JOINT MOTION FOR A RESOLUTION

pursuant to Rules 132(2) and (4) of the Rules of Procedure

replacing the following motions:
B9-0257/2020 (PPE)
B9-0259/2020 (GUE/NGL)
B9-0261/2020 (Renew)
B9-0265/2020 (S&D)
B9-0269/2020 (Verts/ALE)

on COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market (2020/2780(RSP))

Esther de Lange, Andreas Schwab, Peter Liese, Roberta Metsola
on behalf of the PPE Group
Sara Cerdas
on behalf of the S&D Group
Véronique Trillet-Lenoir, Nicolae Ștefănuță, Dita Charanzová
on behalf of the Renew Group
Petra De Sutter, Anna Cavazzini, Francisco Guerreiro, Monika Vana,
Tilly Metz
on behalf of the Verts/ALE Group
Kateřina Konečná
on behalf of the GUE/NGL Group
European Parliament resolution on COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market (2020/2780(RSP))

The European Parliament,

– having regard to Article 3 of the Treaty on European Union,

– having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU), as well as to Articles 4, 6, 9, 21, 67, 114, 153, 169 and 191 thereof,

– having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 35 and 45 thereof,


– having regard to Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States\(^2\) (the Free Movement Directive), and the principle of non-discrimination enshrined therein,

– having regard to the Commission guidelines for border management measures to protect health and ensure the availability of goods and essential services\(^3\) and concerning the exercise of the free movement of workers during the COVID-19 outbreak\(^4\),

– having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences\(^5\),

– having regard to the Commission communication of 13 May 2020 towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls – COVID-19\(^6\),

– having regard to the Commission communication of 11 June 2020 on the third assessment of the application of the temporary restriction on non-essential travel to the EU (COM(2020)0399),

– having regard to its resolution of 19 June 2020 on the situation in the Schengen area following the COVID-19 outbreak\(^7\),

\(^1\) OJ L 77, 23.3.2016, p. 1.
\(^2\) OJ L 158, 30.4.2004, p. 77.
\(^3\) OJ C 86 I , 16.3.2020, p. 1.
\(^4\) OJ C 102 I , 30.3.2020, p. 12.
\(^6\) OJ C 169, 15.5.2020, p. 30.
\(^7\) Texts adopted, P9_TA(2020)0175.
having regard to its resolution of 10 July 2020 on the EU’s public health strategy post-COVID-19,

having regard to the Commission communication of 15 July 2020 on the short-term EU health preparedness for COVID-19 outbreaks (COM(2020)0318),

having regard to the Commission proposal of 4 September 2020 for a Council recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic (COM(2020)0499),

having regard to the most recent communicable disease threats report (CDTR) of the European Centre for Disease Prevention and Control (ECDC) and to the ECDC’s public health guidelines and reporting protocols on COVID-19,


having regard to Rule 132(2) and (4) of its Rules of Procedure,

A. whereas the COVID-19 pandemic has moved from an acute to a chronic risk management phase; whereas it seems likely that the virus will stay active until an effective and safe vaccine has been found and supplied in large enough quantities to ensure proper protection in a very large part of the global population; whereas this means that we will continue to live in difficult circumstances for at least several months to come;

B. whereas the prevalence, circulation intensity and circulation duration of COVID-19 differs greatly from one Member State to another and from one region to another within the same Member State;

C. whereas several vaccines are in advanced stages of testing, but as yet no vaccine has completed the EU marketing authorisation procedure;

D. whereas the regular influenza season will most likely increase the number of people with mild symptoms who should be tested;

E. whereas the testing capacity in some Member States is still not sufficient; whereas people sometimes need to wait for days to get the results of their COVID-19 tests; whereas this greatly affects their ability to work and travel;

F. whereas some Member States are refusing to recognise COVID-19 tests that have been performed in another Member State; whereas such mistrust is greatly complicating the lives of people;

G. whereas differing approaches to the collection of data relating to COVID-19 across the EU make it difficult to compare data;

H. whereas there is still no harmonised methodology for the collection and evaluation of the number of infected people nor the harmonised methodology regarding the COVID-19 ‘semaphores’; whereas due to this lack of harmonisation, the data on infected people is often interpreted very differently across the Member States, which may lead to citizens from other Member States being unduly discriminated against;

I. whereas the EU response to the COVID-19 pandemic has so far demonstrated a lack of coordination between Member States among themselves and with the EU institutions in terms of coordination of public health measures, including restrictions on the movement of people within and across borders;

J. whereas with the recent increase of new cases of COVID-19 across the EU, Member States have yet again taken different and uncoordinated measures on free movement for people travelling from other EU countries, and in some cases have closed their borders; whereas each Member State has deployed its own national measures without coordination at EU level, including compulsory or recommended quarantine (with differing periods of quarantine being required), negative polymerase chain reaction (PCR) tests on arrival with different maximum validity periods, the use of different national traveller locator forms, the different use of criteria for defining risk areas and different requirements with regard to the use of masks;

K. whereas many Europeans have been made subject to different rules depending not only on their nationality or place of residence, but also on where they have travelled to; whereas this lack of coordination during the summer period led to disorganised controls and measures at borders, as well as within airports and train stations;

L. whereas the COVID-19 crisis has had major health impacts and, in many cases, very significant negative consequences on fundamental rights and on economic, scientific, social, tourist and cultural exchanges;

M. whereas the provision of healthcare is above all a national competence, but public health is a competence shared between the Member States and the Union;

N. whereas there is still scope for the European Union to better deliver on public health policy within the existing parameters of the Treaties; whereas public health provisions under the Treaties are still largely underutilised in terms of the commitments they could be used to fulfil; whereas Parliament’s call for the creation of a European Health Union, as expressed in its resolution of 10 July, bears reiterating in this regard;

O. whereas cross-border threats can only be addressed together and thus require cooperation and solidarity within the Union and a common European approach;

P. whereas since the start of the wider spread of COVID-19 in the EU, Parliament has been repeatedly calling on the Commission and the Member States to adopt coordinated measures on the free movement of people, goods and services within the internal
market; whereas the free movement of people, goods and services are three of the essential pillars of the four freedoms, on which the proper functioning of the internal market is based;

Q. whereas the measures taken by the Member States, including the reintroduction of internal border controls, affect the rights and freedoms of people as enshrined in Union law; whereas measures taken by the Member States or the Union should always respect fundamental rights; whereas these measures should be necessary, proportional, temporary and limited in scope;

R. whereas solidarity between Member States is not an option but a Treaty obligation and part of our European values;

S. whereas uncoordinated restrictions to the freedom of movement of people within the EU are strongly fragmenting the internal market;

T. whereas the Commission has already taken various initiatives to improve coordination, such as adopting guidelines, communications, administrative letters and a proposal for a Council recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic;

U. whereas the Council should support this recommendation and establish the necessary measures to ensure that the Member States coordinate their decisions and actions in an effort to stop or limit the spread of the virus;

V. whereas a return to a fully functional Schengen area is of the utmost importance to safeguard the principle of freedom of movement and the functioning of the internal market as two of the main achievements of European integration, and a key prerequisite for the EU’s economic recovery after the COVID-19 pandemic;

W. whereas the diverging travel restrictions have led to many citizens having their flights cancelled, for which they have still not been refunded;

X. whereas Parliament, as co-legislator and the only institution directly elected by EU citizens, must be included as an integral and essential part of all discussions on EU coordination to tackle this health crisis;

Y. whereas the Member States seem not to have learned the lessons from the beginning of the crisis; whereas there is no common European health policy, only a multitude of national policies;

Z. whereas the EU needs to plan ahead to face the possible continuation of the COVID-19 pandemic and/or other possible crises similar in nature;

I. Expresses its concern about the impacts of the COVID-19 outbreak and its long-term consequences on the well-being of people around the world, notably the most vulnerable groups and people in vulnerable situations, such as elderly people and those already suffering from poor health;
2. Expresses its concern about the increase of COVID-19 cases in several Member States since June and strongly emphasises the need for shared and coordinated health management to fight this pandemic effectively;

3. Points to the importance of reassuring citizens about the consistency of measures taken from one Member State to another, which will help to persuade citizens to adhere to these measures;

4. Recalls that freedom of movement for Union citizens is a fundamental right enshrined in the EU Treaties and the EU Charter of Fundamental Rights;

5. Underlines that this right can be restricted only for specific and limited reasons of public interest, namely the protection of public policy and public security; insists that such restrictions be applied in compliance with the Schengen Borders Code and the general principles of EU law, in particular proportionality and non-discrimination;

6. Points out that controls at internal borders are a measure of last resort and recalls that Member States should check whether other measures may be equally or better suited to achieving the same objective; urges the Member States to recognise the option of imposing minimum health checks and/or proportionate police checks as a better alternative to introducing internal border controls and to adopt only measures which are strictly necessary, coordinated and proportionate;

7. Considers it essential to keep internal EU borders open for goods and services within the EU and the European Economic Area, as the closure of internal borders could have detrimental effects on the internal market; points out that a commitment to the adoption of common measures that will rebuild trust between Member States in order to resume the free movement of goods and services within the internal market is essential;

8. Reiterates its urgent appeal to the Commission and Member States to pursue dedicated, structured and effective cooperation in this context, in order to define and anticipate the need for common measures;

9. Points out that the European Centre for Disease Prevention and Control (ECDC) continues to highlight disparities in data collection and data reporting by Member States; deplores the fact that this lack of harmonisation prevents us from having a clear and complete picture of the spread of the virus in Europe at any one time;

10. Notes that each Member State has been following the recommendations of its own scientific council with only limited coordination with the other Member States or the Commission;

11. Considers that the ECDC should be able to evaluate adequately and effectively the risk of the virus spreading and to publish a weekly updated risk map based on a common colour code, established according to the information collected and provided by the Member States;

12. Supports the colour code proposed by the Commission in its recent proposal for a
Council recommendation; considers that the categorisation suggested (green, orange, red and grey) will facilitate movement within the EU and will give citizens more transparent information;

13. Therefore urges the Council to swiftly adopt and implement the Commission’s proposal for a Council recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic; insists that such a common framework is crucial to avoid any disruption in the internal market, not least by establishing clear rules for travellers who perform essential functions, such as transport workers, providers of cross-border services such as health and elderly care, and seasonal workers;

14. Underlines that the common methodology and criteria adopted and the maps developed by the ECDC should facilitate a coordinated approach to Member States’ own decision-making processes, and ensure that any decisions taken by the Member States are consistent and well-coordinated;

15. Acknowledges the importance of cumulative incidence rates and test positivity rates in evaluating the spread of the virus, but considers that other criteria such as hospitalisation rates and intensive care unit occupancy rates should also be taken into account;

16. Calls on the Commission to promote a common methodology for collecting health data and for counting and reporting the number of deaths;

17. Urges the Member States to adopt the same definition for a positive case of COVID-19, for a death by COVID-19 and for recovery from infection;

18. Underlines that common definitions, health criteria and methodologies will allow the Member States and the Commission to conduct a common analysis of the epidemiological risk at EU level;

19. Strongly welcomes the regional approach suggested by the Commission; considers that the risk mapping of the ECDC should be done at regional level and not only at national level; calls on the Member States therefore to transmit to the ECDC data collected by regional public authorities;

20. Recalls that the ECDC has recommended that the Member States follow minimum baseline measures to avoid the spread of the virus, such as hygiene measures, physical distancing and limiting gatherings, using face masks in specific settings, teleworking arrangements, extensive testing, isolation of cases, quarantine of close contacts and protection of vulnerable populations;

21. Calls on the Member States to follow the ECDC’s abovementioned recommendations and to define a common framework of health measures that public authorities in affected areas should adopt in order to halt the spread of the pandemic;

22. Acknowledges that additional measures should be considered and shared by public
authorities if the rate of transmission increases, including interventions limiting population movement, reducing the number of contacts per person and banning mass gatherings, paying particular attention to high-risk areas;

23. Considers that such a framework would strengthen mutual trust between the Member States and between the affected areas, and avoid restrictive measures in response;

24. Points out that the economy and the day-to-day lives of people living in cross-border regions have been negatively affected by border closures and that several Member States have introduced specific exemptions and adaptions of the rules for these regions; calls on the Member States therefore to pay particular attention to the specificities of cross-border regions, where cross-border commuting is common, and to insist on the need to cooperate at local and regional level in such areas, to jointly establish health mechanisms for the coordination and exchange of information in real time and to introduce so-called green lanes for essential workers;

25. Calls for the adoption and implementation of a common testing strategy under which test results would be recognised in all Member States and adequate testing capacities would be provided to ensure that everyone who needs to take a test can do so without any disproportionate waiting times; considers that testing for travel purposes, where necessary, should preferably be carried out in the country of origin; further considers that the Member States and the Commission should draw up a list of the authorities permitted to provide a test certificate for these purposes, in order to safeguard this process from abuse;

26. Calls on the Commission and the ECDC to evaluate the possibility of using reliable, but inexpensive, 15-minute tests;

27. Recalls that most Member States have developed COVID-19 tracing apps using the same decentralised architecture; expects the interoperability of these apps to be achieved at EU level by October so as to allow for EU-wide COVID-19 tracing; encourages the Commission and the Member States to further encourage citizens’ use of these apps, and to do so in full compliance with the General Data Protection Regulation;

28. Calls on the Member States and the Commission, while considering the opinion of the ECDC, to agree on a common quarantine period with regard to essential and non-essential intra-EU travel, and essential and non-essential travel into the EU from third countries;

29. Calls on the Member States to adopt a common protocol for monitoring asymptomatic patients, measures regarding the isolation of patients who have tested positive for COVID-19 and isolation measures for the contacts of those patients;

30. Welcomes the use by citizens of passenger locator forms; considers that a harmonised version of the passenger locator information form in digital format should be used as a priority to simplify processing and that it should be provided in an analogue format to ensure access for all Europeans; calls on the Commission to develop a harmonised passenger locator form with the aim of generating trust in an EU-wide monitoring
31. Insists that the passenger locator form and its use need to be fully consistent with data protection rules, in particular integrity and confidentiality; insists that the data recorded should only be used for COVID-19 contact tracing and not for any other purpose, in line with the principle of purpose limitation; urges the Member States to update their relevant legislation accordingly;

32. Reiterates its call on the Commission from its resolution on the EU’s public health strategy post-COVID-19 to propose the creation of a European Health Response Mechanism (EHRM) to respond to all types of health crises, to strengthen operational coordination at EU level, and to monitor the constitution and the triggering of the strategic reserve of medicines and medical equipment and ensure its proper functioning; considers that the EHRM should formalise the working methods established during the COVID-19 health crisis, building on the measures provided for in the Cross-Border Healthcare Directive, the Cross-Border Health Threats Decision\textsuperscript{10} and the Union Civil Protection Mechanism;

33. Calls for the establishment of a COVID-19 task force led by the Commission in the framework of the EHRM; considers that each Member State should be represented in this task force and should designate a point of contact from their national executives; proposes that the main objective of this task force should be to regularly disseminate recommendations relayed at European and national level; considers that Parliament should have a permanent evaluation mandate to assess the work of this taskforce;

34. Recalls that giving the public clear, timely and comprehensive information is crucial to limiting the impacts of any restrictions on free movement put in place, and to ensure predictability, legal certainty and compliance by citizens;

35. Emphasises the importance of clear, accessible and understandable information about the European, national, regional and local numbers of infections, healthcare systems, measures in place and travel restrictions; stresses that this crucial information needs to be available in all official languages and in languages used by significant parts of the population to include people with a migrant background;

36. Stresses that all information must be made easily understandable for the entire population, including people with low levels of literacy, by using clear, harmonised colours and understandable symbols in public information, and stresses that this information should also be provided in analogue format in appropriate places to include people with no or limited access to the internet;

37. Calls on airline companies to refund passengers who have had their flights cancelled due to the pandemic as soon as possible and to meet their obligations as laid down in Regulation (EC) No 261/2004; asks the Commission to investigate infringements of passenger rights during this pandemic;

\textsuperscript{10}OJ L 293, 5.11.2013, p. 1.
38. Recalls that during the COVID-19 pandemic, several critical sectors, such as the food, pharmaceutical and health sectors and their supply chains, have experienced massive disruptions;

39. Underlines the need to ensure an effective, resilient and future-proof internal market in which essential products and services for citizens continue to be delivered across the EU and are available to all citizens;

40. Calls for the Commission to conduct, together with the Member States, a comprehensive and cross-sectoral analysis of the economies within the EU in order to understand the depth of the impacts felt during the COVID-19 pandemic, and to assess the extent of the disruptions to cross-border value chains; considers this to constitute an essential evidence base in order for the Commission to issue updated recommendations and determine the key policies that will act to strengthen a collective long-term recovery within the single market that will leave no one behind;

41. Reiterates that it is crucial for people’s everyday lives that essential goods such as food or medical devices or protective equipment keep being delivered across the EU at all times; calls on the Commission to come forward with a proposal for an upgraded critical infrastructure directive to ensure continued free movement of essential goods and services within the internal market in times of crisis such as a pandemic;

42. Considers that a comprehensive strategy should be developed in this respect in order to ensure the free circulation of goods at all times and to avoid unilateral restrictive measures, while taking into account public security and public health measures, and to encourage economic recovery in order to strengthen the resilience of the internal market and prepare for a new crisis;

43. Strongly supports the Commission’s call on the Member States to refrain from taking national measures banning intra-EU exports of personal protective equipment or other important medical instruments or pharmaceuticals;

44. Emphasises the importance of Member States being able to pool resources, including manufacturing capacities, to ensure that the increased demand for PPE, ventilators and other medical equipment, laboratory supplies and sanitising products, can be met within the EU, which would also help bolster the reserves of the strategic rescEU stockpile;

45. Calls on the Member States to make use of the current public procurement legislation framework in order to maximise the potential of the existing flexibility provisions for simpler, faster and more flexible procurement, and outlines the importance of the joint procurement of medicine, medical equipment and personal protective equipment in ensuring their availability in all regions, including rural areas and peripheral and outermost regions;

46. Recalls that the COVID-19 crisis has shown weaknesses in the protection of consumers due to the proliferation of scams and unsafe products, particularly online; stresses the need to address these weaknesses and to ensure that the digital single market is fair and safe for everyone through the upcoming Digital Services Act by forcing online
platforms to take appropriate action against such products;

47. Stresses that consumers need to be well informed about their rights and about the options they have when they purchase goods or services, especially in times of crisis; urges the Commission and the Member States to take action to provide reliable and adequate information in a way that is easily accessible to consumers across the Union;

48. Calls on the Member States and the Commission to fully implement the Next Generation EU measures as quickly as possible by making the necessary national procedures as simple and non-bureaucratic as possible to ensure the EU economic recovery is effective in dealing with the deepest crisis that the EU has dealt with in recent times; underlines that the COVID-19 crisis should not be used as an excuse to postpone, weaken or abolish the implementation of various product and industry standards, including those designed to promote sustainability, but that it should rather be taken as an opportunity to improve the single market in a way that promotes sustainable production and consumption;

49. Considers that a swift return to a fully functional Schengen area is of the utmost importance, and calls urgently on the Member States to discuss, together with Parliament, the Council and the Commission, a Recovery Plan for Schengen, including the ways and means to return to a fully functioning Schengen area without internal border controls and contingency plans as quickly as possible, in order to prevent temporary internal border controls from becoming semi-permanent in the medium term;

50. Recalls that temporary travel restrictions applying to all non-essential travel from third countries to the Schengen Area have been introduced; underlines that all decisions on refusal of entry at external borders need to be consistent with the provisions of the Schengen Borders Code, including the respect of fundamental rights in particular, as laid down in Article 4 thereof;

51. Invites the Commission and national authorities to proactively monitor the market during and after the crisis in order to prevent consumer harm related to the COVID-19 situation and help consumers to exercise their rights stemming from EU law;

52. Underlines that any restrictive measures imposed as a result of the COVID-19 pandemic by national authorities should be, by definition, limited in duration, as their sole justification is to tackle the pandemic; expects the Commission to carefully guard against temporary measures becoming unjustified lasting barriers to the free movement of goods, services and persons within the internal market;

53. Calls on the Commission to develop a strategy for a ‘resilient Europe’, consisting of a risk assessment map and options to address sound management and investments in healthcare systems and pandemic responses at EU level, including resilient supply chains in the EU, thereby ensuring the production of key products, such as pharmaceutical ingredients, medicines and medical equipment;

54. Instructs its President to forward this resolution to the Council and the Commission.