent learning deficits, evidence-based education, adaptation of curricula, and investment in technology, school infrastructure and teachers' professional development; is convinced that more EU funding on research is needed;
175. Calls on the Commission to gather more information about the impact of the pandemic on children's rights and psycho-social development, the empowerment of children regarding their rights, the inclusion of emergency measures concerning children in policy and legislation;
176. Calls, in this regard, for the EU and Member States to boost funding for EU research on children in general and children's data;
177. Recommends that, in future pandemics, schools and other education facilities should remain open, and education policy should be part of an emergency response strategy;
178. Recommends that UNICEF's guidance on Child Rights Impact Assessment should be applied to policymaking, legislation and emergency measures to avoid negative repercussions on children;
179. Calls on the Commission to carry out a 'youth and elderly proof check' for all the EU's legislative proposals;

IV) ELDERLY AND VULNERABLE/MARGINALISED GROUPS

180. Welcomes the Green Paper on Ageing and calls for the EU and Member States to take urgent action to address the health and care needs of an ageing European population including addressing NCDs;
181. Notes that as the potential for longevity increases, so does the importance of health-related behaviours at all ages (including middle and older ages); calls therefore for healthy longevity research and measures to better prevent NCDs, to reduce the impact of CDs, and make ageing an opportunity rather than an adversity;
182. Calls for the EU and Member States to invest and develop online tools and digitally empower older people, support online healthcare services and institutions financially and to develop support measures for caregivers;
183. Is of the opinion that there is a need to further develop innovative solutions that emerged during the pandemic, such as new modes of working, digitalisation and access for all; calls for the re- and upskilling of older workers;
184. Recommends that the EU and Member States invest in a health and care plan for the growing elderly population;

185. Recommends that Member States should carefully evaluate the risk-benefit of the restrictions on physical activity before implementing them; considers that during a health crisis, governments should provide guidance and encourage better diets, physical activity for people with special focus on the vulnerable and disadvantaged groups, in order to increase the resilience of populations in Member States in the event of a future pandemic;
186. Calls for the EU and Member States to invest in a disability-inclusive process of preparedness, to prevent the devastating impacts of future crises;

4. *The EU and the World*

a) The EU and the management of the pandemic on a global level

i) RELATIONS WITH THE WTO, WHO AND THE INTERNATIONAL HEALTH REGULATIONS (IHR)

187. Notes that in spite of massive growth in the trade of medical products, there have been considerable inefficiencies in access to personal protection equipment;
188. Notes that it is the governments' responsibility to facilitate the distribution of medical products and that the WTO's role in this regard is to implement international trade facilitation, to promote international regulatory cooperation in order to boost goods imports and to reduce export bans or restrictions which are detrimental for access to vaccines;
189. Notes the EU's dependency on external sources of personal protection equipment and questions the role of the WTO in terms of supply chains in this regard;
190. Highlights that tariff and non-tariff barriers have limited access to vaccines, and considers that the WTO should take action to ensure the free flow of supply chains and vaccine deliveries, notably as regards export restrictions;
191. Calls for the EU to focus on open strategic autonomy supporting supply chain diversification and resilience, with an open, rules-based multilateral trading system at its core to ensure the global availability of medical products and complemented by a 'strategic supply chain diversification fund' to actively support our companies; encourages all countries to join the WTO's Agreement on Trade in Pharmaceutical Products and urge for its scope to be extended to all pharmaceutical and medicinal products;
192. Notes that patent protection is a key incentive for companies to invest in innovation and to produce new medicines; notes, at the same time, that the exclusionary effect of patents may lead to limited market supply and reduced access to medicines and pharmaceutical products; stresses that a balance should be struck between encouraging innovation through the exclusionary effect of patents and ensuring access to medicines and protecting public health;
193. Stresses that WTO free trade agreements should not focus exclusively on enforcing IP standards in third countries, but should take into account the impact on generic and

biosimilar medicines both in the EU and in third countries, as well as ensure coordination of regulatory standards;

194. Welcomes the fact that the EU and WHO have been and remain in close cooperation on every aspect of responses to the pandemic; calls for stronger, more coordinated, international cooperation taking a long-term view and with a stronger WHO at the centre;
195. Emphasises that WHO accompanied countries from the beginning to the end of their vaccine strategy, until the very last steps of delivery; considers, however, that there were delays and uncertainties in supply, especially in 2021, and that the situation improved only once global supply was largely meeting global demand;
196. Underlines the need to place safeguards on re-exports in order to prevent illicit trade and avoid boosting existing markets; recognises that the destination must be an eligible country but that in the event of a humanitarian emergency, an initially non-eligible country may be the destination;
197. Considers that a multilateral and globally coordinated response is crucial to building up global resilience against future health crises, and that global mechanisms need to be given more importance; notes in this regard that such mechanisms need to work on their own improvement;
198. Underlines that One Health should be among the most prominent subjects of discussion within the WHO, particularly as regards to the animal-human interface; notes that, although the WHO One Health Panel already has given recommendations, there is still a need to find ways to implement them;
199. Demands that the role of parliaments be taken into account in international discussions in order to increase the legitimacy of those discussions;

ii) ROLE IN INITIATIVES SUCH AS COVAX

200. Highlights the fact that COVID-19 Vaccines Global Access (COVAX) was key to delivering vaccines to low and middle-income countries given that their facilities and capacities were built on existing ones; notes that most of low and middle-income countries' doses came from COVAX;
201. Recognises that there is considerable effort at the global scale to increase production capacity; welcomes the fact that the EU became a model in that matter and a large investor both in terms of push (before development) and pull (advance purchase agreements) investments, which made it possible to secure enough vaccines;
202. Underlines that public-private cooperation during a pandemic emergency is structurally different from cooperation under 'normal' circumstances, where the public side provides long-term investment, additional grants or loans and the private side delivers the product; emphasises that in a pandemic situation, where much more risk is involved, public funding plays an even bigger role in the development cycle of the product (vaccine), in conjunction with advance purchase agreements before regulatory approval; notes that this can work only if global frameworks are well crafted and if there is close

coordination between all the actors involved;

III) EU GLOBAL HEALTH STRATEGY

203. Considers that Team Europe has proved to be central in terms of solidarity and underlines the EU's leadership in the global response to the pandemic;
204. Notes that Team Europe has played a key role in supporting R&D efforts in Africa to address the provision of critical resources and technical support to help African countries respond effectively to the pandemic and build resilience for the future;
205. Notes that the COVID-19 Task Force of the Commission's Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) was central to increasing the EU's strategic autonomy and resilience in the face of the pandemic, by supporting research and innovation, strengthening supply chains, and encouraging greater cooperation and coordination between Member States;
206. Considers that safeguarding the unity of the EU single market and the use of its economic and political leverage was made possible by the development of the external dimension of the EU's operational autonomy, through the EU-wide export authorisation mechanism;
207. Considers that although the level of public funding for R&D was sufficient for the rapid development of vaccines, manufacturing capacities in the EU were scaled up too slowly to match needs;
208. Considers it essential to ensure the openness of global supply chains to EU manufacturers, by maintaining close cooperation with the EU's international partners and counterparts and by responsibly responding to protectionist reflexes from said counterparts, such as the America First principle;
209. Asks for tools to be set up allowing the Commission to implement reciprocal trade policies when needed (to counter the Defence Production Act, for example), and thereby maintain an equal balance of power and bargaining abilities;
210. Emphasises that the EU has taken the lead in the global response and solidarity and must continue to play this role; considers that the EU must continue to lead vaccine solidarity around the world and that vaccine solidarity is part of the EU's One Health approach;
211. Underlines that the world is likely to face new epidemics and pandemics in the future and that the EU's One Health approach entails being active in global preparedness, notably regarding the loss of biodiversity that is driving pandemics;
212. Highlights that in the face of the current geopolitics of globalisation, the EU should detect high-risk dependencies and establish production capacities for related products in the EU; asks for a Single Market Emergency Instrument to be established enabling the EU, in the event of a crisis, to act directly and coercively to protect the single market;
213. Underlines the need to shift to a more pragmatic trade policy and that targeted

protectionist instruments can be appropriate tools to enhance the EU's bargaining power, protect the EU's fundamental interests and ultimately ensure that global supply chains are actually open to the EU;

IV) GLOBAL PARTNERSHIPS AND FOUNDATIONS

214. Notes the close cooperation between the Coalition for Epidemic Preparedness Innovations (CEPI) and the Global Alliance for Vaccines and Immunizations (GAVI), under the auspices of the WHO and UNICEF, leading to the creation of COVAX, which aimed to ensure that CEPI's funding led to vaccines that would be accessible to all;
215. Notes that CEPI used recoverable loans to secure doses on behalf of COVAX facilities; underlines the fact that while CEPI had some contingency funding solutions it had to rely mostly on fundraising;
216. Welcomes the fact that equitable access to vaccines has been the top priority of global foundations, including CEPI and GAVI, and that CEPI has been putting in practice the not-for-profit / no-loss principle for vaccines intended for low- and middle-income countries;
217. Considers that while donation of doses is good, these donations have to be thoroughly planned to ensure they make an optimal contribution to the recipients' vaccination strategies;
218. Considers that sustainable vaccine development, production and delivery rely on robust and transparent supply chains and not only on patents; underlines in this regard the need for a better distribution of manufacturing capacities throughout the world;
219. Calls for the establishment of a global network of manufacturers which would be able to rapidly adapt to the production of any vaccine required;
220. Urges regional organisations and entities to ensure that their governance becomes/stays scientifically-driven;

V) REVIEW OF INTERNATIONAL HEALTH REGULATIONS AND PANDEMIC TREATY

221. Considers that the response to COVID-19 will under-perform if it is not holistic and that it cannot solely be focused on health, but must also take social and economic considerations into account at the global scale; underlines the fact that social, political and economic consequences, notably the collapse of global supply chains, arose before health systems were overwhelmed;
222. Welcomes the initiative of the Pandemic Treaty as long as previous frameworks are assessed first and as long as it follows an ethical approach;
223. Welcomes the leading role of the EU in the discussions on the Pandemic Treaty; notes that the Pandemic Treaty has the potential to change how the global pharmaceuticals business operates in times of crisis;
224. Points out that stringency and accountability regarding international health regulations

are prerequisites for coordination at the global scale;

VI) IPR IN THE CONTEXT OF INTERNATIONAL RELATIONS

225. Considers that Europe needs to find a constructive solution on IP protection; underlines that free IP alone will not solve the problem of access, that patents are useless without technology transfer and proper industrial know-how and that export restrictions and access to raw materials were obstacles to vaccine production;
226. Underlines that compulsory licensing does not ensure that third party manufacturers in low- and middle-income countries can produce pharmaceuticals or equipment, as investment in regional and local capacities and infrastructure is also needed; notes that Team Europe is cooperating with African countries in this regard;
227. Stresses that strong IP protection was part of the solution to create a strong and resilient EU pharmaceuticals ecosystem, because it gives the private sector incentives; underlines that IP protection helps incentivise pharmaceutical companies to develop the necessary vaccines, and that misuse of waivers may undermine long-term healthcare solutions;
- b) *The EU's role in vaccine diplomacy*
- i) PROVISION AND OVERSIGHT OF EQUITABLE ACCESS TO VACCINES AND MEDICAL PRODUCTS TO THIRD COUNTRIES
228. Observes that countries cannot fight a global emergency alone and international coordination is key;
229. Believes that health is a geopolitical strategic value and that Europe has the potential to be a global leader in this domain;
230. Urges Europe to ensure the safety of its citizens at all times in an autonomous way and in coordination with our traditional allies through mutual support;
231. Notes that many developing countries across the world had trouble accessing vaccine doses due to a lack of funding, especially at the beginning of the crisis;
232. Underlines that, thanks to a particularly innovative private sector, the EU had a major role in global vaccination, being home to three out of the first four safe and effective vaccines, the first producer and exporter of mRNA vaccines; emphasises that this would have been impossible without ambitious public funding;
233. Considers that the EU has sufficient vaccines to continue sharing with countries that need them in the event of a new surge;
234. Considers that export restrictions and access to raw materials to be more serious obstacles to production than IP;
- ii) THE ROLE OF THE EU IN ENSURING THAT VACCINES AND MEDICAL SUPPLIES WERE AFFORDABLE AND AVAILABLE TO THIRD COUNTRIES (PREVENTING POTENTIAL BOTTLENECKS IN SUPPLY CHAINS, TRADE BARRIERS, ETC.)

235. Recalls that the EU pooled its resources to maximise the impact of its response to the COVID-19 pandemic and that since the outbreak of the COVID-19 pandemic, the EU institutions, Member States and European financial institutions, as well as Team Europe, have so far committed EUR 53.7 billion to support 140 countries, covering the emergency response to humanitarian needs, strengthening of health, water and sanitation systems, and mitigation of the social and economic consequences of the pandemic;
236. Calls for the strengthening of health systems, pandemic preparedness and local vaccine manufacturing in low- and middle-income countries;
237. Calls for more efforts to facilitate easy and affordable access to vaccines and to healthcare in Africa by actively supporting an environment that allows capacities for local vaccine manufacturing to be established, preparedness to be strengthened, local health professionals to be trained and response capacities to be scaled up, while enabling countries with fragile healthcare systems to access medical equipment and supplies;
238. Calls on the Commission to promote the unobstructed flow of trade in medicines, vaccines, PPE, medical devices and necessary components in times of crisis;
239. Highlights that many EU Member States would have been willing to share doses and donate surpluses to the Global South but that sometimes there was no demand from Global South countries and that the interest in vaccine doses was diminishing;
240. Underlines that antimicrobial resistance (AMR) may be the next global health crisis and that there is consequently a need for action plans and specific global mechanisms for AMR surveillance;
241. Considers that the EU should be a major developer, producer and exporter of vaccines, in the context of strong international competition especially with the United States;
242. Highlights the need to focus particularly on funding the development of vaccines and treatments to cope with the competition with the United States; points out in this regard the role of public-private partnerships;
243. Underlines that strategic autonomy is a potential tool to enhance the EU's pharmaceutical ecosystem, and that regulatory harmonisation could improve the fluidity of global supply chains;

c) Conclusions

244. Calls on the Commission to strengthen the screening of foreign direct investment to protect strategic industries in the health sector from foreign takeovers, and initiate a frank dialogue with countries outside the EU hosting major EU-owned production of medicines and active pharmaceutical ingredients to secure a reliable supply to EU citizens; suggests applying the European programme for critical infrastructure protection to the health infrastructure sector; welcomes the establishment of the World Bank Financial Intermediary Fund for Prevention, Preparedness and Response (PPR), the Pandemic Fund; calls for targeted funding to fill critical gaps in PPR capacities, in

line with its mandate, starting by surveillance gaps and emergency workforce training;

245. Highlights that without co-responsibility by beneficiaries, for example in investing in their primary health systems, medical countermeasures will not reach the population; encourages low- and middle-income countries to implement the target set in the 2001 African Union Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases to allocate ‘at least 15 % of [the] annual budget to the improvement of the health sector’ while taking account of the necessary fiscal space;

Final recommendations of the report

246. Recommends that the EU implement a holistic approach to pandemic PPR, so it continues to be a global driving force as shown by the adoption of the G20 Rome Declaration - the internationally agreed principles for action to fight, prepare for, prevent, and respond to pandemics;

I) PREVENTION CAPACITY

247. Recommends the establishment of innovative cross-sectoral primary prevention programmes to reduce risk factors and promote healthy lifestyles, and European cross-sectoral preventive-health policies integrating agriculture and food production, transport, the energy sector, industrial development, education and social services, so as to enable greater exchange of knowledge and information, promote best practices, facilitate sustainable economies of scale and unlock innovation potential to be better prepared for and respond to any threat to European citizens’ health;

248. Recommends moving forward a proper European Health Union by investing in data collection, digitalisation, sharing and analysis;

249. Recommends the setting up of instruments and funding programmes to fight cyber threats, terrorism and external state-sponsored propaganda;

II) PREPAREDNESS

250. Calls on the Commission to propose an instrument to reduce healthcare disparities and enhance cross-border health cooperation to tackle serious threats to health and safety in the EU;

251. Calls for own legislative initiatives under Article 225 TFEU to promote a European Union of Health, to improve the resilience and quality of healthcare systems, to ensure equal, universal, affordable medical care, and foster transparency on public funding for health research and governance;

252. Recalls the ‘Declaration of Helsinki on Mainstreaming Health in All Policies’, for the EU and Member States to mainstream the concept of Health in all Policies, adopting a cross-sectoral approach to public policy that systematically considers the health impact of decisions, promotes synergies and avoids adverse health effects in order to improve population health and health equity;

253. Recommends addressing the digital divide, which particularly affects marginalised

population groups, to improve their access to internet and hardware to better enable their access to education, public services and healthcare;

254. Calls for the role of Parliament to be increased in the decision-making process during crisis management and for parliamentary control and oversight on several instruments to be strengthened, as this would improve the legitimacy of emergency response actions;
255. Calls on the Commission and the Member States to cooperate with digital platforms to effectively counter misinformation and disinformation to avoid fuelling vaccine hesitancy;
256. Calls on the Commission to exercise close scrutiny of internal border controls and to provide more actionable guidance on implementing internal border controls; urges the Member States to be cautious and provide sufficient evidence that the measures/controls are a measure of last resort, proportionate and of limited duration;
257. Calls on the Commission and the Member States to provide support for media literacy training among the EU population, as a counter measure against disinformation;
258. Calls on the Commission and the Member States to form a unified strategic approach to non-EU actors attempting to disrupt democratic processes in the EU;

III) RESILIENCE

259. Is of the opinion that a European Union of Health is needed, that NextGenerationEU should be built on and that Parliament should get a role in decision-making for these programmes; believes furthermore that the necessary instruments should be deployed to enable the Triple Transition (climate, digital, health); recommends that the Triple Transition be promoted by accelerating the shift to a climate-neutral economy while mitigating the transition risks, by reskilling and upskilling the European labour force, by introducing the Sustainability and Growth Pact (SGP 2.0) while pursuing NGEU 2.0, and by enhancing finance to innovative, green and digital technology firms;
260. Recommends strengthening the institutional capacity of the Commission;
261. Looks forward to working with the Commission on the Revision of the EU general pharmaceuticals legislation;
262. Calls on the Member States to introduce stress tests to strengthen their healthcare systems, and the resilience and quality of their healthcare systems, based on the outcomes and the training handbook being developed by EU4Health funded projects in cooperation with the Organisation for Economic Co-operation and Development (OECD);
263. Welcomes Regulation (EU) 2022/2371 on serious cross-border threats to health and repealing Decision No 1082/2013/EU, which represents a step towards a 'European Union of Health', with the adaptation of EU competences in the area health security and a reinforced role of the European Parliament in the decision-making process under crisis management;

264. Recommends that the ECDC be given more independence in terms of information gathering and that a systematic obligation for Member States be put in place to send it comprehensible data, notably on equipment stocks, bed capacities and ICU admissions;
265. Calls on the Commission to take stock of the practices and methods implemented by the European Parliament, as well as national parliaments, to ensure that parliamentary democracy and the rule of law are not put on hold during crises; recommends developing, at the European level, a list of parliamentary best practices to follow in times of crisis, based on a stocktaking of new parliamentary working methods and mechanisms;
266. Calls for the EU institutions and the Member States to preserve the principles of good policymaking, including in times of crisis; reiterates that power can only be exercised within the constraints set out by law, and that any interventions made must be justifiable, proportionate, non-discriminatory, predictable and subject to monitoring by independent and impartial courts;
267. Calls for a revision of the Interinstitutional Agreement on Better Law-Making³⁰ with a view to increasing the role of Parliament in the decision-making process during crisis management, including the use of Article 122 TFEU, thus enhancing democratic legitimacy and parliamentary oversight;
268. Recommends that the Commission update its practical border handbook with examples of good practices for internal border management in order to increase coordination among the Member States;

IV) STRATEGIC AUTONOMY

269. Recommends tackling market failures in health and completing the single market for health products;
270. Calls for strategic autonomy at EU level to be ensured to avoid dependency on third countries for medicines, in particular active ingredients and medical devices, including raw materials;
271. Calls for a list of essential, priority and innovative medicines and treatments (such as biotechnology solutions) relying on existing European agencies and HERA to be established at EU level to guarantee their availability for citizens;
272. Notes that during the pandemic the EU mobilised emergency funding under Horizon 2020 and Horizon Europe to speed up research for a cure for COVID-19. Stresses that for Europe to secure strategic autonomy, the EU and Member States need to invest in research and innovation;
273. Consider organising coordinated EU-wide strategic stockpiling in order to achieve the necessary coordinated, long-term action at EU level, and include health and healthcare

³⁰ Interinstitutional Agreement between the European Parliament, the Council of the European Union and the European Commission on Better Law-Making (OJ L 123, 12.5.2016, p. 1).

among the shared competencies between the EU and the EU Member States;

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274. Instructs its President to forward this resolution to the Council, the Commission, the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy, the European Economic and Social Committee, the European Committee of the Regions, the governments and parliaments of the Member States, the World Health Organization and the World Trade Organization.

EXPLANATORY STATEMENT

The COVID-19 crisis has pushed health higher on the agenda of the European Union, but also on the list of top concerns of our citizens. In response to the consequences of the pandemic, the European Parliament decided to set up a Special Committee on Covid-19, in a bid to assess the European Union's response to the pandemic, drawing conclusions and put in place recommendations for the future.

The mandate of the committee included monitoring the implementation of measures taken by the EU and its Member States in response to the pandemic, and evaluating their effectiveness. The committee was also responsible for identifying any gaps or weaknesses in the response to the crisis and make specific and targeted recommendations to address them.

On 10 March 2022, the Committee was established. It had 38 Members and met for fifteen months. It made use of various methods to analyse the impact and the response to the pandemic. In twelve months, it held 17 hearings with more than 70 experts, 8 EC Commissioners, along with EU and the rest of the World governments' authorities, requested documents, commissioned studies and undertook 6 missions.

The final aim was to submit this report, taking a hard and honest look at the lessons learned from the crisis and make proposals for improving the EU's crisis management and preparedness for future emergencies.

This report reflects the mandate architecture, trying to gauge the impact of the pandemic according to four pillars: (1) Health; (2) A coordinated approach with respect for democracy and fundamental rights; (3) Societal and economic impact; and (4) the EU and the World.

The EU, as well as the rest of the world, was not ready to cope with this unprecedented health crisis and its shock waves, affected societies and economies worldwide. The rapporteur highlights that especially at the beginning of the pandemic, everybody made mistakes, but that it was an unprecedented situation. After a slow start, the European Union reacted with all the instruments at its disposal, and it is clear that its leadership, especially in trying to advance the search for and development of vaccines, while at the same time coordinating health, economic and social measures, has been crucial in saving millions of lives in the EU and beyond.

The development and deployment of COVID-19 vaccines and the EU Vaccines Strategy constituted a game-changer in the pandemic. Nevertheless, the rapporteur calls for improving the transparency of the development, production and procurement of vaccines, as well as the ability to negotiate more favourable conditions in future contracts with pharmaceutical companies.

The EU is now in a position to learn from the mistakes made. By doing this, it can better prepare itself so that it can effectively respond to future pandemics. This will also help the EU lead in planning and implementing recovery strategies while building a stronger, more effective global partnership against future Health emergencies.

The rapporteur put forward a number of recommendations to the European Commission and

Member States in view of building a holistic and robust EU pandemic preparedness and response plan. A strong European Health Union is essential to strengthen our health systems and cope with future health crises.

Europe is leading the world in the fight against climate change and caring for the planet, and it is now, after COVID-19, that the opportunity arises to make Europe and its national public health systems that provide universal access to its citizens, world leaders in health care. Chief among the areas explored, there is the need to set up innovative cross-sectoral primary prevention programmes, more investment in data collection, digitalisation, sharing and analysis, addressing the digital divide, reinforcing the role of the European Parliament in the decision-making process, countering misinformation and disinformation, strengthening the institutional capacity of the European Commission, and completing the single market for health products.

There is even a call for the revision of the Inter-institutional Agreement on Better Law Making. This highlights the vastness of the implications of the recommendations set out in the report. Indeed, some of them call for significant policy changes.

This would require the European Parliament, under its own legislative initiative (Article 225 TFEU), to promote a European Union of Health, to improve the resilience and quality of healthcare systems, to ensure equal, universal, affordable medical care, while ensuring transparency of public funding for health research and governance. Never have research and innovation been more important than today. A thriving and technically advanced European healthcare industry and a competitive research community is vital. This requires an ambitious, clear and up-to-date regulatory framework and an incentives system for European companies, as well as dedicated resources for science and health research.

The EU needs to maintain a strong European intellectual property system to encourage R&D and manufacturing in the EU Health sector and to ensure that Europe remains innovative and a world leader, while supporting third countries to improve their technical expertise and manufacturing capacities.

The rapporteur underlines the necessity of completing the single market for health products. The European Commission has to tackle market failures in health and continue in its efforts to develop a single market for health products.

The single market gives Europeans the right to move freely within it but these rights were severely restricted while trying to reduce the spread of the pandemic. In this context, the EU added value of COVID-19 response is exemplified by the provision of “Green Lanes” approach and the EU Digital COVID Certificate to maintain not only the integrity of the single market, but also the respect of the free movement of people, goods and services while observing pandemic rules. Nevertheless, it will be the duty of the European Commission to exercise scrutiny of internal border controls, and to provide more concrete guidance on the implementation of internal border controls. Member States must provide sufficient evidence that the controls are measures of last resort, proportionate and of limited duration.

The medical emergency affected the security and stability of social and economic conditions, influencing, in particular, the life of vulnerable people, including people with disabilities and chronically ill (for e.g. cancer) patients, with consequences linked to delays and disruption to

diagnostics and treatments. The mental health of healthcare workers, children and elderly people has been particularly affected and we do not completely know yet the consequences of this impact. This cannot be allowed to happen again.

At the national level, the rapporteur calls for the introduction of stress tests to strengthen the healthcare systems and their resilience and quality. This should be done based on the training handbook being developed by EU4Health funded projects, in cooperation with the Organisation for Economic Co-operation and Development (OECD).

The rapporteur stresses the importance of creating more quality jobs along the entire healthcare sector, and investing in continuous education and training for the health workforce in the European Union, while facilitating talent retention and mobility at EU level, with the support of NextGenerationEU.

The rapporteur has also shed a light on parliamentary control and oversight in the report. She insists that the European Parliament must not continue to be sidelined in the EU decision-making process under crisis management. The parliamentary control and oversight on several EU instruments must be reinforced, in order to improve the legitimacy and credibility of emergency response actions.

The multiple challenges currently facing the EU show the need for ensuring the EU strategic autonomy in Health, as well as in general. In the context of the pandemic, the rapporteur underlines that the EU needs to find permanent solutions to avoid dependency on third countries for medicines, in particular active ingredients and medical devices. The role of HERA will be crucial. The EU needs to increase its production capacity by encouraging its industry, but by also diversifying its supply chain and ensuring better coordination of national health strategies.

It is necessary to safeguard the transparency of production and supply chains in the event of a health crisis.

The rapporteur calls on the Commission and the Member States to promote more joint European public procurement as has been done for Covid-19 vaccines and innovative procurement procedures incorporating criteria such as: 'Made in Europe', timely delivery, organic production, security and continuity of supply.

One other challenge is the scourge of misinformation and disinformation. There is no doubt that third parties attempted to destabilize the Union through misinformation and disinformation campaigns. The EU needs to be better protected against these threats.

Nowadays the vast majority of the population uses social media to consume news and receive information. Yet there is still a sizeable minority, which does not have access to the internet. In order to bridge the digital gap, the EU must give due attention to the marginalised groups of people, and to improve their access to the internet, particularly in view of access to education, public services, and healthcare.

Nevertheless, the mammoth task of going digital does not come without a cost. Cyber-attacks on hospitals and health systems, together with other critical infrastructure have become almost a weekly occurrence in several parts of Europe. The rapporteur calls on the Commission and Member States to form a unified strategic approach and to set up instruments and funding programmes to fight cyber threats, cyber-terrorism and external state-sponsored propaganda,

because it is clear that, these also fuel vaccine hesitancy. Moreover, the EU ought to cooperate with digital platforms in order to effectively counter-misinformation and disinformation.

Finally and most importantly, the rapporteur calls for the swift implementation of a holistic approach to pandemic prevention and response. The EU should adopt the G20 Rome Declaration and establish innovative cross-sectoral primary prevention programmes to reduce risk factors and promote healthy lifestyles. The EU has to make sure that its policies across a whole range of sectors are also preventive-health policies, integrating a One Health and Health-in-all-policies approach, throughout agriculture and food production, transport, the energy sector, industrial development, education and social services, while investing in data collection, digitalisation, sharing and analysis.

In conclusion, the rapporteur would like the report to be considered as a key document in the event of future health emergency crises, providing solid guidance based on the lessons learned from a real pandemic. The rapporteur recommends capitalising on it by taking forward actions from the report, which will help build a European Union of Health, a much more resilient European economy and society, able to face any threat not only to health, but also to security, while protecting the welfare and lifestyle model of European citizens.

A pandemic knows no frontiers, and no one country can face it alone. Europe will only be able to pull through future pandemics and can only continue to be a leader in the global cooperation of health emergencies if the European family stands together in solidarity and responsibility, and fully utilises its capabilities to better coordinate and deliver its added value to EU governments and their citizens.

The findings of this report point to the need for a stronger political will among national governments when communicating and working together under the coordination of the European Commission and the Parliament. If the EU wants to withstand the onslaught of the next pandemic, it has to be prepared with financial investments, new legal instruments, and a more cohesive cooperation among the Member States, European institutions, and the international organizations.

ANNEX I: List of entities or persons from whom the rapporteur has received input

The following list is drawn up on a purely voluntary basis under the exclusive responsibility of the rapporteur. The rapporteur has received input from the following entities or persons in the preparation of the [draft report / report, until the adoption thereof in committee]:

Entity
1. PFIZER
2. MODERNA
3. ASTRAZENECA
4. NOVAVAX
5. CUREVAC
6. JOHNSON & JOHNSON
7. HIPRA
8. VACCINES EUROPE
9. European Society of Cardiology
10. EFPIA, European Federation of Pharmaceutical Industry Associations
11. MEDICINES FOR EUROPE, European Association of generic medicines
12. EURORDIS, European Association of Rare Diseases Patients
13. EUROPEAN CANCER ORGANIZATION
14. GIRP, European Healthcare Distribution Association
15. FARMAINDUSTRIA, Spanish Association of Pharmaceutical Industry
16. GILEAD
17. GSK
18. MSD
19. MERCK
20. NOVARTIS
21. FRESENIUS KABI
22. Horizon Therapeutics
23. COPA COGECA, European Farming Associations

ANNEX II: COVI SPECIAL COMMITTEE MEETINGS, HEARINGS & MISSIONS

Week 16

Tuesday, 19 April pm (constitutive)

Election of the Chair; Election of the first Vice-Chair; Election of the second Vice-Chair; Election of the third Vice-Chair; Election of the fourth Vice-Chair

Week 19

Thursday, 12 May am

Exchange of views with Stella Kyriakides - Commissioner for Health and Food Safety

Week 21 - Ad hoc delegation to WHO, Geneva, Switzerland - COVI Chair

Week 25

Monday, 20 June 2022 pm

Exchange of views with Thierry Breton - Commissioner for Internal Market

Tuesday, 21 June 2022 am/pm

Exchange of views with Věra Jourová, Vice-President of the European Commission for Values and Transparency

Exchange of views with European Commission representatives on COVI related issues on the outcome of the 12th ministerial conference of the World Trade Organisation (MC12)

Week 28

Wednesday, 13 July 2022 am/pm

Exchange of views with Dr Andrea Ammon, Director of the European Centre for Disease Prevention and Control (ECDC) *

Exchange of views with Mr Pierre Delsaux, Director-General of the Health Emergency Preparedness and Response Authority (HERA) on COVID-19 pandemic *

Report on ongoing inter-institutional negotiations *

Information on the outcome of the inter-institutional negotiations on the Proposal for a regulation of the European Parliament and of the Council on serious cross-border threats to health, repealing Decision No 1082/2013/EU (COM(2020)0727) - Rapporteur: Véronique Trillet-Lenoir (Renew Europe)

Exchange of views with Chief Epidemiologists from EU Member States *

Professor Dr Sotirios Tsiodras, Chief strategic advisor to the Hellenic Government on the COVID-19 pandemic in Greece

Professor Dr Erika Vlieghe, Chair of the COVID-19 Management Strategy Expert Group (GEMS) in Belgium

Dr Katharina Reich, Chair of the COVID-19 crisis coordination cell (GECKO) in Austria

Professor Jérôme Salomon, Director General of Health, in France

Dr Rui Portugal, Deputy-Director General of Health, in Portugal

* ENVI Committee invited

Week 35

Tuesday, 30 August 2022 pm (15:30-18:30)

Exchange of views with the European Commission

Sandra Gallina, Director-General for Health and Food Safety, European Commission

Exchange of views with Health Ministers from the EU

Aki Lindén, Minister of Family Affairs and Social Services, Finland

Professor Alexandru Rafila, Minister of Health, Romania

Professor Frank Vandenbroucke, Deputy Prime Minister and Minister of Health and Social Affairs, Belgium

Week 36

Monday, 5 September 2022 pm

Public Hearing with CEOs of pharmaceutical companies producing vaccines and treatments for COVID-19 (first hearing) *

Exchange of views with Dr Rudolf Ertl, Senior Vice-President Commercial Operations, Gilead Sciences;

Exchange of views with Thomas Triomphe, Executive Vice-President of Vaccines, Sanofi

Exchange of views with Iskra Reic, Executive Vice-President of Vaccines and Immune Therapies, AstraZeneca

Exchange of views with Stéphane Bancel, Chief Executive Officer, Moderna

* ENVI Committee invited

Wednesday, 7 September 2022 pm

Public Hearing with experts on contracts for pharmaceutical companies producing vaccines and treatments for COVID-19

Exchange of views with Dr Rosa Castro, Senior Policy Manager for Healthcare Delivery & EPHA (European Public Health Alliance) Networks Coordinator

Exchange of views with Anel·la Santos, Senior Health Policy Officer BEUC (The European Consumer Organisation)

Exchange of views with the European Ombudsman

Exchange of views with Emily O'Reilly, European Ombudsman

Week 38 - Nine (9) Member Mission of the COVI Special Committee to the European Medicines Agency, Amsterdam (the Netherlands), 20 September 2022, and BioNTech, Mainz (Germany), 21 September 2022)

Week 40 - Question for oral answer O-000024/2022 to the Commission, Rule 136 by Kathleen Van Brempt on behalf of the Special Committee on the COVID-19 pandemic: lessons learned and recommendations for the future and Pascal Canfin on behalf of the Committee on the Environment, Public Health and Food Safety, (2022/2735(RSP))

Week 41

Monday, 10 October 2022 pm

Public Hearing with CEOs of pharmaceutical companies producing vaccines and treatments for COVID-19 (second hearing) *

Exchange of views with Janine Small, President of International Developed Markets, Pfizer

Exchange of views with Dr Franz-Werner Haas, Chief Executive Officer, Curevac

Exchange of views with Stanley Erck, Chief Executive Officer, Novavax

Exchange of views with Roger Connor, President Global Vaccines, Glaxo Smith Kline

Exchange of views with Carlos Montañés, Executive Vice-President, HIPRA

* ENVI Committee invited

Thursday, 13 October 2022 am

Public Hearing focusing on Global South and WHO pandemic treaty

Exchange of views with Dr Seth Berkley, CEO of GAVI (the Vaccine Alliance) / DEVE Committee invited

Exchange of views with Roland Driee, co-chair of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response / ENVI Committee invited

Joint presentation with the Committee on Budgetary Control (CONT)

ECA Special report 19/2022: EU COVID-19 vaccine procurement – Sufficient doses secured after initial challenges, but performance of the process not sufficiently assessed

Presentation of the special report by reporting ECA Member Joëlle Elvinger.

Week 43

Wednesday, 26 October 2022 am/pm

Public Hearing with the Director-Generals of the WHO and WTO, focusing on WHO pandemic treaty, the inclusion of non-WHO-members, trade barriers and the WTO TRIPS waiver, with ministers from the global south, including the performance of COVAX (first hearing)

Exchange of views with European Commission Vice-President Margaritis Schinas, Promoting our European Way of Life

Exchange of views with Dr Ciro Ugarte, Director of Health Emergencies Department, Pan-American Health Organisation (PAHO) and Dr Suerie Moon, Co-Director, Global Health Centre, Graduate Institute of International and Development Studies

Exchange of views with Mr Dimitri Eynikel, senior policy analyst, Médecins Sans Frontières (MSF).

Thursday, 27 October am

Public Hearing with the Director-Generals of the WHO and WTO, focusing on WHO pandemic treaty, the inclusion of non-WHO-members, trade barriers and the WTO TRIPS waiver, with ministers from the global south, including the performance of COVAX (second hearing)

Exchange of views with Samia Saad, Executive Director Resource Mobilisation and Investor Relations, Coalition for Epidemic Preparedness Innovations (CEPI)

Exchange of views with Dr Sibongiseni Dhlomo, Deputy Health Minister, South Africa

Exchange of views with Anabel González, Deputy Director-General, World Trade Organisation (WTO)

Exchange of views with Dr Michael Ryan, Executive Director, Health Emergencies Programme, World Health Organisation (WHO).

Week 46

Monday, 14 November 2022 pm

Public Hearing on Impact on the labour market and working conditions (pm)*

Exchange of views with Lieve Verboven, International Labour Organization

Exchange of views with Jan Willem Goudriaan, European Federation of Public Service Unions and Claes-Mikael Ståhl, European Trade Union Confederation

Exchange of views with Christina Sode Haslund, Confederation of Danish Employers and Véronique Willems, SMEunited

* EMPL Committee invited

Week 48

Public hearings on the Socio-economic impact (3rd pillar)

Monday, 28 November pm

Public hearing on the Socio-economic impact on vulnerable people*

Session I - Exchange of views with:

Dr Kirsten Rennie, Senior Research Associate, University of Cambridge School of Clinical Medicine

Ms Kahina Rabahi, Policy and Advocacy Coordinator, European Anti-Poverty Network

Dr Ion Beratis, Supervisor, Alzheimer Centre of the "Nestor" Psychogeriatric Society

Session II - Exchange of views with:

Dr Eleni Skouteli, President, the Hellenic Society for the Protection and Rehabilitation of Disabled Persons

Mr Pascal Garel, Chief Executive, European Hospital and Healthcare Federation

Ms Nadia Hadad, Member of the Executive Committee, European Disability Forum

Ms Kira West, Chair, The Danish Council on Socially Disadvantaged Adults

Tuesday, 29 November 2023 am

Public hearing on the Gender dimension of the pandemic**

Session I - Exchange of views with:

Ms Sarah Benson, CEO, Women's Aid Ireland

Ms Réka Sáfrány, President, European Women's Lobby

Session II - Exchange of views with:

Ms Diana Ongiti, Global COVID-19 Appeal Manager, International Federation of Red Cross and Red Crescent Societies (IFRC)

Dr Lina Salanauskaite, Research coordinator, European Institute for Gender Equality (EIGE)

Session III - Exchange of views with:

Ms Helena Dalli, Commissioner for Equality

*EMPL Committee invited

** FEMM Committee invited

Tuesday, 29 November 2022 pm

Hearing on the Evaluation of the Performance of EU Support Instruments

Session I - Exchange of views with:

Paolo Gentiloni, Commissioner for Economy and Monetary Affairs

Session II - Exchange of views with:

Professor Melinda Mills, Oxford University

Professor André Sapir, Université Libre de Bruxelles

Session III - Exchange of views with:

Ms Ditte Maria Brasso Sorensøn and Mr Rasmus Foss, Think Tank EUROPA

Mr Krzysztof Izdebski, Open Spending EU Coalition

* BUDG/ECON and CONT Committees invited

Week 49

Thursday, 8 December 2022 am

Public Hearing on 'Socio-economic impact and the effects of the COVID-19 on children'*

Session I - Exchange of views with:

Drs K.E. Illy, Head of the Dutch Organisation of Paediatricians

Professor Dr. Kristof de Witte, Catholic University of Leuven

Session II - Exchange of views with:

Dr Ally Dunhill, Head of Advocacy, Eurochild

Theoni Koufonikolakou, Chairperson, European Network of Ombudsmen for Children (ENOC), Deputy Ombudswoman for Children's Rights in Greece

* EMPL Committee invited

2023

Week 4

Tuesday, 24 January 2023 am

CONT/COVI Joint Committee presentation of 24 January 2023

Joint presentation of the Committee on Budgetary Control (CONT) and the Special Committee on Covid-19 pandemic: lessons learned and recommendations for the future (COVI) on the ECA Special Report 18/2022 - EU institutions and COVID-19 - Responded rapidly, challenges still ahead to make the best of the crisis-led innovation and flexibility

Week 5

Monday, 30 January 2023

Public Hearing on 'The impact of disinformation, misinformation and propaganda on democracy during the pandemic' - with INGE 2 Chair Mr Glucksmann participation

Session I - Exchanges of views with:

Professor Dimitra Dimitrakopoulou, Research Scientist, Center for Constructive Communication, Massachusetts Institute of Technology (MIT)

Mr Edward Lucas, Senior Fellow at the Center for European Policy Analysis (CEPA)

Session II - Presentation of the study 'The effect of communication and disinformation during the COVID-19 pandemic' by the authors:

Dr. Audra Diers-Lawson, Associate Professor at the School of Communication, Leadership, and Marketing, Kristiania University College, Oslo

Ms Cécile Jacob, Senior Consultant, Valdani Vicari & Associati, (VVA Brussel).

Tuesday, 31 January 2023 am

Public Hearing on 'Impact of the Pandemic on EU Democracies' - with AFCO participation

Session I - Presentation of EPRS Study: Parliamentary oversight of governments' response to the COVID-19 pandemic: literature review

Dr Mihail Chiru, University of Oxford

Session II - Exchange of views with:

Professor Spyridon Vlachopoulos, University of Athens

Sophia Russack, Researcher, Centre for European Studies

Julie Majerczak, Head of Brussels Office, Reporters Without Borders

COVID-19 pandemic: lessons learned and recommendations for the future: Exchange of views without document- Presentation by Dolors Montserrat (EPP), Rapporteur

Tuesday, 31 January 2023 pm

Public Hearing on ‘The impact of the pandemic in fundamental rights’

Session 1 - Exchange of views with Michael O’Flaherty, Director, European Fundamental Rights Agency

Session 2 - Exchange of views with:

Professor Dr Morten Kjaerum, Director, Raoul Wallenberg Institute of Human Rights and Humanitarian Law

Karolina Iwanska, Digital Civic Space Advisor, European Center for Not-For-Profit Law

Session 3 - Exchange of views with:

Ana Peláez Narváez, Executive Vice-president, Spanish Committee of Representatives of People with Disabilities

Maciej Kucharczyk, Secretary-General, AGE Platform Europe

Week 6

Monday, 6 February 2023 pm

Public Hearing on ‘The resilience of (international) supply chains of vaccines and critical medical goods, and the question of health-related ‘EU strategic autonomy’

Session I - Exchanges of views with:

Mr Matthias Bauer, European Centre for International Political Economy (ECIPE)

Mr Chad Bown, Reginald Jones Senior Fellow at Peterson Institute for International Economics

Session II - Exchanges of views with:

Ms Sibilía Quilici, Executive Director Vaccines Europe

Professor Massimo Florio, Department of Economics, Management and Quantitative Methods, University of Milan

Week 8

COVI ad hoc delegation to Cape Town, South Africa, combined with Addis Ababa, Ethiopia

Week 9

Monday, 27 February 2023 pm

Exchange of views with Jutta Urpilainen, Commissioner for International Partnerships

Exchange of views with Valdis Dombrovskis, Executive Vice President of the European Commission, Commissioner for Trade

Tuesday, 28 February 2023 am

Public Hearing on one Health

Session I - Exchanges of views with:

Dr Franck Verdonck, Head of Unit, Biological Hazards & Animal Health and Welfare, European Food Safety Authority (EFSA)

Professor Dr Carlos Gonçalo das Neves, Chief Scientist, Executive Director Office, EFSA

Dr Chadia Wannous, One Health Global Coordinator, World Organisation for Animal Health (WOAH)

Session II

Professor Dr Adolfo García-Sastre, Director of the Global Health and Emerging Pathogens Institute, and Professor in both the Department of Microbiology and the Department of Medicine (Division of Infectious Diseases) at the Icahn School of Medicine at Mount Sinai

Professor Dr Henrique Cyrne Carvalho, Director, School of Medicine and Biomedical Sciences Abel Salazar (ICBAS)

Dr Benjamin Roche, Research Director, French National Research Institute for sustainable development (IRD)

Session III

Professor Marion Koopmans, Head of the department of Viroscience, Erasmus Medical Center

Dr Susanne Wagner, Managing Director, MSL-Management Wagner

Presentation of the study ‘The European public health response to the COVID-19 pandemic: lessons for future cross-border health threats’ by the authors:

Dr. Mike Beke, Ecorys – Principal Consultant

Timothy Yu-Cheong Yeung, CEPS – Research Fellow

Exchange of views with the Rapporteur Ms Montserrat on the draft report COVID-19 pandemic: lessons learned and recommendations for the future (COVI/9/09469 2022/2076(INI))

Wednesday, 8 March 2023, pm

Workshop ‘EU crisis preparedness and response’,

Session I - Exchange of views with

Dr Andrea Ammon, Director of the European Centre for Disease Prevention and Control

Dr Petronille Bogaert, Sciensano

Session II - Exchange of views with

Professor Marion Koopmans, Erasmus MC

Dr Stella Ladi, Queen Mary University of London

Professor Claude Blumann, University Paris-Panthéon-Assas

Thursday, 9 March 2023, am

Workshop ‘Long Covid’

Session I - Exchange of views with:

Professor Peter Piot, London School of Hygiene & Tropical Medicine, Commission’s advisory panel on COVID-19

Professor Dominique Salmon, President of the Working Group on Long COVID, French Health High Authority)

Professor Dr. Clara Lehmann, German Center for Infection Research, University of Cologne

Session II - Exchange of views with:

Professor Dr. Bernhard Schieffer, Philips University Clinic Marburg

Professor Dr. Carmen Scheibenbogen, Charité University Hospital Berlin

Week 13

Monday, 27 March 2023 pm

Exchange of views with Commissioner Kyriakides

Exchange of views with Director-General Cooke, European Medicines Agency

Studies commissioned at the request of the COVI Special Committee

A. Studies by Policy departments of DG IPOL

- **Intersectional evaluation of the impact of the pandemic on different groups (including gender, generational differences and vulnerable groups) ***

Intersections between COVID-19, mental health and socio-economic stressors in the lives of adolescent and young people;

Impact of COVID-19 measures, including lockdowns, on children and vulnerable people: learning backlog, mental health, etc. Influence of social distance on mental health and health in general: fear, worry;

An update reflecting the data of the last two years for a comprehensive and recent overview: Tackling violence against women and domestic violence in Europe - The added value of the Istanbul Convention and remaining challenges.

- **Social-economic consequences of COVID-19 (building on Gentiloni's study) ***

The impact of COVID-19 measures, including lockdowns, on workers, especially front line workers, and their working conditions;

Impact of the pandemic on the cultural and creative sectors;

The effects of COVID-19 measures, including lockdowns, on businesses and industry, with special attention to SMEs;

Temporary Framework for state aid support: the guidance from the Commission to Member States to use state aid, the beneficiaries of these schemes (per country, sector and type of companies), the conditions member states attached to the aid, the impact of business models of companies and lessons learnt for the future;

Impact and different application by member states of the EU digital COVID certificate and Passenger Locator Forms.

- **Mapping of long-term public and private investments in the development of COVID-19 vaccines**

- **Impact of COVID-19 measures on democracy and fundamental rights: best practices and lessons learned in the Member States and Third countries**

- **The effect of communication and disinformation during the COVID-19 pandemic**

Communication by Member States and the European Commission on how to prevent and deal with COVID-19, how the communication affected the acceptance of measures by citizens and how they addressed misinformation (with recommendations for the future);

Disinformation during the pandemic.

B. Studies by DG EPRS

- **Comprehensive strategy for COVID-19 pandemic and response and preparedness for cross-border health threats: lessons learned and recommendations for the future**

European Added Value, evaluation and implementation of the national strategies of vaccination and the need for a European Strategy of Vaccination;

Creating a more robust framework for coordination at Union level and European Added Value: rescEU, the Joint Procurement Agreement (JPA) and the EU Emergency Support Initiative (ESI) for procurement of PPE, medical equipment and vaccines, essential medical products and medicines, including active pharmaceutical ingredients (API);

Possible benefits of Treaty change for strengthening the EU's resilience and preparedness for health threats;

Prevention, preparedness and public health response including the implementation of the One Health approach;

State of COVID-19 vaccination in the European Union (including information on dates of access to vaccination and vaccine distribution per category of population, as well as polling on vaccines support in Member States);

Transparency in the manufacturing of vaccines and Independent scientific evidence on vaccine effectiveness.

- **Literature review of reports by EU parliaments on the pandemic**

Issues identified, common conclusions and important divergences.