



TEXTS ADOPTED

P9_TA(2023)0282

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

European Parliament resolution of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI))

The European Parliament,

- having regard to its decision of 10 March 2022 setting up a special committee on the COVID-19 pandemic: lessons learned and recommendations for the future, and defining the responsibilities, numerical strength and term of office of that committee¹, adopted under Rule 207 of its Rules of Procedure,
- 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 Charter of Fundamental Rights of the European Union, in particular Articles 2, 11, 12, 16, 21, 31, 32 and 35 thereof,
- having regard to the constitution of the World Health Organization (WHO), as last amended by the 51st World Health Assembly,
- having regard to the European Pillar of Social Rights, in particular principle 16 (healthcare) and 18 (long-term care),
- having regard to the joint policy brief of the International Labour Organization (ILO) and the WHO of 28 September 2022 entitled ‘Mental health at work’ and the WHO report of 14 September 2022 entitled ‘Health and care workforce in Europe: time to act’,
- 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 its resolution of 16 February 2022 on strengthening Europe in the fight

¹ OJ C 347, 9.9.2022, p. 234.

against cancer – towards a comprehensive and coordinated strategy¹ and the work of the Special Committee on Beating Cancer (BECA),

- having regard to the Council conclusions of 7 December 2021 on strengthening the European Health Union²,
- having regard to the Commission Decision of 16 September 2021 establishing the Health Emergency Preparedness and Response Authority³,
- having regard to the report on the final outcome of the Conference on the Future of Europe of 9 May 2022,
- 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 States’,
- 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’,
- 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

¹ OJ C 342, 6.9.2022, p. 109.

² OJ C 512 I, 20.12.2021, p. 2.

³ OJ C 393 I, 29.9.2021, p. 3.

- 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 pandemic¹,
 - 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/EU²,
 - 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 devices³,
 - 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 level⁴,
 - 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/EU⁵,
 - having regard to Regulation (EU) 2022/2370 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 control⁶,
 - having regard to Directive (EU) 2022/2557 of the European Parliament and of the Council of 14 December 2022 on the resilience of critical entities and repealing Council Directive 2008/114/EC⁷,
 - having regard to the Commission proposal of 19 September 2022 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 Directive (EU) 2015/2302 of the European Parliament and of the Council of 25 November 2015 on package travel and linked travel arrangements, amending Regulation (EC) No 2006/2004 and Directive 2011/83/EU of the European Parliament and of the Council and repealing Council Directive 90/314/EEC⁸,

¹ OJ L 211, 15.6.2021, p. 1.

² OJ L 458, 22.12.2021, p. 1.

³ OJ L 20, 31.1.2022, p. 1.

⁴ OJ L 314, 6.12.2022, p. 64.

⁵ OJ L 314, 6.12.2022, p. 26.

⁶ OJ L 314, 6.12.2022, p. 1.

⁷ OJ L 333, 27.12.2022, p. 164.

⁸ OJ L 326, 11.12.2015, p. 1.

- having regard to Regulation (EC) No 261/2004 of the European Parliament and of the Council of 11 February 2004 establishing common rules on compensation and assistance to passengers in the event of denied boarding and of cancellation or long delay of flights, and repealing Regulation (EEC) No 295/91¹,
- having regard to Commission Recommendation (EU) 2020/648 of 13 May 2020 on vouchers offered to passengers and travellers as an alternative to reimbursement for cancelled package travel and transport services in the context of the COVID-19 pandemic²,
- having regard to the Commission communication of 9 December 2020 entitled ‘Sustainable and Smart Mobility Strategy – putting European transport on track for the future’ (COM(2020)0789),
- having regard to the Commission communication of 13 November 2020 entitled ‘New Consumer Agenda – Strengthening consumer resilience for sustainable recovery’ (COM(2020)0696),
- having regard to the Commission proposal of 16 September 2022 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 Guarantee³,
- 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 ILO report 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 of 8 March 2022 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 fifth UN Sustainable Development Goal (SDG) to achieve gender equality and empower all women and girls,
- having regard to the Commission communication of 24 March 2021 on the EU Strategy on the Rights of the Child (COM(2021)0142),

¹ OJ L 46, 17.2.2004, p. 1.

² OJ L 151, 14.5.2020, p. 10.

³ OJ L 223, 22.6.2021, p. 14.

- having regard to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention),
- having regard to the fourth UN SDG to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all,
- 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 (2020-2022)’,
- having regard to its resolution of 11 November 2021 on an intellectual property action plan to support the EU’s recovery and resilience¹,
- 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 18 June 2020 on additional funding for biomedical research on Myalgic Encephalomyelitis (ME/CFS)²,
- having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences³,
- having regard to its resolution of 19 June 2020 on the situation in the Schengen area following the COVID-19 outbreak⁴,
- 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 crisis⁵,
- having regard to its resolution of 10 July 2020 on the EU’s public health strategy post-

¹ OJ C 205, 20.5.2022, p. 26.

² OJ C 362, 8.9.2021, p. 2.

³ OJ C 316, 6.8.2021, p. 2.

⁴ OJ C 362, 8.9.2021, p. 77.

⁵ OJ C 362, 8.9.2021, p. 82.

COVID-19¹,

- 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’²,
- having regard to its resolution of 13 November 2020 on the impact of COVID-19 measures on democracy, the rule of law and fundamental rights³,
- having regard to its resolution of 21 October 2021 on EU transparency in the development, purchase and distribution of COVID-19 vaccines⁴,
- having regard to its resolution of 5 July 2022 towards a common European action on care⁵,
- 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 EU⁶,
- having regard to the Commission communication of 7 September 2022 on the European care strategy (COM(2022)0440),
- having regard to the Commission communication of 13 May 2020 entitled ‘Tourism and transport in 2020 and beyond’ (COM(2020)0550),
- having regard to the European Institute for Gender Equality’s ‘Gender Equality Index 2021’ of 28 October 2021,
- having regard to the European Foundation for the Improvement of Living and Working Conditions report of 20 October 2022 entitled ‘Recovery from COVID-19: The changing structure of employment in the EU’,
- having regard to the European Economic and Social Committee study of 12 January 2021 entitled ‘The response of civil society organisations to face the COVID-19 pandemic and the consequent restrictive measures adopted in Europe’,
- having regard to its resolution of 7 July 2021 on the trade-related aspects and implications of COVID-19⁷,
- having regard to the joint declaration of the European Parliament, the Council and the Commission on EU legislative priorities for 2023 and 2024⁸,
- having regard to the Commission proposal of 16 March 2023 for a regulation of the

¹ OJ C 371, 15.9.2021, p. 102.

² OJ C 385, 22.9.2021, p. 159.

³ OJ C 415, 13.10.2021, p. 36.

⁴ OJ C 184, 5.5.2022, p. 99.

⁵ OJ C 47, 7.2.2023, p. 30.

⁶ OJ C 125, 5.4.2023, p. 44.

⁷ OJ C 99, 1.3.2022, p. 10.

⁸ OJ C 491, 23.12.2022, p. 1.

European Parliament and of the Council establishing a framework for ensuring a secure and sustainable supply of critical raw materials and amending Regulations (EU) 168/2013, (EU) 2018/858, 2018/1724 and (EU) 2019/1020 (COM(2023)0160),

- having regard to the Commission proposal of 26 April 2023 for a regulation of the European Parliament and of the Council laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing rules governing the European Medicines Agency, amending Regulation (EC) No 1394/2007 and Regulation (EU) No 536/2014 and repealing Regulation (EC) No 726/2004, Regulation (EC) No 141/2000 and Regulation (EC) No 1901/2006 (COM(2023)0193),
- having regard to the Commission proposal of 18 April 2023 for a regulation of the European Parliament and of the Council laying down measures to strengthen solidarity and capacities in the Union to detect, prepare for and respond to cybersecurity threats and incidents (COM(2023)0209),
- having regard to the Commission proposal of 3 May 2022 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 its resolution of 17 September 2020 on the shortage of medicines – how to address an emerging problem¹,
- 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 workshop of 8 March 2023 entitled ‘EU crisis preparedness and response’,
- having regard to the DG IPOL workshop of 9 March 2023 on ‘Long COVID’,
- having regard to the petitions received on the COVID-19 pandemic by the Committee on Petitions and to the work carried out during the COVID-19 pandemic on related issues,

¹ OJ C 385, 22.9.2021, p. 83.

- having regard to the DG IPOL study of March 2023 entitled the ‘Social and Economic Consequences of COVID-19’,
- having regard to the European Parliamentary 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 EPRS study of February 2023 entitled ‘The European public health response to the COVID-19 pandemic: Lessons for future cross-border health threats’,
- having regard to the Commission staff working document of September 2021 entitled ‘Vulnerabilities of the global supply chains of medicines – Structured Dialogue on the security of medicines supply’,
- having regard to its resolution of 10 June 2021 on meeting the global COVID-19 challenge: effects of the waiver of the WTO TRIPS Agreement on COVID-19 vaccines, treatment, equipment and increasing production and manufacturing capacity in developing countries¹,
- having regard to the Organisation for Economic Co-operation and Development (OECD) health policy study of 17 January 2023 entitled ‘The COVID-19 Pandemic and the Future of Telemedicine’,
- having regard to UN Human Rights Council resolution of 7 July 2022 on ‘Access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’,
- having regard the Report of the United Nations High Commissioner for Human Rights of 3 January 2023 entitled ‘Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic’,
- having regard to the Siracusa Principles of 1984 on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights,
- having regard to its resolution of 9 June 2021 on the EU Biodiversity Strategy for 2030: Bringing nature back into our lives²,
- having regard to the DG IPOL in-depth analysis of December 2020 entitled ‘The link between biodiversity loss and the increasing spread of zoonotic diseases’,
- having regard to the WHO report of 29 June 2022 entitled ‘A health perspective on the role of the environment in One Health’,
- having regard to the European Union Agency for Fundamental Rights bulletins entitled ‘Coronavirus pandemic in the EU – Fundamental Rights Implications’, in particular

¹ OJ C 67, 8.2.2022, p. 64.

² OJ C 67, 8.2.2022, p. 25.

bulletin 1 of 8 April 2020, bulletin 2 of 28 May 2020 with a focus on contact-tracing apps, bulletin 3 of 30 June 2020 with a focus on older people, bulletin 4 of 30 July 2020, bulletin 5 of 29 September 2020 on the impact on Roma and Travellers, bulletin 6 of 30 November 2020 and bulletin 7 of 16 June 2021 on vaccine rollout and equality of access in the EU,

- having regard to the European Union Agency for Fundamental Rights Fundamental Rights Reports of 2021 and 2022,
- having regard to the findings of European Ombudsman in case 1316/2021/MIG¹ and in joint cases 85/2021/MIG and 86/2021/MIG²,
- 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 Rules 54 and 207 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 (A9-0217/2023),

Introduction and overview

1. Acknowledges that the COVID-19 has cost the lives of millions of people and has horizontally affected all levels and aspects of society, causing immense damage both in Europe and globally;
2. Underlines that the EU, as well as the rest of the world, was not sufficiently prepared to cope with a crisis of this dimension or its shock waves, which have affected societies and economies worldwide, including the provision of continuous education services in the event of confinement;
3. Stresses that the impact of the COVID-19 pandemic caused the most challenging socioeconomic crisis that Europe has had to face since the Second World War; underlines the need for a coordinated response to support businesses, self-employed people, workers, persons outside of the labour market/force and especially vulnerable and poor persons;
4. Recognises that many healthcare professionals, essential workers and volunteers sacrificed their lives and health to protect the European population during the pandemic;
5. Acknowledges and appreciates the collective efforts and expertise demonstrated by healthcare professionals and researchers, which have been decisive in overcoming the COVID-19 pandemic;
6. Considers that, despite shortcomings and gaps in health promotion, disease 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 a diverse portfolio of vaccines across the European continent and globally;

¹ <https://www.ombudsman.europa.eu/en/decision/en/158295>.

² <https://www.ombudsman.europa.eu/en/decision/en/141706>.

7. Notes that the COVID-19 pandemic demonstrated a clear need to create effective governance structures and develop European policies for upstream prevention measures to reduce the risk of pathogen emergence; highlights, in this regard, that anthropogenic changes to the environment are facilitating the acceleration of the spread of animal pathogens to human populations;
8. Regrets that some Member States, instead of adopting a European approach on measures and health approaches, did not show enough solidarity with those countries that were initially affected by the virus and that there was no immediate coordinated European approach on measures and health approaches;
9. Highlights the excellent behaviour of EU citizens in the fight against the pandemic and emphasises that the cooperation of citizens with public authorities, through their commitment to the difficult adopted measures and to the lockdowns resulting from the pandemic, were indispensable to limiting the spread of COVID-19; recognises that, without this cooperation, the consequences of the pandemic would have been much worse;
10. Highlights that the four freedoms are fundamental building blocks of the European project; deplores, therefore, the initial lack of cooperation and coordination among Member States concerning the free movement of essential goods, including personal protective equipment (PPE) and medical equipment, as well as delivery failures across the single market during the initial months of the COVID-19 pandemic;
11. Acknowledges that unhealthy lifestyles and environmental pollution are two pertinent factors in the insurgence of chronic diseases; highlights that patients with pre-existing chronic conditions had more severe COVID-19 outcomes;
12. Notes that the COVID-19 pandemic should be seen as an opportunity to speed up transformations for the digital and green transitions, including a significant uptake of digital health technologies, and that it serves as a stark reminder to prioritise the resilience and quality of our public healthcare systems to pay deeper attention to both physical and mental health across the EU; stresses that digitalisation contributed to ensuring the exercise of fundamental rights during the COVID-19 pandemic and enabled certain health and educational activities to carry on, including the digital COVID certificate, which enabled the freedom of movement;
13. Highlights that the pandemic exacerbated existing structural issues in the organisation of the public health and care systems of the Member States, in particular insufficient funding for the sector all across the EU, the fragility of primary care services, a lack of appropriate surveillance monitoring and reporting programmes, workforce shortages, governance issues and shortages of medicinal products and medical equipment, while also leading to ‘burnout’¹ among healthcare workers;
14. Underlines that the pandemic also increased global inequities in production, supply and access to life-saving medical products and health technologies;
15. Affirms the importance of surveillance, monitoring, prevention, preparedness,

¹ A state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress.

transparency and resilience in the face of outbreaks and health emergencies, particularly in terms of healthcare systems, supplies and services, in increasing open strategic autonomy and global diversification of development, production, distribution and supply in key areas such as critical and essential medicines; underlines the need to support the creation of local production capacities and to develop and strengthen existing capacities;

16. Highlights the need to improve overall resilience in times of health crises by creating incentives to invest and develop production lines in the EU for medicines, vaccines and other medical equipment, as well as raw materials and active pharmaceutical ingredients (APIs);
17. Is concerned about the negative impact of the COVID-19 crisis on the European labour market, about unprecedented job losses, especially in the cultural and creative sector, and about the associated rise in poverty and divergences in living standards, which will especially affect young people, women and workers in low-skilled positions, in the informal economy and in precarious employment;
18. Highlights that, in 2020, the world was unprepared to cope with the impact of the COVID-19 pandemic and that Europe had to face its most challenging socioeconomic crisis since the Second World War;
19. Underlines the impact of the pandemic on society and the economy; recalls that the economic impact of the pandemic concerned, inter alia, the transport of passengers and goods and the availability of basic products, such as foodstuffs, and various raw materials, the lack of which led to the shutdown of services;
20. Stresses the need for a coordinated response to support workers, families, self-employed people, businesses, particularly small and medium-size enterprises (SMEs), poor people and vulnerable groups, using relevant measures for each group; recalls that the crisis impacted different segments of society in different ways, amplifying social and economic disparities; recalls, therefore, that support should be prioritised for socially disadvantaged groups and those mostly affected by the crisis;
21. Stresses that, while the focus was solely on preserving hospital capacity, care homes suffered from a lack of protective equipment, material, staff and expertise to fight the pandemic, resulting in excessive mortality rates among the elderly;
22. Recognises that the pandemic has confirmed the crucial role of the social economy and social-economy entities in supporting our economic systems overall, as well as of health preparedness and response capacities, particularly when it comes to reaching and assisting young people, the elderly and vulnerable populations;
23. Notes with regret that the COVID-19 pandemic has disproportionately affected the mental well-being of those facing financial uncertainty, with particularly negative consequences for women and members of vulnerable populations, including ethnic minorities, the LGBTQIA+ community, the elderly, persons with disabilities and young people;
24. Stresses that the COVID-19 pandemic and its consequences have affected women and men differently and have highlighted existing inequalities and shortcomings with regard

to gender equality and women's rights;

25. Acknowledges that the COVID-19 pandemic caused an unprecedented disruption to global education owing to widespread school closures, school dropouts and unprecedented learning loss, all of which have severe educational and social consequences, including for the mental health and nutrition of children and young people, and enhance the risk for increased violence and abuses; highlights that according to the WHO, the COVID-19 pandemic triggered a 25 % increase in the prevalence of anxiety and depression worldwide;
26. Highlights that the pandemic has increased inequalities between countries and within countries, that life expectancy in Europe temporarily dropped following the outbreak of the COVID-19 pandemic and that healthcare and social welfare systems were put under stress across the EU;
27. 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;
28. Emphasises the importance of learning lessons and being better prepared for future health and other crises and stresses that a high level of human health protection must be ensured in the design, definition and implementation of all Union policies, legislation, funding and activities; stresses that we are still assessing the effects of COVID-19 on health and health systems and services, in particular regarding long COVID;
29. Recalls that 65 million people worldwide and, according to the WHO, at least 17 million people in Europe suffer from post-acute sequelae caused by SARS-CoV-2 (PASC), while similar post-acute infection syndromes (PAIS) have also been observed as a result of other diseases; highlights that all PAIS including PASC have symptom clusters in common, in particular that they can lead to ME/CFS, while in some patients the same symptoms occur after vaccination (Post Vac);
30. Notes that patients suffer from systemic multi-organ impairment conditions that are often misdiagnosed as psychosomatic and that post-exertional malaise is a key symptom of ME/CFS, but has also been observed in a number of PASC patients, which is why pacing needs to be respected; points out that patients urgently need diagnoses and treatment, which is why targeted research funding of translational and clinical research and ensuing pivotal studies are needed; recalls that women suffer significantly more often from PASC and that all age groups, including children and adolescents, are affected; recalls that PAIS is also a threat to the economy, as prolonged illness prevents people from returning to the labour market and increases their risk of economic hardship; points out, in the light of future pandemics, that a PAIS strategy is needed that comprehensively addresses the threat of chronic disease after an infection;
31. Highlights that autoimmune diseases in general are poorly understood¹ and that PAIS

¹ Bender, M. et al., 'The Terrible Toll of 76 Autoimmune Diseases', *Scientific American*, Vol. 325, No 3, 2021, pp. 31-33.

are largely ignored as well¹; notes that the DNA aptamer drug BC 007 is addressing autoimmunity and has been successful in healing long COVID in a small study at University Hospital Erlangen and that BC 007 has a high affinity to G-protein-coupled receptor binding autoantibodies with the effect of neutralising these autoantibodies²; recalls that financing for the phase II(b) clinical trial is lacking;

32. Emphasises that scientific research and innovation – among other things – allowed the development and roll-out of COVID-19 vaccines in record time, therefore saving millions of lives worldwide;
33. Observes that it is essential for the Union to carry out anticipative research on potential current and future threats, such as chemical, biological, radiological and nuclear risks, which require extensive preparation;
34. Affirms that the COVID-19 pandemic has also been defeated thanks to innovation, the science that made vaccines available and the enormous collective intelligence demonstrated by health professionals across the EU;
35. Stresses that a united and coordinated European health policy could be one factor in contributing to tackling the spread of false health information;
36. Stresses that, in the absence of a united and coordinated European health policy, too much space has been left open to numerous non-scientific actors who have fed the media with dangerous, false information;
37. Stresses that Europe can only pull through future health threats if the Member States stand together in solidarity, take responsibility and make use of the available single market instruments to better coordinate both pandemic preparedness and management, and deliver the needed added value to EU governments and their citizens;
38. Underlines, in this regard, the need for better EU practices on transparency and democratic accountability in relation to crises countermeasures in order to strengthen citizens' support and trust;
39. Recalls that future public health threats will mostly be transnational by nature and that, therefore, an analysis of the division of relevant competences under the Treaties in force is needed, as are possible reforms to better protect EU citizens and societies;
40. Underlines the importance of decision-making based on scientific evidence and of consistent, adapted and coordinated communication taking account of the different levels of health literacy that citizens and businesses have from all the stakeholders involved, including the EU institutions, the Member States' public authorities, the scientific community, the private sector and civil society organisations, such as representatives of health professional and patients organisations; stresses the need for the EU governance to ensure that all relevant stakeholders are consulted and supports

¹ Choutka, J. et al., 'Unexplained post-acute infection syndromes', *Nature Medicine*, Vol. 28, 2022, pp. 911-923. Root, T., 'Can long Covid research unlock other great medical mysteries of our time?', *The Guardian*, 2022.

² Hohberger, B. et al. 'Case Report: Neutralization of Autoantibodies Targeting G-Protein-Coupled Receptors Improves Capillary Impairment and Fatigue Symptoms After COVID-19 Infection', *Frontiers in Medicine*, Vol. 8, 2021.

the establishment of advisory committees at EU and national levels to help the decision-making process for each policy; underlines the need for different communication tools that take account of the different levels of health literacy that citizens and businesses have;

41. Notes with concern the lack of preconditions attached to public investments in the COVID-19 vaccines, as well as medicine development that could have facilitated greater public returns on public investments;
42. 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, especially in fields that cannot be covered by the Member States alone, while respecting Member State competences in this area, in line with the recommendations on health put forward by citizens in the report on the final outcome of the Conference on the Future of Europe; stresses that the future European Health Union must prepare the EU and the Member States to better prevent and combat future health crises and improve the resilience of European health systems; underlines, in this respect, the need to continuously evaluate the EU's preparedness for cross-border threats;
43. Underlines that the protection of people's health and lives must be a priority in any public-policy decision; recognises that the majority of the actions taken during the pandemic were meant to safeguard the right to health and life, but that some actions nevertheless had a negative impact on other fundamental rights;
44. Highlights that fundamental rights are constitutionally protected rights at all times, even under emergency conditions; highlights that, because the crisis was unprecedented and life-threatening, governments had to take swift action with very little preparation;
45. Calls for civil society to be involved in supporting public authorities during times of crisis, where appropriate, in particular associations and networks that specialise in fundamental rights to better adapt policymaking to respect people's rights;
46. Notes that the law-making and scrutiny roles of national parliaments were undermined in some Member States, including through the delegation of legislative powers to the executive and the implementation of emergency and fast-track legislative procedures, and that these decisions must be appropriately reviewed to ensure that they abide by democratic standards;
47. 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 the prevention of, preparedness for and response to future health threats;
48. Emphasises the need for more global diversity in the production and supply of health products and pandemic countermeasures to prevent and alleviate the scarcity of supply and global inequities in access to these products;
49. Welcomes the EU's ambition to help foster health sovereignty in Africa and to support vaccine manufacturing in Africa and Latin America; urges the Commission and the Member States to fulfil these ambitions by ensuring full technological transfer to local

producers and by establishing mechanisms and funding for their long-term financial sustainability;

50. Notes with concern that, while COVAX aimed to procure and deliver 2 billion doses in 2021, less than 1 billion doses were delivered by the end of that year, with over 40 % of them being donated doses;
51. Notes with concern that the Access to COVID-19 Tools Accelerator delivered only 150 million COVID-19 tests between 2020 and 2022, or 3 % of the 4,8 billion tests required to meet its target of 100 tests per 100 000 persons per day;

1. Health

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

(i) EU PREVENTION OF, PREPAREDNESS FOR AND RESPONSE TO CROSS-BORDER HEALTH THREATS

52. Believes that health promotion and prevention of, preparedness for and response to existing and future cross-border public health threats must constitute the foundations of the European Health Union, with a view to reinforcing the resilience, quality and equal access to healthcare systems in the EU for everyone, as well as for low- and middle-income countries outside of the EU and countries in the Global South, and to being better prepared in the event of a new pandemic or other large-scale health crisis;
53. Recalls that providing adequate investments in public health systems and services at national and regional levels, including sustainable financing of national immunisation policies, and ensuring equal access to those services, improving integration and coordination of shared challenges in healthcare, and establishing joint vaccine and treatment procurement schemes to ensure a fair distribution thereof must be a priority in order to achieve those objectives;
54. Notes that one of the main hypotheses supported by the scientific community on the origin of the COVID-19 pandemic is that the virus emerged as a zoonotic spill over; recognises that the single most effective and cost-effective way to prevent pandemics of zoonotic origin is to avoid, where possible, pathogen spill overs to humans, wildlife and other animals in the first place; recommends, therefore, that the One Health approach be implemented through public policies, legislation and research, with the engagement of multiple sectors¹;
55. Deplores the fact that most Member States have cut public health spending in recent decades; underlines that those financial cuts were instrumental in public health authorities' failure to detect COVID-19 in its earlier stages, which resulted in them being unable to later face the pandemic with appropriate tools and resources when most needed;
56. Calls on the Member States to invest more in primary healthcare and the integration of socio-health aspects, including by making full use of the EU4Health programme, while

¹ Sachs, J. D. et al., 'The *Lancet* Commission on lessons for the future from the COVID-19 pandemic', *The Lancet*, Vol. 400, 2022, pp. 1224-80.

addressing the challenges related to this fund, in order to increase capacity and flexibility in public healthcare services;

57. Calls for the organisation of healthcare services to be optimised to prevent excessive pressure on hospitals or emergency services, in particular in times of crisis;
58. Urges the Member States to develop a public health crisis management plan and suggests making use of financial instruments, such as the Recovery and Resilience Facility (RRF) or the Cohesion Fund, and investing in a preventive approach to health, the healthcare workforce and education;
59. Recalls the difficulty in accessing diagnostic tests – such as polymerase chain reaction (PCR) tests – during the first waves of the pandemic, which prevented verification of the existence of the infection, forcing people’s isolation periods to be prolonged after contact with people who had tested positive or exhibited symptoms;
60. Calls for measures, such as the use of state-of-the-art testing and screening technologies for early diagnosis, to be considered, as they would increase relevant knowledge in different sectors of healthcare systems;
61. Welcomes the upcoming creation of a European network of reference laboratories to support national reference laboratories, promote good practices and encourage voluntary alignment by the Member States on diagnostics, testing methods and disease surveillance, notification and reporting;
62. Urges the Commission and the Council to propose recommendations on national screening schemes and programmes accessible to all patients;
63. Highlights the need to provide primary care professionals with more resources and calls on the Member States to implement the lifelong learning schemes as required by relevant EU legislation in order to ensure that their skills remain relevant and are able to effectively respond to public health crises; calls for the EU and its Member States to adequately finance primary care and to make it accessible to everyone;
64. Welcomes the fact that the Commission established scientific advice resources early on, such as the scientific advice platform for COVID-19, in cooperation with experts from the Member States, who helped to inform policymaking in a coordinated manner; underlines the importance of multidisciplinary scientific advice for good policymaking;
65. Recalls that Regulation (EU) 2022/2371 on serious cross-border threats to health states that Member States should provide the Commission with an update on the latest situation with regard to prevention, preparedness and response planning and implementation at national level; calls on the Member States to urgently carry out stress tests on their healthcare systems to identify weaknesses and verify that they are prepared for a possible resurgence of COVID-19, as well as any future health crisis;
66. Emphasises that the Member States and the EU institutions should mobilise scientific expertise in crisis situations and beyond in a coordinated and multidisciplinary manner, through established or legally provided for channels and structures, depending on the nature of the identified threat, or measure to be prepared, and that the corresponding assessment prepared by experts should be developed using a fully transparent process and based on principles of excellence, independence, impartiality and transparency;

67. Emphasises that experts consulted in this context should not have any financial or other interests that might be considered prejudicial to their independence, and that they should make a declaration of their financial and other interests, updating it annually and whenever necessary in line with the procedures provided for at Member State or EU level; considers that experts should also disclose any facts of which they become aware during their involvement in such procedures that might reasonably be expected to involve or give rise to a conflict of interest;
68. Calls on the Commission to conduct a pilot study on leveraging public investments in health research and development in the EU, to ensure better access to affordable medical products, and to create a dynamic and well-funded research ecosystem;
- (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)
69. Acknowledges the adoption of Regulation (EU) 2022/2371 on serious cross-border threats to health, Regulation (EU) 2022/123 on the EMA's extended mandate, Regulation (EU) 2022/2370 reinforcing the ECDC's mandate¹ and the creation of HERA as examples of important EU instruments that will enable the EU to become more resilient and effective, as we move towards a more sustainable and one-health-oriented approach to preventing, preparing for and managing any future health emergency;
70. Calls for greater coordination among the EMA, HERA, the ECDC and national competent authorities, in cooperation with industry, to enable manufacturing to be scaled up during health emergencies;
71. Encourages taking stock of the coordination among Member States and the relevant Union agencies or bodies, research infrastructures and the WHO, in accordance with international health regulations; calls for the EU to be given an enhanced ability to coordinate and develop homogenous strategies on these matters by fully utilising the current competences provided for by the Treaties and to explore possible reforms in the interest of citizens;
72. Recognises the creation of HERA as a much-needed body to improve the EU's preparedness for health emergencies, by ensuring the availability of and equal access to medical countermeasures and by contributing to preventing, preparing for, detecting, and rapidly responding to health emergencies; underlines, nevertheless, that, in order to fulfil its mandate and reach its objectives, HERA should become an independent EU agency with sufficient funding; considers that, if HERA is upgraded to a stand-alone agency, it would increase the level of transparency and democratic scrutiny;
73. Believes that HERA could help anticipate, incentivise and co-develop rapid, equal and sustainable access to medical products during and beyond crisis times; emphasises that cross-border health threats require an international response and that HERA, along with

¹ Regulation (EU) 2022/2370 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 control (OJ L 314, 6.12.2022, p. 1).

other Commission directorates, should therefore be equipped with the necessary legal and financial tools to ensure technological transfer, including to producers in low- and middle-income countries;

74. Deeply regrets the use of Article 122 TFEU for the establishment of HERA, and that Parliament was excluded from the creation of this important part of the European Health Union;
75. Stresses that Parliament should have scrutiny powers over and the ability to monitor HERA, thus contributing to accountability and transparency; reiterates the need to invite Parliament as an observer to the health crisis board to be established under Council Regulation (EU) 2022/2372;
76. Recalls that, by 31 December 2024, the Commission must carry out an evaluation to review the implementation of Regulation (EU) 2022/2371 on serious cross-border health threats by HERA, as well as an assessment of the need to establish HERA as a distinct entity;
77. Looks forward to the establishment of a memorandum of understanding among the Directorate-General for Health and Food Safety, HERA and other Union agencies and bodies, and to their review or assessment, as soon as HERA becomes a full-fledged agency;
78. Stresses the importance of keeping additional vaccine and medicine manufacturing capacities available in Europe and welcomes the Commission proposal for 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 health crises and essential medicines shortages, as a response to the need for the EU to strengthen its industrial upstream and downstream production activities concerning diversified vaccine and vaccine technology production for APIs, medicines, vaccines, medical products and other therapeutic solutions in all phases of the process;
79. Stresses that in its resolution on the shortage of medicines¹, Parliament called on the Commission and the Member States to assess the possibility of creating one or more European non-profit pharmaceutical undertakings that would operate in the public interest to manufacture medicinal products in the absence of existing industrial production in order to guarantee security of supply and prevent possible shortages of medicines in the event of an emergency;
80. Calls on the Commission, in collaboration with Parliament, to play a focal role in the cooperation among all relevant actors, in identifying medical needs and in setting research priorities; believes that these partnerships are instrumental in accelerating responses to pandemics and health threats, while maintaining a secure capacity; underlines that partnerships with the private sector should be steered and aligned with the public interest and that public returns on public support for research and development (R&D) should be ensured;
81. Notes that the unprecedented, urgent demand for medicines and medical

¹ European Parliament resolution of 17 September 2020 entitled ‘Shortage of medicines – how to address an emerging problem’.

countermeasures during the COVID-19 pandemic tested the resources of the EMA and national competent authorities and necessitated resorting to ad hoc measures;

82. Acknowledges the pivotal role of the EMA in implementing measures to enable flexible and fast regulatory processes, while ensuring the safety and efficacy of vaccines and medical products, as well as its pharmacovigilance work, rapid delivery of scientific advice, rolling review and conditional marketing authorisation; highlights the potential and added value that this approach provided during the pandemic, including the rolling review;
83. Calls on the Commission and the Member States to explore applying a similar approach beyond pandemic situations and for the greater harmonisation of regulatory procedures, including accelerated approval times and reduced costs, while ensuring patient safety; emphasises that these medical products will ultimately need to go through full marketing authorisation to maintain safety and efficacy safeguards;
84. Recommends that the EMA's decisions on the approval of vaccines and medical products be made directly applicable in the Member States, in the event of a crisis;
85. Considers that having all regulatory agencies well staffed is a pre-requisite to allow for speed and flexibility and calls on the Commission and the Member States to invest more in the resources of the EMA and national medicine agencies in order to increase their capacity;
86. Recommends that, within the course of its activities, HERA implement strong stakeholder involvement mechanisms, similar to those established by the EMA, in order to ensure that future pandemic contingency plans are well scrutinised and that unforeseen impacts for other disease conditions are avoided wherever possible;
87. Calls for greater European coordination for timely epidemiological forecasting and surveillance led by the ECDC, in cooperation with the EMA, HERA and the Member States, and for studies to be carried out on the use of existing medicines on new diseases, improving the EU's overall preparedness capacity;
88. 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, developers of medicinal products and medical devices and academics, as well as coordination with other EU agencies;
89. Observes that the Commission granted conditional market authorisation to vaccines for COVID-19, after receiving the EMA's recommendation and its consultation with the EU Member States, on the basis of the fact that the benefits of the vaccines far outweighed their potential risks, and with mandatory, rigid post-approval safeguards and controls; recalls that the prompt availability of vaccines on the market, complemented by the use of conditional marketing authorisation, contributed to a remarkable reduction in deaths and hospitalisations in the EU, as well as overall protection from the most severe effects of COVID-19;
90. Underlines that conditional market authorisation is an appropriate tool to accelerate vaccine authorisation in a public health emergency such as the COVID-19 pandemic;

recalls that conditional authorisation should be limited in time and that companies should apply for regular authorisations;

91. Calls on the Commission, the EMA and the competent authorities to capitalise on all the pragmatic efforts made during the COVID-19 crisis, in particular as regards regulatory flexibility, with a view to effectively tackling medicine shortages, including in emergency situations; supports the use of this procedure for medicinal products of major therapeutic interest in crisis times and beyond, where appropriate;
92. Notes that the Member States and the EU institutions did not detect the seriousness of the emerging COVID-19 pandemic in a timely manner, and that the delay in communication and slow reaction led to the spread of the disease to become a pandemic;
93. Considers that this was the result of, inter alia, a lack of data sharing by Chinese authorities, a lack of timely data sharing by the Member States and a lack of adequate funding and resources for public health surveillance, pandemic preparedness and epidemiology;
94. Calls for further clarity regarding the distribution of responsibilities between the ECDC and HERA in regard to pandemic surveillance to avoid overlapping competences;
95. Supports the ECDC's extended mandate, as it provides greater resources and additional areas of competence to enable better monitoring of diseases in the EU, to improve European prevention, preparedness and response and to monitor the impact of communicable diseases on major non-communicable diseases;

(III) EU STRATEGIES ON VACCINES AND THERAPEUTICS

96. Reaffirms that the EU vaccination strategy has been a success and that the primary goal and achievement of the current generation of SARS-CoV-2 vaccines is to avoid serious disease, death and morbidity; recognises that vaccines authorised by EMA are effective in this regard, as demonstrated by the COVID-19 vaccination process; underlines that timely vaccinations have saved approximately 250 000 lives¹ and averted cases of long COVID in the EU;
97. Recalls the importance of health literacy and health education in preventing, preparing for and responding to health threats and that it contributes to the population's better understanding of the countermeasures for and risk assessment of different threats; underlines that health education campaigns based on the latest scientific evidence could help improve population behaviour in this regard, and should take into account people who are experiencing exclusion and the needs of people with learning disabilities; stresses that all efforts to increase health literacy, including digital literacy, should take into account people who are experiencing exclusion and the needs of people with learning disabilities; underlines that inequalities in knowledge of, access to and use of IT technologies, as well as regional, national, social and economic discrepancies, should be taken into account;
98. Considers that the speed at which researchers developed effective vaccine protection

¹ OECD/EU, 'Health at a Glance: Europe 2022: State of Health in the EU Cycle', OECD Publishing, Paris, 2022, p. 14.

was unprecedented and that the EU demonstrated leadership in the global response to the COVID-19 pandemic;

99. Emphasises that the development and deployment of a diverse portfolio of COVID-19 vaccines made up of multiple platforms to address varying virus variants and better patient outcomes constituted a game changer in the pandemic, enabling the best choice for each patient and increasing public confidence in vaccination, and underpinned the important role of vaccine research and development incentivised by public subsidies;
100. Underlines that the fast response was the result of decades of public investments in and findings from infectious disease research, such as HIV and tuberculosis, and the capacity to scale up production; recommends attaching better conditions to public funding for the future, regarding transparency standards on the use of public funds, know-how transfers and affordability;
101. Stresses that the revision of EU pharmaceutical legislation should ensure that Europe remains an attractive destination for investments in research and innovation and should create a business environment where the pharma industry works in the interest of patients and citizens; reaffirms its conviction that this efficiency could have already been improved if the Union were less dependent on certain essential pharmaceutical and medical products;
102. Acknowledges the key role played by testing in containing the spread of the virus; reiterates the need to stockpile equipment and reagents for tests and swabs; believes that it is important to invest in innovative techniques for detecting SARS-CoV2 and other viruses;
103. Welcomes the EU strategy on COVID-19 therapeutics; emphasises that therapeutics are complementary to vaccines and are particularly beneficial for the protection of immunocompromised people and other groups subject to lower vaccine efficacy;
104. Stresses the importance of continued monitoring and assessment of COVID-19 vaccines by the EMA and the Member States, including tracking potential side effects; encourages creating easy ways to report side effects and regularly publishing information on monitoring results;
105. 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 better coordinate and deliver the needed added value to EU governments and their citizens, through a better collaboration with the outermost regions (ORs) and overseas countries and territories (OCTs) often exposed to specific diseases and zoonoses, whose knowledge is likely to advance research;
106. Stresses the need for a comprehensive overview on the development of COVID-19 in different parts of the world, such as ORs, to better identify and address the differences owing to tropical climates; recognises the importance of considering experiences and knowledge from ORs in terms of infectious diseases and zoonosis; highlights the need for a network of experts in the ORs and OCTs for better anticipation and medical knowledge in all environments;
107. Stresses that the outermost regions have been more affected economically by successive

confinements, in particular because of their geographical remoteness and their heavy dependence on deliveries of basic necessities; adds that the closure of ports and limits on freight have had a particularly negative impact on all of these territories, leading to a very significant rise in the cost of living; recommends that a minimum service be introduced in the future to ensure the supply of raw materials and essential consumer goods to these territories, in accordance with Article 349 TFEU;

108. Insists on the need for enhanced cooperation with experts from the ORs and OCTs on the management and treatment of tropical diseases, such as dengue, chikungunya and zika, which create collateral damage on top of COVID-19;
109. 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; recognises vaccination as a key pillar of resilient health systems, societal well-being and a healthy economy;
110. Underlines the importance of addressing communicable diseases as a cross-border threat to public health, requiring common objectives and minimum standards for vaccination campaigns, in order to overcome the major disparities in vaccination coverage between and within Member States and to reduce vaccination hesitancy;
111. Notes with concern the transfer of financial risks related to liability for serious adverse effects of COVID-19 vaccines to the Member States and the risk of this becoming a standard practice; emphasises that, for pandemics and publicly procured vaccines, the standard rules for liability for medicines should be upheld; urges the Commission and HERA to ensure that product liability remains with manufacturers;
112. Calls on the Commission to consider common European vaccination schedules for transmissible infections, if necessary; recommends sustainable financing for national immunisation policies to ensure equitable access to vaccination services; recognises the need to develop policy actions to protect immunocompromised populations;
113. Acknowledges that the decline in vaccine confidence is a worrying trend in many European countries; calls on the Commission and the EU Member States to address vaccine hesitancy and tackle misinformation by promoting public information and education through a clear, transparent communication plan, leveraging digital technologies;
114. Regrets that the Union did not accompany the implementation of the vaccination campaign with a strong awareness-raising campaign on the benefits of vaccination; calls for the Union to counter misinformation and foreign interference in the EU's vaccine strategy more effectively;
115. Underlines that COVID-19 vaccines have prevented millions of deaths¹ and severe clinical disease; calls for the EU and its Member States to transparently communicate adverse reactions; believes that full transparency, fairness and solidarity would build trust in vaccination;

¹ Sachs, J. D. et al., 'The *Lancet* Commission on lessons for the future from the COVID-19 pandemic', *The Lancet*, Vol. 400, 2022, pp. 1224-80.

(IV) RESILIENCE, ACCESSIBILITY AND SUSTAINABILITY OF NATIONAL HEALTH SYSTEMS

116. Notes that, at the beginning of the pandemic, many Member States' health systems and services were unprepared to cope with the magnitude of such a crisis; points out that budget cuts to public healthcare systems, in particular equipment, personnel and facilities, were one of the key causes of Member States not being adequately prepared for the COVID-19 pandemic; highlights the need to promote resilience and sustainability in national health systems by investing in public health;
117. Underlines that, although the impact of the pandemic was different in each Member State, they faced common obstacles, inter alia, in national coordination, cooperation with experts, research funding, data exchanges and cooperation and solidarity within Member States; highlights, moreover, that common challenges involved a sudden increase in demand for healthcare services, bed shortages in intensive care units (ICUs), staff shortages, a lack of preparedness plans, unclear governance structures, insufficient strategic stocks of personal protective equipment, inadequate infection prevention and control plans in healthcare settings, general distress while providing citizens with appropriate healthcare services and difficulties in effectively communicating with the public; underlines that establishing and updating surveillance, monitoring and preparedness plans and determining clear governance structures for emergency situations at both EU and national level should be a priority; underlines the need for resilient hospitals and healthcare centres that are capable of being rapidly and efficiently converted to facilities to help during epidemic emergencies, while avoiding disruptions to regular healthcare services; highlights the role that the growing health workforce shortage crisis, including 'brain drain', plays in this context and underlines that this trend is undermining the ability of certain Member States to deliver adequate public healthcare services; urges the Commission and the Member States therefore to take concrete action to address this crisis in the near, medium and long term;
118. Welcomes the solidarity actions taken by private companies to make up for the lack of personal protective equipment, medical equipment and alcohol necessary for hygiene products and to accelerate their production; emphasises the importance of developing a priority list detailing essential equipment and supplies to be stored, of ensuring adequate patient care and of minimising infection risks for healthcare personnel;
119. Highlights the valuable role of community pharmacies and recognises the extraordinary work and efforts of pharmacists during the first months of the pandemic, as they served on the front lines to provide support to citizens in very difficult conditions and, on many occasions, without access to protective equipment; calls for greater recognition of pharmacies in rural areas as essential services, as they enable such areas to retain their populations and ensure the availability of medicines; suggests that pharmacists could play a more active role in epidemiology surveillance to contribute to monitoring the insurgence of communicable diseases (CDs) and non-communicable diseases (NCDs); urges the Commission to include the pharmacy sector in EU public health initiatives, and Member States to include them in their health, care and research programmes, as it proved to be a key sector in facing the pandemic, as it offered patient testing, vaccination and first-contact advice;

(V) EFFECTIVENESS OF GATHERING AND SHARING DATA, DEVELOPING DIGITAL HEALTH AND DIGITALISING HEALTH SYSTEMS (INCLUDING TRANSPARENCY OF CLINICAL DATA), EU HEALTH DATA SPACE

120. Notes that surveillance services were not fit for purpose and exposed the need to set up dedicated systems for the new SARS-CoV-2 pathogen; welcomes, in this regard, the extended mandate of the ECDC, which should improve the monitoring of diseases in the EU;
121. Welcomes the Commission proposal for a regulation on the European Health Data Space, as the EU lacked an effective mechanism for data collection and exchanges, as well as epidemiological reporting, during the pandemic; notes that SARS-CoV-2 continues to pose a significant public health threat and highlights the need for ongoing surveillance and data collection and exchanges, including through the establishment of alert systems for upcoming pandemics in EU Member States;
122. Believes that the EU needs further regulatory simplification where appropriate, the coordination and acceleration of clinical trials at EU level and the digitalisation of health systems, while fully respecting safety and efficacy clauses, and in line with the public interest and returns;
123. Emphasises the urgency of speeding up the digitalisation of healthcare systems across the EU and of ensuring the participation of all relevant stakeholders in the process, especially that of patients and healthcare professionals; recognises that this digital transformation must be reflected in clinical practice and must include a bottom-up implementation model, with the involvement of healthcare professionals across the EU;
124. Underlines the importance of statistical data in medical research, with a particular emphasis on the need for sex and gender disaggregation, interoperable information systems and compliance with the European data protection framework; acknowledges the potential of sharing clinical trial data to transform public health and healthcare systems, while safeguarding privacy and protecting the rights of citizens and healthcare professionals; highlights, in this context, the importance of interoperable information systems; highlights the European Health Data Space as a key initiative in this field;
125. Calls for collaboration on building infrastructure for multicentre clinical trials and for improved coordination at EU level, including reporting results and making data available to fellow researchers, in line with EU legislation; recalls World Health Assembly Resolution 72.8¹, which calls for the enhanced dissemination of and access to costs from clinical trials; underlines, moreover, the important role of comparative clinical trials in optimising health outcomes by comparing approved interventions; calls therefore on the Commission and the EMA to take steps in both of these regards;
126. Supports the Commission's intention, in the context of the revision of the pharmaceutical legislation, to further develop the electronic product information (ePI) and promote digitalised and efficient regulatory processes where appropriate, as one of the tools to mitigate medicine shortages in case they occur, while always ensuring availability of a paper information leaflet for all products; urges the Commission to work with the EMA and the EU regulatory network, including the industry and all relevant stakeholders, to develop and implement the use of ePI for all medicines in the EU, in all the languages of the Member States where the medicines are marketed;

¹ World Health Assembly Resolution 72.8 of 28 May 2019 on improving the transparency of markets for medicines, vaccines, and other health products.

127. Stresses the importance of preparing national healthcare systems for the potential use of artificial intelligence (AI) and information technology offered in this field; supports, if necessary, adapting existing EU regulatory frameworks, including soft law, in order to allow national healthcare systems and the scientific community to benefit from AI assistance in the fields of clinical practice, treatment, biomedical research, public health and health administration, while ensuring the security and appropriate treatment of patients receiving AI-assisted healthcare and making sure that the EU data protection framework, patient's fundamental rights and non-discrimination laws are respected;
 128. Notes that healthcare institutions and services faced heightened cybersecurity threats in the midst of the COVID-19 pandemic; calls on the Member States and the EU institutions and agencies to introduce measures that enhance the security of digital networks in order to protect health institutions and patients from cyberattacks and to ensure the protection of health data and the ability of institutions to operate normally at all times, especially during public health emergencies, while respecting the EU data protection framework;
 129. Reaffirms the need to improve the security of critical infrastructure, such as power grids and financial systems, and to guarantee their functioning, while protecting them against any emergency, such as cyberattacks; stresses the importance of measures to increase awareness of cybersecurity risks and of providing training to individuals and organisations on how to protect themselves, as these cyberattacks may also have an impact on patients, hospitals and healthcare services and systems;
- (VI) BOOSTING THE HEALTHCARE AND SOCIAL WORKFORCE IN THE EU TO BE PREPARED FOR THE NEXT CRISIS
130. Is concerned that investment in public healthcare has not been prioritised in all of the Member States, leading to staff shortages, overall negative effects in this area and consequent low levels of resilience in public health systems and services in the face of new possible emergencies and the demographic transition;
 131. Calls for the EU to take a stronger role in guiding, coordinating and steering the improvement of Member States' public health systems; notes that the use of new medical technologies by healthcare personnel can boost efficiency; calls attention to the shortage of medical professionals and calls for investments in healthcare services, including personnel, to end the systemic use of short-term contracts, to improve healthcare professionals skills and to support Member States in improving working conditions, especially in rural and remote areas and less-developed regions; calls on the Member States, to this end, to make full use of the existing EU legislative framework and funding in order to promote the mobility of healthcare professionals across the EU, during both their educational and professional careers, including through Erasmus Plus;
 132. Encourages investments in health and care personnel, by facilitating access to education and training, supporting Member States in improving healthcare workers' working conditions and promoting gender balance in this line of work in order to attract the next generation of health and social care workers and address the shortage of medical and care professionals, as well as brain drain within the Union;
 133. Calls for adequate investments in improving the number of medical personnel and their skills, the amount of medical equipment and the number of hospitals, as well as in

innovative health technologies that can contribute to such enhancement; stresses the need to include mandatory modules dedicated to crisis management at the European level in the training programmes of professionals;

134. Believes that the Member States should report, as part of the European Semester, the investments they have made in their health workforces and public healthcare systems under projects linked to EU health policies and funded by the EU; further believes that the Member States should regularly report on the impacts of their investments on the availability and accessibility of health and care services for all, as well as on healthcare workers mobility, to better develop retention strategies for healthcare workers in Europe;
135. Calls for an EU-level study on the pay, conditions and factors that result in gender imbalances for health workers across Europe in order to inform recommendations on this matter;
136. Emphasises the importance of monitoring and tracking health workforce availability across Europe at an EU level and recommends the exploration of opportunities to ease and better organise cross-border redistribution of workforce in specifically relevant circumstances (e.g. border areas), such as through leveraging mutual professional recognition instruments; highlights the crucial role of physicians, nurses and other healthcare professionals in providing treatment and calls for wider recognition of their experience and knowledge;
137. Stresses that many health and social care workers have suffered from COVID-19 and long COVID conditions and that, as a result, they have faced difficulties in fully returning to work; acknowledges the strain and burden placed on medical professionals during the pandemic and the need to give them the necessary psychological and professional assistance; insists that the Member States must take strong, coordinated measures to protect occupational safety and health (both physical and mental), in particular during and after a health crisis; acknowledges the psychosocial impact of the COVID-19 pandemic on healthcare professionals;
138. Points out the deteriorating situation as regards the availability of healthcare professionals in certain Member States, in particular those with lower GDP levels and thus lower levels of attractiveness; urges the Commission and the Member States to take concrete action to address this crisis;
139. Reiterates that the EU needs to take a stronger role in guiding and orientating the improvement of public health, as all Member States should consider public health and social care to be a priority for public investments and not a cost to be minimised; emphasises that improving the health of the population is a strategic investment and a moral obligation for our societies and economies and therefore calls for the EU and the Member States to recognise the essential role of public healthcare;
140. Highlights the need to upskill and reskill healthcare workers throughout their professional lives, as provided for in relevant EU legislation, in order to be better prepared for potential emergency and crisis situations; calls on the Commission and the relevant EU agencies to organise targeted training activities for healthcare workers in close cooperation with professional health organisations and patient organisations, including on interdisciplinary One Health trainings; emphasises the importance of joint

cross-border training, the sharing of best practices and familiarity with the neighbouring public health systems in cross-border regions;

141. Calls for regional cooperation with neighbouring Member States to overcome the lack of medical personnel in the event of a major crisis; recommends that health workforce availability across Europe be monitored at EU level;
142. Recognises the fundamental role played by civil protection personnel, firefighters and law enforcement forces during all phases of the pandemic, providing medical support, screening assistance, logistical aid, vaccination-strategy support and safety during the periods of confinement;
143. Underlines that healthcare professionals' wages and working conditions are factors that currently contribute to staff shortages in the EU; calls on the Member States to implement Directive (EU) 2022/2041¹, which calls for national plans to be drafted on improving collective bargaining coverage in the health and social care sector;

(VII) ROLE OF PRIMARY CARE IN BUILDING RESILIENT HEALTH SYSTEMS AND SERVICES

144. Underlines the importance of primary care and 'assistance at proximity' in building resilient social and health systems that facilitate the continuity of services during emergencies and contribute to avoiding hospital congestion and collapse by sustaining the provision of essential local services; highlights the vital role played by primary and territorial care in the monitoring and surveillance of CDs and cross-border health threats, ensuring that services are available to all, including in remote and rural areas, and that improved community-based care allows those who need it the most to be reached; emphasises that improving primary care should be accompanied by increasing early detection capacity, facilitated through specific investments;
145. Welcomes the European care strategy, which underlines the role of social care and calls for a more integrated approach between the social care and health sectors;
146. Calls for the EU and the Member States to rethink the role of primary care, focusing on its potential to relate to patients on a day-to-day basis, to improve prevention and promote greater community capacity to respond to health threats, in close coordination with healthcare systems;
147. Emphasises the importance of primary care in the ongoing provision of COVID-19 vaccines and in increasing access to routine vaccination; calls for urgent reinforcement of primary care with necessary human and technological resources, so that it can facilitate epidemiology and surveillance work related to COVID-19; encourages the use of innovative methods, such as telemedicine in healthcare services, to complement primary care and to facilitate access to care and treatment; supports building a primary healthcare system that can also engage with specialists and guide patients through their diagnostic journeys;
148. Emphasises that universal health coverage is essential to ensure that all people, including the most vulnerable populations and marginalised communities, receive

¹ Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union (OJ L 275, 25.10.2022, p. 33).

timely, effective and affordable healthcare; underlines that universal public health access plans should be designed and developed in an inclusive manner, with the full participation of civil society, patients, health workers, employers and social partners; further underlines that the effectiveness of health systems depends on community engagement, participation and perceived legitimacy;

149. Recalls that public health systems must be free of financial and non-financial barriers and other factors leading to inequality and discrimination; calls for permanent access to medical consultations, nursing and psychological services to be ensured, either with telemedicine and tele-assistance or in epidemiologically safe spaces in hospitals;
150. Recommends more coordination between the EU health and digital agendas to help create better communication and interlinkages between primary and secondary care; highlights the need for coordination and contingency protocols among primary care, general social services and specialised services, such as elderly care homes; advocates developing community mental health services in primary care;
151. Underlines that, to provide a timely, effective, affordable and adequate response to people with health needs, including the most vulnerable populations and marginalised communities, universal health coverage is essential; highlights that, during health emergencies, priority services and delivery mechanisms need to be adapted, in particular outreach activities and screenings using laboratory and diagnostic testing capabilities;
152. Highlights the divergences in healthcare systems and services and in access to healthcare services among Member States and among regions within Member States, in particular in remote and rural areas, outermost regions, peripheral islands, overseas countries and territories and even in some urban areas; notes the challenges in accessing healthcare services in these areas, which have led to the emergence of 'medical deserts'; calls on the Commission to propose minimum standards for healthcare services and rights throughout Europe and suggests the use of cohesion policy to help address these divergences and supplement EU funds to reduce discrepancies;
153. Notes that economic support, government responses and stringency indices differed depending on each Member State's income support, fiscal measures and restrictive measures; highlights that different demographics and cultural specificities, as well as tourism as an active business sector in southern countries, islands, island states and other outermost regions, led to different pandemic socioeconomic impacts;
154. Notes that lessons learned showed insufficient investments at EU and Member State level in comprehensive, integrated epidemiological surveillance systems and the collection and management of validated, comparable and interoperable data, leading to poor planning and preparedness;
155. Regrets that the public authorities and private institutions involved in setting the research agenda did not prioritise R&D investments in pathogens considered dangerous for public health; regrets that, despite coronaviruses have already been recognised as pathogens with pandemic potential before the COVID-19 pandemic, R&D efforts were partially limited owing to a lack of commercial interest; acknowledges, however, that previous investments in R&D facilitated the development of vaccines;

156. Highlights the extensive reliance and importance of public funding from the Commission and Member States for the development of COVID-19 medical countermeasures and vaccines, which was key to achieving results in a short period of time; recalls the need to respect conditionalities regarding governance, transparency, availability and equal access when public funds are involved;
157. Highlights the role of public funding in the development and production of COVID-19 vaccines and the need for clauses ensuring the availability and affordability of end products;

(VIII) PREVENTING SHORTAGES OF CRITICAL MEDICINES AND PROTECTION DEVICES:
MONITORING THE MANUFACTURING CAPACITIES OF THE EU HEALTH INDUSTRY

158. Considers that COVID-19 has highlighted the existing phenomenon of medical shortages in the EU, including of a large variety of products, which have become more frequent over the last decade; notes that shortages may also result from manufacturing problems, quality issues, unexpected spikes in demand, parallel imports/exports and more; notes that drugs affected by these shortages include a large variety of products (including cancer treatments, antibiotics, vaccines, anaesthetics and medication for hypertension, heart disease and disorders of the nervous system), with differing reasons for these shortages;
159. Emphasises the need for the Union to guarantee the proximity of rescEU reserves in order to ensure access to medical countermeasures for rural, remote and outermost regions; calls for better coordination to enable timely stockpiling and joint procurement of medical countermeasures in serious cross-border emergency situations, in line with the EU's Civil Protection Mechanism, rescEU stockpile and WHO recommendations;
160. Requests improved coordination to avoid overstocking practices within Member States and to establish a European emergency reserve of essential medicines at high risk of shortages; notes that uncoordinated national actions can negatively impact medicine supply across the EU;
161. Regrets the persistent shortages of medicine and medical equipment and devices and recommends that the Commission conduct an EU-wide study on the causes of drug shortages, with a particular focus on the problems caused by shortages of generic drugs; considers that shortages in healthcare industries during the pandemic, beside export bans, were mostly due to stockpiling and distribution issues and a lack of diversified suppliers; emphasises the importance of demand forecasting and early communication with vaccine and medicine manufacturers to prevent shortages, as well as the need for early communication on strain selection;
162. Calls on the Commission and the Member States to examine the possibility of creating one or more EU non-profit pharmaceutical establishments that operate in the public interest to manufacture medicinal products of health and strategic importance for healthcare, in the absence of existing industrial production, in order to complete and guarantee the security of supply and prevent possible shortages of medicines in the event of an emergency; welcomes the inclusion of robust measures for the prevention of medicine shortages in the EU pharmaceutical legislation;
163. Highlights the proposal from the Conference on the Future of Europe to establish a list

of medical equipment and devices of major therapeutic interest and to maintain a strategic reserve of medical supplies, drugs, vaccines and respiratory therapy devices;

164. Advocates new EU legislation on medical equipment, treatments and medicines to provide appropriate transitional periods and guarantee the necessary supply to meet demand, especially in times of crisis;
 165. Underlines the need to establish European risk surveillance for shortages and increased transparency for medicine stocks to better anticipate shortages;
 166. Believes that preparedness for and responses to pandemics and other serious health threats require long-term commitments and sustainable investments, including the continuous development of medical countermeasure reserves, to protect citizens and encourages increased collaboration with European manufacturers in the future;
- (IX) EU HEALTH OPEN STRATEGIC AUTONOMY: STRENGTHENING RESEARCH AND INNOVATION INVESTMENTS
167. Calls for the EU and the Member States to reduce their dependence on third-country trade partners for APIs and key medicines and to act decisively in preventing drug shortages, address production and supply chain vulnerabilities in sourcing medical products and APIs and make enhanced use of joint procurement;
 168. Encourages better data sharing on supply and demand forecasts between relevant stakeholders, earlier projections on potential shortages, including regular standardised reporting from the industry, and greater transparency in the production and distribution chain; recalls that national pricing should be based on fully transparent factors, such as the real costs of public and private R&D and added therapeutic value; urges the adoption of a coordinated industrial approach to strengthen the EU's strategic autonomy on health;
 169. Calls on the Commission and the Member States to assess the need for a large-scale, mission-oriented, public European health R&D infrastructure that operates in the public interest to manufacture medicinal products of health and strategic importance for healthcare, in the absence of existing industrial production, in order to support the EU in overcoming market failure, guaranteeing security of supply and preventing possible shortages of medicines, while contributing to greater preparedness for facing new health threats and emergencies;
 170. Highlights that public funding played a key role in the development and production of COVID-19 vaccines, with the majority of R&D funds being of public origin; calls on the Commission and the Member States to ensure that public funding for biomedical R&D provides adequate returns in the public interest and guarantees the availability and affordability of end products in all Member States; highlights the importance of expanding emergency funding mechanisms to pharmaceutical SMEs and of reducing red tape for inventors of medical products, such as medical devices, to maintain R&D and the production of life-saving products in Europe;
- (b) *Access to medical countermeasures*
- (i) VACCINE PRODUCTION, STORAGE AND DISTRIBUTION, INCLUDING SUPPLY CHAIN RESILIENCE, EU OPEN STRATEGIC AUTONOMY AND THE AVAILABILITY OF CRITICAL

PHARMA AND MEDICAL PRODUCTS

171. Stresses that stepping up research on and development of responses to pathogens with epidemic and pandemic potential and increasing sequencing capacities prior to epidemics and pandemics are crucial; acknowledges the limited initial knowledge about SARS-CoV-2 and its genetic sequence, characteristics and epidemiological behaviour, such as its methods of infection and transmission and its rates of infection, transmission and mutation, requiring research before vaccine development, which affected the industry's production capacity to develop and deploy vaccines;
172. Emphasises the importance of enabling SMEs to benefit from emergency funding arrangements in order to deliver innovative medical products, as well as the need to include SMEs in measures supporting the scale-up of research and manufacturing, while taking into account the administrative burden;
173. 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 life-saving medical tools through the ownership of intellectual property (IP), technologies and data;
174. Notes that the pandemic has put pressure on global supply chains, including for the pharmaceutical sector, resulting in disruptions and unpredictability in the supply of vaccines, medical supplies, equipment and other countermeasures;
175. Underlines the importance of introducing EU and national policies aimed at strengthening global supply chains to support the production and free flow of medical countermeasures, including vaccines, and at removing export restrictions within the single market;
176. Reiterates the key role of the ECDC in aggregating surveillance and monitoring data at EU level and in facilitating forecasting of future demand for vaccines and therapeutics against infectious diseases; highlights the usefulness of the COVID-19 vaccine tracker developed by the ECDC and calls for this concept to be extended to other vaccination campaigns, such as the HPV vaccine campaign;
177. Calls for vulnerabilities in the global value chain to be assessed and requests the development of shortage prevention and management plans across all Member States; calls for the continual improvement of early warning systems and information sharing between countries on medicines shortages, at both European and international levels, and for the Commission to introduce temporary measures in times of crisis to mitigate shortages and facilitate the circulation of medicines among Member States, including the acceptance of different packaging formats, a reuse procedure to enable marketing authorisation holders to obtain approval in another Member State, the extension of the validity of good manufacturing practices certificates, longer expiry periods, and the use of veterinary medicinal products; recalls that the Commission should strictly monitor the use of such measures to ensure that patient safety is not compromised and to keep medicines available in the event of difficulties or shortages;
178. Notes the prevalence of generic medicine shortages and stresses the importance of generic, biosimilar, value added and affordable medicines in preventing shortages of medicines, in consistently increasing equitable access for patients and in making

healthcare systems sustainable in the EU, where access is currently still uneven;

179. Highlights the opportunity for a new framework to support the research, development, production and use of drugs with new approved indications; invites the Commission to harmonise the marketing of scarce medicines in the market with packaging, labelling and leaflets that are, where possible, multilingual and digital, while ensuring the availability of information in paper format;
 180. Recalls the critical need for global health and for global supply chains to develop local production and distribution capacities in the EU, remote regions, such as ORs and OCTs and in low- and middle-income countries, in particular for pharmaceutical research, technology, development and production and in line with social standards and industry due diligence;
 181. Calls on the Commission to use the industrial, IP and pharmaceutical strategies to encourage public funding of R&D projects in order to adhere to the principle of open science and to bridge the persistent gap in research and medicine production through product-development partnerships, technology transfers and the creation of open centres for research and production;
 182. 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;
 183. Notes that, globally, sustainable vaccine development, production and delivery depend on strong and transparent supply chains; calls on the WTO to take action to ensure the smooth flow of supply chains and delivery of vaccines, medicines, medical equipment and medical products; recognises the vital role that therapeutic innovation can play in saving lives by freeing up capacity in ICUs and supporting patients living with PASC;
 184. Acknowledges that the EU is the leading exporter of vaccines globally and that it contributed to the worldwide solidarity efforts with the donation of 500 million doses of vaccines, although these doses regrettably had fast-approaching expiration dates, which made it difficult for receiver countries to use them in time and resulted in many of them having to be discarded; recognises the EU's position as a frontrunner in these efforts;
- (II) JOINT PROCUREMENT AGREEMENTS AND ADVANCED PURCHASE AGREEMENTS
(NEGOTIATIONS, TRANSPARENCY, LIABILITIES AND ENFORCEMENT)
185. Believes that the EU needed a common approach for vaccine procurement during the COVID-19 pandemic; recognises that negotiations for the advanced purchase agreements were beneficial at a time when the development of vaccines was uncertain and production lines were prepared without knowing which vaccine would actually succeed or whether the vaccines would actually be approved; acknowledges the success in preserving competitiveness among manufacturers and vaccine technologies; highlights that, through the advanced purchase agreements, most of the financial risks related to vaccine development and production were taken by public authorities, thus making it possible to speed up development times;
 186. Recognises that, during the COVID-19 pandemic, the exclusivity of the negotiations and the early engagement from the Member States made the process successful, and that

procuring as a block secured greater purchasing power;

187. Believes that, in the future, the EU will also benefit from joint procurement of vaccines, medicines, healthcare supplies and medical equipment, in particular for expensive and innovative medicines, especially for the treatment of rare diseases; believes furthermore that advanced purchase agreements could be beneficial in the event of extraordinary cross-border public health challenges;
188. Underlines that joint procurement and advanced purchase agreements could prevent counter-productive competition among Member States, maximise the EUs' bargaining power, provide the EU and its Member States with more flexibility according to their needs and ensure the availability of medical products for all EU residents, regardless of their home Member States;
189. Stresses the need for better regulation of such contracts to prevent imbalances in profits and market positions, and to protect and promote competitiveness in future procurement and advanced purchase processes;
190. Regrets that some Member States adopted export restrictions on medical equipment, which initially hindered an EU-wide response to the pandemic;
191. Calls for the EU and its Member States to ensure that manufacturers remain liable, in line with EU product liability legislation;
192. Suggests that joint procurements could be explored in areas such as rare diseases and cancer through clearly outlined milestones, objectives and commitments agreed on by all parties involved;
193. 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;
194. Stresses that joint procurement must not risk having a negative impact on supply flows by increasing the risk of shortages in the EU;
195. 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/EU¹, 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;

¹ 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).

196. Regrets the lack of transparency in the joint procurement agreements negotiated by the Commission and the Member States with pharmaceutical companies, which was partly 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; recalls that joint procurement agreements should be carried out in a transparent, timely and effective way, with clear and transparent stages for the process, scope, tender, specifications, timelines and formalities defined and calls for the adoption of a transparent policy for advance purchase agreements and joint procurement;
 197. Notes and reiterates the European Ombudsman's findings on maladministration from the Commission and recommendations concerning transparency and record keeping of meetings, modified working procedures, public procurement, scientific advice and lobbying activities of the European institutions during the pandemic;
 198. Emphasises that joint procurement procedures should abide by high standards of transparency in relation to Union institutions, including the European Court of Auditors and Union citizens, in accordance with the principle of transparency as referred to in Article 15 TFEU and stresses that in order to achieve transparency, Parliament should scrutinise contracts concluded under the joint procurement procedure; considers that the Commission should provide Parliament with complete, timely and accurate information on ongoing negotiations and give access to tender documents including concluded contracts; encourages transparency in disclosing information related to the delivery schedule of medical countermeasures, terms of liabilities and indemnifications, and the number of manufacturing locations, while taking into account the protection of commercially sensitive information and essential national security interests;
 199. Recommends that joint negotiations for procurement be performed by identified representatives of the EU and its Member States, with adequate skills and a clear mandate;
 200. Encourages the Member States to share information on pricing and delivery dates of medical countermeasures when a joint procurement procedure has not been used to purchase medical countermeasures in order to provide an increased level of transparency and thus allow Member States to access and negotiate in more equitable ways;
- (c) *COVID, communicable and non-communicable diseases; addressing PASC as part of an EU PAIS strategy*
201. Expresses concern about the high prevalence of PASC, and observes that the risk factors for developing PASC, its pathophysiological mechanisms and its long-term impact are still being researched;
 202. Underlines that, while research is ongoing, the research available implies that long COVID and Post Vac have a similar pathogenesis, as the spike protein of the virus plays a key role, and that both can lead to ME/CFS;
 203. Recalls that PAIS now occur much more frequently after COVID-19 infections in the form of PASC, but are also known to result from other bacterial, viral and parasitic infections; underlines the benefit of taking a broader view on research and treatment of

PAIS;

204. Highlights that the EU needs a strategic approach to address PASC, focusing on increasing research, training and primary care awareness;
205. Recalls the scientific findings related to PASC and the need for public authorities to concretely support and help people suffering from it, using adequate resources and policies;
206. Recommends the development of meaningful dedicated and targeted research, EU-wide translational research and clinical trials, with view to concrete diagnoses and treatments (other than mainly observational studies) and the exchange of comparable data, experiences and best practices among Member States; recommends enhanced coordination at European level for research on PASC;
207. Calls for the establishment of a common definition, biobanks, reference centres and registries, including a vaccination register with improved pharmacovigilance based on clear EU standardised reporting duties, to address the effects of PASC and severe adverse effects of vaccination adequately;
208. Calls for the recognition of PASC as an occupational disease for healthcare and social care workers;
209. Calls for adequate funding for basic research, as well as for translational research and clinical trials, such as pivotal studies on promising substances, with the meaningful and high-quality involvement of PASC patients to align research priorities with patients' needs; advocates sufficient resources to design and develop adequate treatments;
210. Calls on the Member States to facilitate support, including telemedicine, home-based outpatient care service and doctors' home visits for families or persons with the double burden of working and taking care of a child, adolescent or parent, and for house-bound or bed-bound persons with care-intensive needs, such as post-exertional malaise in general;
211. Recognises the importance of certified multidisciplinary outpatient clinics and rehabilitation centres for PASC patients across EU countries that take the specific needs of PASC patients into account, including post-exertional malaise, among other things, and that apply the latest evidence; encourages the development of targeted educational programmes in the medical sector and large-scale public awareness campaigns on the existence of PASC as a serious disease in order to reduce stigma; notes that women suffer significantly more often from PASC and are particularly prone to being misdiagnosed as psychosomatic, which is not only stigmatising but can also lead to harmful treatment;
212. Urges the EU and its Member States to address the long-known issue of misdiagnosing PASC, Post Vac and ME/CFS patients as psychosomatic;
213. Is concerned that the mildness of symptoms has contributed to less diagnostic testing and to therefore the detection of fewer cases of COVID-19 in children; calls for a registry of children and adolescents with symptoms of persistent COVID-19, along with appropriate follow-up to minimise the effects of the disease;

214. Calls for the EU and its Member States to take PASC infections in children seriously, in particular the risk of developing long-term disability, by addressing special educational and developmental needs and developing support structures such as homeschooling;
215. Urges the EU and its Member States to consider long-term consequences when deciding on measures or ending restrictions, particularly for the most vulnerable populations;
216. Calls for more research to determine the underlying causes, frequency and best treatment options for PASC, including long COVID, post-acute COVID-19 syndrome, Post Vac and other PAIS and the long-term consequences such as developing ME/CFS and exchanging experiences and approaches in order to address the impact of its effects;
217. Requests the establishment of an EU network of experts on these diseases with coordinated surveillance systems, including data disaggregated by different subgroups from each Member State, including in ORs and OCTs, using consistently defined cases and methodologies and encompassing the impact of these conditions on health, employment and the economy;
218. Emphasises the need for additional funding and prioritised calls for projects focused on biomedical research on PASC and for better recognition of PASC, including research on adverse vaccination effects at Member State level;
219. Calls on the Commission to use Horizon Europe funding for dedicated and targeted PASC research and to aim for cooperation with the pharmaceutical industry and the European Partnership on Rare Diseases to fund long COVID research;
220. Stresses the importance of providing adequate assistance and support to people suffering from PASC, including Post Vac patients; calls on the Member States to provide appropriate support for those whose daily lives or ability to work have been affected in order to mitigate PASC as a poverty trap;
221. Acknowledges the need for improved medical education and training for health and social care professionals working with PASC and for the inclusion of ME/CFS within the European Reference Network for Rare Neurological Diseases;
222. Urges the Commission, the Member States and manufacturers to be transparent about the potential side effects of vaccines, including known side effects identified by the EMA, and to communicate about this, as well as about the benefits and efficiency of vaccinations, which prevent millions of deaths and severe clinical disease, in a consistent, comprehensive and coordinated way, guaranteeing the safety of patients, by, among other things, calling on the EMA to publish guidelines for aspirating vaccines in order to avoid adverse effects;
223. Is convinced that full transparency, the recognition of adverse effects and solidarity with patients is the best way to counter vaccine hesitancy, misinformation, and disinformation;
224. Notes the high percentage of immunocompromised patients in ICUs during the pandemic and regrets that sufficient attention has not been paid to the consequences of the pandemic on them, since targeted measures were not systematically integrated into the EU's response; recalls that immunocompromised patients and patients with NCDs were among the most affected during the pandemic, as they were at greater risk of

developing severe symptoms from COVID-19, and ultimately payed an enormous price in terms of loss of life;

225. Highlights that patients with CDs and NCDs suffered heavy consequences for their health owing to delays and disruptions in diagnostics and treatments, particularly for HIV, sexually transmitted diseases, tuberculosis, hepatitis, cancer, cardiovascular diseases, diabetes and rare diseases; stresses the decreased survival chances, complications and further deterioration of quality of life for patients resulting from delayed access to care; calls for the adoption of an EU strategy to anticipate and monitor the impact of serious health threats on people affected by CDs, NCDs and other diseases or conditions;
226. Acknowledges that the ramifications of health emergencies extend to individuals; calls on the Commission and Member States to promptly devise strategies and actions to safeguard susceptible patients amid public health crises;
227. Emphasises that the COVID-19 pandemic has had devastating effects on cancer patients across Europe, as countries reported cancer screening to be the most disrupted service, with delays in diagnostic, treatment, care and survival services for cancer patients, creating long-term consequences and impacts on patients with metastatic and advanced cancer, as postponed diagnoses inevitably result in cancer being diagnosed at a later stage, making treatment more complex and costly and reducing survival probabilities;
228. Notes that disruptions in healthcare services led to a decrease in cancer screenings and diagnoses during the pandemic and is concerned that disruptions in cancer screenings and postponed diagnoses inevitably result in cancer being diagnosed at a later stage, making treatment more complex and costly and reducing survival probabilities¹;
229. Notes with concern that CD and NCD services were disrupted owing to cancellations of elective care, the closure of screening programmes, government or public transport lockdowns hindering access to the social and health facilities and lack of staff and of medical infrastructure;
230. Recognises the importance of air quality for human health and advocates for the alignment of EU air quality standards with WHO guidelines;
231. Stresses the need to monitor and research the effects of the disruption of medical services for CDs and NCDs and to gather identified best practices to ensure the continuation of these services during a public health emergency; calls for the adoption of an EU strategy to anticipate and monitor the impacts of serious health threats on people affected by CDs, NCDs and other conditions;
232. Recalls that, during the COVID-19 pandemic, women of working age had an increased risk of contracting COVID-19, were more likely to be diagnosed too late in the event of severe cases of COVID-19 and were consequently more likely to die;
233. Recognises the rise in overweight and obesity among children and adolescents during the pandemic and the increased risk of severe COVID-19 health outcomes for people living with obesity; regrets that policies to prevent and address obesity and

¹ OECD/EU, 'Health at a Glance: Europe 2022: State of Health in the EU Cycle', OECD Publishing, Paris, 2022.

comorbidities have not been sufficiently prioritised by the Member States;

234. Observes that most countries that included NCD services in national COVID-19 plans prioritised services for the four major NCDs: cardiovascular disease services, cancer services, diabetes services and chronic respiratory disease services; highlights that some countries have recognised mental health as an area to prioritise;
235. Highlights the fact that scientifically recognised, integrative medicine approved by public health authorities brings benefits to patients in relation to the parallel effects of several diseases, such as cancer, and their treatment; stresses the importance of maintaining access to integrative medicine care and of developing a patient-centric approach when defining emergency plans to react to health emergencies in order to ensure continuity of care for patients and better quality of life;
236. Recognises that restrictions and lockdowns contributed to a surge in mental health issues that disproportionately impacted women, people with disabilities, young people, children, the elderly, immunocompromised individuals, their carers, and other socially distanced groups of people, and underlines that these should be measures of last resort;
237. Calls on the Commission to assess how the measures taken by different Member States to contain the COVID-19 outbreak differed and consequently how the effects on children differed, with the aim of developing best practices to reduce the harm done to children in possible future pandemics;
238. Welcomes the publication of an all-encompassing mental health strategy by the Commission, in response to the conclusions of the Conference on the Future of Europe;
239. Highlights that some countries have recognised mental health as an area to prioritise and urges the Commission to develop a concrete action plan and mental health strategy, going beyond its 'Healthier Together' initiative and addressing the long-term consequences of the COVID-19 pandemic on public mental health;
240. Supports the implementation of a mental health strategy at EU level that would act as a support system for the Member States; calls on the governments of the Member States to prioritise mental health;
241. Regrets that routine vaccination campaigns have faced setbacks and that the pandemic has revealed the vulnerability of immunisation systems worldwide, raising concerns about future outbreaks of vaccine-preventable diseases;
242. Acknowledges the importance of continuing and improving national vaccination programmes; underlines that routine vaccination is a cost-effective public health measure;
243. Recalls that, although the COVID-19 pandemic is now an established and ongoing health issue that no longer constitutes a public health emergency of international concern, the EU and its Member States must remain vigilant in ensuring equal access to essential, life-saving vaccines at a global level; acknowledges that disinformation contributed to setbacks in vaccination and calls for a coordinated response from the EU institutions, the Member States, and online platforms on countering mis- and disinformation;

(d) *One Health*

244. Highlights that emerging zoonotic infectious diseases are becoming increasingly common, and that 75 % of human infectious diseases are zoonotic; insists that COVID-19 made it unmistakably clear that human, animal, plant and environmental health are inextricably interlinked and need to be addressed in a consistent and holistic manner, fully adhering to the One Health approach;
245. Calls for the EU to integrate One Health, as defined by the WHO, in its public health policies; underlines that transformative changes are urgently needed across society; highlights the need to further expand knowledge in this field and promote public scientific research in order to better understand and reflect the interdependencies between human, animal, plant and environmental health using a multi-sectoral, transdisciplinary and integrated approach; is concerned by the threat of increasing antimicrobial resistance (AMR) and highlights that AMR is one of the leading causes of death worldwide; recalls the importance of acting both at EU and national level to address this challenge with concrete measures, including legislative and regulatory measures and public health policies;
246. Recalls that the underlying causes of pandemics include the same global environmental changes that lead to biodiversity loss and the climate change crisis and that the risk of pandemics can be significantly lowered by reducing human activities that drive biodiversity loss, pollution and global warming;
247. Calls on the Commission and the ECDC to introduce surveillance plans on emerging health threats, including coordinated and systematic data collection, operational and behavioural research, and to carry out risk assessments on the drivers, processes and pathways for the emergence, spread and persistence of zoonotic diseases, as well as to characterise intact, resilient and healthy ecosystems and their effect on disease prevention, including wildlife surveillance and pathogen identification, and to support Member States on implementation;
248. Calls on the Commission to conduct economic analyses to quantify the costs and benefits of preventive interventions to respond to the risk from emerging zoonotic diseases and use the results to advocate for sustainable financing in these interventions, and a comprehensive review of EU-level efforts by ECDC and HERA in regard to the ongoing H5N1 and mpox threats;
249. Underlines that mainstreaming One Health means being better able to prevent, predict, prepare for, detect and respond to global health threats at global, EU and national levels and recommends that the One Health approach become a guiding principle in all public health policy initiatives and measures and in pandemic preparedness programmes, stresses the need for pandemic preparedness actions, including vector control for emerging zoonosis;
250. Highlights that the cost of inaction vastly outweighs the cost of implementing global strategies to prevent pandemics;
251. Calls for the establishment of a European cross-agency task force dedicated to the One Health approach to advance transdisciplinary research and cross-sectoral scientific advice;

252. Urges the filling of current scientific knowledge gaps so as to reduce the risk of zoonotic diseases by coordinating research on the European level and facilitating collaboration among scientific fields;
253. Stresses the importance of habitat protection and the reduction of human-wildlife interfaces to limit zoonotic disease spread; calls on the Commission to promote of One Health policies and legislation to address endemic zoonotic, neglected tropical and vector-borne diseases within the WHO's Pandemic Treaty;
254. Calls on the Commission and the Member States to advocate in the WHO's Pandemic Treaty for building collaborative predictive epidemic intelligence systems (at national, regional and global level) to identify high-risk interfaces and spillover hotspots, incorporating relevant environmental and climate data and data on the establishment of reservoirs and vector species in new geographical areas and setting up a harmonised EU-wide system to monitor public health parameters including monitoring urban waste water for possible health emergencies;
255. Welcomes the One Health Joint Plan of action launched by the Food and Agriculture Organization, the UN Environment Programme, the WHO and the World Organisation for Animal Health and underlines the important role of the Commission and Member States in coordinating and supporting the One Health and the 'health in all policies' approach; considers that the implementation of the One Health approach should encompass several essential steps, such as the mobilisation of research, and the creation of innovative transdisciplinary training for medical professionals and decision-makers;
256. Recalls the importance of animal health, particularly in livestock and farm animals activities and that poor health conditions of livestock and gaps in sanitary controls can elevate the risk of zoonotic diseases; is deeply concerned about the increasingly frequent emergence and spread of zoonotic diseases, which is exacerbated by climate change, environmental degradation, land-use changes, deforestation, the destruction of and pressure on biodiversity and natural habitats, illegal trade in wild animals, and unsustainable food production and consumption patterns; highlights that improving animal health is a way to improve human health and calls for monitoring, surveillance and alert in animal farming and livestock to prevent zoonotic events;

(e) Conclusions and recommendations

(I) HEALTH SYSTEMS AND SERVICES

257. Encourages the EU and its Member States to implement the European Health Union package, so as to develop a permanent agenda for health and viewing public healthcare as an investment; calls for the strengthening of basic health services, especially primary care, available to all without discrimination, promoting health, education and literacy in order to improve the population's general state of health; asks the Commission, in the context of the health union package, to present legislative and regulatory measures to identify minimum basic healthcare services and minimum standards for quality healthcare to be ensured for all across the EU;
258. Calls for a dedicated investment package to promote the EU care sector and care economy as well as to ensure coordination among the different programmes and initiatives which can ensure the implementation of an effective care strategy;

259. Stresses the need for further European and international cooperation to perform epidemiological surveillance through the implementation of the mandatory plans for surveillance, monitoring, alert and preparedness, with regard to public health threats, emerging public health trends, CDs and zoonotic events, and the interoperability of health data across Europe, including the ORs and OCTs as required by the regulation on cross-border health threats;
260. Underlines to this end the importance of information sharing between Member States and EU authorities, the 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;
261. Calls for COVID-19 data collection and surveillance activities to be maintained in order to mitigate any potential future public health threat from the spread of the disease and for the urgent establishment of an EU-wide platform for genomic surveillance and sequencing, with appropriate alert systems in place, to be made available to clinicians and researchers;
262. Calls for investment in building on existing health data analysis to find answers to questions such as the functioning of natural immunity, infection rates and the severity of predisposing factors;
263. Calls for improved EU guidance on cases where healthcare services are temporarily suspended, scaled back or diverted, so as to enable identification of priority patients, in particular patients who need a physical examination and cannot benefit from telemedicine;
264. Calls for improved capacity to ensure qualified personnel, equipment and sanitary materials, as well as medical infrastructure to respond to the specific treatment needs of these patients;
265. Calls for the further digitalisation of administrative services in the health sector and, wherever appropriate and feasible, the use of online healthcare services, while taking appropriate measures to protect personal data and ensure the cyber resilience of national health systems and their infrastructures;
266. Calls for the use of online healthcare services for health promotion, prevention and treatment, while ensuring the adequate level of digital skills for the workers, professionals and carers involved;
267. Calls on the Member States to provide continuous training and professional development for healthcare workers, in line with existing EU legislation, including training on pandemic surveillance and crisis management, with a focus on healthcare workers' well-being and safety, and to ensure recognition of their skills and improvement of their working conditions, including adequate remuneration;
268. Acknowledges that the lack of funding and public investment has impacted the work, physical health and mental health of healthcare workers; emphasises the importance of preventive and protective measures for the workers physical and mental health, as well as other protective measures when necessary, including vaccinations; urges Member States to address underpaid healthcare professions, such as nurses and carers, and the

gender pay gap in healthcare professions, and to rapidly propose measures in collaboration with relevant stakeholders, taking into account the measures proposed by Parliament in its resolution of 5 July 2022 towards a common European action on care¹;

269. Calls on the Commission to propose a directive on psychosocial risks at work to tackle those risks and improve health and care professionals' working conditions; therefore requests that Member States establish a long-term, medium-term and short-term policy agenda to address the shortage of healthcare workers;
270. Believes that mental health must be made a priority in the EU health union package and believes the link between mental and physical health should be recognised and reflected in the package; urges the Commission and the Member States to address the mental health crisis brought on by the COVID-19 pandemic, particularly among young people and children and calls for a comprehensive EU mental health strategy that focuses on youth mental health and integrates actions for all social groups, particularly the most vulnerable; urges the Commission and the Member States to include mental health impacts in their work on health crisis and pandemic emergency response and preparedness;
271. Stresses the significance of integrating mental healthcare with physical care, culture and arts and other leisure activities providing effective, evidence-based, and human rights-focused care, and broadening the scope of available services to enable greater access to treatment; urges increased investment in community-based mental health support and services, as well as enhanced access to mental healthcare within national health systems; acknowledges the impact of arts on health and well-being, encompassing mental health, and the role of arts in pandemic responses throughout the EU;
272. Emphasises the importance of Member States to properly finance their health systems, in order to ensure their immediate and long-term resilience by investing in the healthcare workforce, clinical trials, health education public and critical health infrastructure, tools, structures, processes and laboratory capacity, and calls for the provision of high-quality, accessible and affordable care services;
273. Urges the Commission to implement an emergency plan to strengthen pharmacovigilance at the Member State and European levels so as to support rapid local data collection and processing capabilities, additional recruitment within national teams, improved processing of spontaneous notifications and the implementation of active pharmacovigilance;

(II) CONTRACTS AND NEGOTIATIONS

274. Emphasises the need for better preparedness in joint procurement procedures for medicines and medical products, while avoiding surpluses, in view of the inherent unpredictability of pandemics; Highlights the need to ensure transparency even in crisis situations when time is short, in order to guarantee democratic oversight and enhance citizens' trust in public institutions, including EU institutions;
275. Calls for contracts to be concluded and price negotiations to be conducted in a

¹ OJ C 47, 7.2.2023, p. 30.

transparent manner;

276. Recognises the importance of Parliament's scrutiny role and calls for special attention to transparency in the negotiation of joint procurement contracts; suggests learning from joint procurement initiatives to prevent delivery delays, unjustifiably high prices and surplus vaccines and medical countermeasures and to ensure product liability remains fully with the manufacturers; urges the establishment of clear rules for negotiations with companies to avoid surplus vaccines and medical countermeasures and stresses the importance of future vaccine procurement contracts avoiding monopolies and/or oligopolies, ensuring a diverse portfolio of vaccines so as to offer greater protection to European citizens;
277. Urges that common and joint procurement procedures in emergency situations be improved and a more coordinated approach taken, allowing for contracts to be adapted;
278. Insists on principles of fair pricing, transparency and a fair return on public investment for advance purchases, and that contracts should be adapted to changing threats and public needs; demands a clear list of criteria for joint procurement;
279. Calls on the Commission and the Member States to ensure that existing rules, as provided for in EU legislation, are respected to ensure quality products, and that, the transfer of liability from manufacturers to Member States does not become standard practice;
280. Underlines the importance of the fact that the Joint Procurement Agreement provided for an exclusivity clause in the framework of the COVID-19 vaccine purchase thus protecting the negotiation position and safeguarding the EU's security of supply and calls on the Commission to ensure that manufacturers benefiting from EU funding report regularly on how these funds are spent;

(III) AVAILABILITY OF MEDICAL COUNTERMEASURES

281. Recommends that the EU establish adequate systems to provide manufacturers with proper at-risk funding in the event of a public health crisis, to support development and production of the relevant medical countermeasures, to help manufacturers to quickly adapt and scale up production, avoiding disruptions and shortages of medicines, medical devices, health technology and services, for instance through reservation fees in joint procurement contracts, which can be particularly helpful for SMEs, and that such mechanisms should be transparent and contingent to approval and revision by legislative bodies;
282. Calls on the Commission and the Member States to establish a clear sustainable stockpiling strategy, with the aim of developing complementary EU and national medical stockpiles for pandemic preparedness and response, while avoiding waste;
283. Calls for ensuring 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 EU'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, which should preferably be located within the European Economic Area, and to require pharmaceutical companies to have adequate levels of safety stocks and provide

early notice of medicine shortages, backed up with supply chain transparency requirements and risk-prevention measures; reaffirms the need to enhance the security of supply through earlier notification of shortages, stricter obligations for supply and transparency, enhanced transparency of stocks and improved EU coordination and mechanisms to manage and avoid shortages;

284. Supports strengthening existing production capacities in the Member States, while also encouraging reshoring the pharmaceutical industry when needed to address high dependencies; emphasises the need for a risk-mitigation plan for medicines defined as critical;
285. Believes the Projects of Common European Interest (IPCEI) on health should facilitate the development of innovative and greener technologies and production processes for drug manufacture, gene and cell therapies and innovation in strategic treatments;
286. Calls on the Commission and Member States to take appropriate measures to ensure that, in addition to COVID-19 vaccines, effective COVID-19 therapeutics for every stage of disease progression are accessible, to allow faster recovery and reduce mortality;

(IV) SUPPLY CHAINS

287. Proposes that stronger provisions related to supply disruptions should be promoted in future contracts concerning the supply of medical products; calls for the detection of high-risk dependencies and the establishment of production capacities for related products in the EU and for the development of production capacities in Europe for active ingredients, excipients and essential ancillary products;
288. Believes that the EU should reduce its dependence on trade partners and act decisively to prevent drug shortages; calls on EMA to map out supply chain vulnerabilities related to the European system of sourcing medical products and active pharmaceutical ingredients from outside Europe;
289. 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 of medicinal products where this would help ensure the availability and accessibility of medicines of priority public interest;
290. Stresses that the pandemic has highlighted the need to increase the EU's strategic autonomy in essential supply chains and critical infrastructures and services and believes that the EU should increase the share of key medical production in its territory to strengthen Europe's supply chain autonomy, while retaining openness to global supply chain dynamics during both normal and emergency health situations;
291. Invites the Commission to also consider funding strategic projects in the health sector through a European Sovereignty Fund that could contribute to achieve EU's strategic autonomy on medical products;
292. 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 and that relocations of this kind can help to make EU healthcare systems more independent from third countries and more

resilient to disruptions; 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, assessing additional criteria for national pricing at no additional cost to patients and without prejudice to the sustainability of the health system, and ensuring that these criteria include high environmental manufacturing standards, robust supply chain management, demonstrable investment in innovation and research; emphasises the importance of early planning to avoid shortages and allocate supply where patient demand is; underlines that any form of support from public authorities should be conditional upon accessibility, affordability, availability, safety and transparency clauses;

293. Recalls that any public funding must be conditional on transparency and traceability of investments, supply obligations on the European market and the accessibility, safety and affordability of the produced medicines;
294. Emphasises the importance of reducing administrative delays between the submission of a marketing authorisation application and its approval by the EMA, and that the simplification of regulatory procedures should not compromise safety, efficacy and quality standards;
295. 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, reiterates the need to facilitate non-profit production of medicines;

(v) RESEARCH AND DEVELOPMENT

296. Encourages further investment in R&D oriented to address objectives of public interest, 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 as well as innovative and other treatments available in times of crisis and beyond; encourages vaccine research to methodically explore and take into account gender differences in vaccine response and efficacy by increasing women’s representation in clinical trials;
297. Stresses the importance of investing in more affordable and accessible end products; reaffirms the need for greater transparency in biomedical R&D to independently establish well-targeted financial investments and reduce duplication by ensuring clinical trial data and outcomes are reported and accessible;
298. Calls on the Commission to make post-acute infection syndromes (PAIS) a priority and to develop an EU PAIS strategy, comparable to Europe’s beating cancer plan and the EU strategy on mental health and address PAIS in the global health strategy; calls for the EU and its Member States to take as much effort to find a cure for PAIS patients as they took for vaccine development;
299. Calls for more research to determine the underlying causes, frequency and best treatment options for PASC, including long COVID, post-acute COVID-19 syndrome, Post Vac and other post-infectious diseases and research into their long-term consequences such as developing ME/CFS, as well as for the exchange of experience and approaches to addressing the impact of their effects; requests the establishment of

an EU network of experts on these diseases with a coordinated programme of surveillance systems, including data disaggregated by different subgroups from each Member State, including in the ORs and OCTs, using consistent case definitions and methodologies and encompassing the impact of these conditions on health, employment and the economy; emphasises the need for additional funding and prioritised calls for projects focused on biomedical research into PASC and for better recognition of PASC at Member State level;

300. Calls on the Commission to use Horizon Europe funding for dedicated and targeted PASC research, including cooperation with pharmaceutical industry, on a scale allowing the development of a series of diagnostic tools, financing pivotal studies and developing drugs that address the different symptom clusters and the European Partnership on Rare Diseases; highlights in this regard that even viruses that do not seem very serious can sometimes lead to severe diseases years down the line; underlines that prevention is better than cure and therefore reiterates the need to encourage and fund research to create vaccines that provide sterile immunity, which would not just treat the disease but would most importantly prevent infections, avoiding any potential long-term problems;
301. Reminds the Member States of the importance of providing adequate assistance and support to people suffering from PASC, including long COVID in extending sickness allowances, facilitating access to social benefit schemes as well as compensation for Post Vac patients in order to mitigate PASC as a poverty trap, including appropriate support for those affected in their daily life or work capacity; acknowledges the need for improved medical education and training for health and social care professionals working with PASC and the inclusion of ME/CFS within the European Reference Network for Rare Neurological Diseases (ERN);

(VI) TRANSPARENCY

302. Recommends that neither negotiators of contracts with pharmaceutical companies, nor experts consulted in the context of EU pharmaceutical policy or programmes or otherwise mobilised by the Member States or EU institutions, should have any financial or other interests that might be considered prejudicial to their independence, and that they should declare their financial and other interests, updating such declarations annually and whenever necessary in line with the procedures provided for at Member State or EU level; recommends that these declarations be made public; considers that experts should also disclose any facts of which they become aware during their participation in such procedures that might reasonably be expected to involve or give rise to a conflict of interest;
303. Calls on the Commission to periodically evaluate and review the incentive system while ensuring its predictability, and report back to the European Parliament, increase price transparency while respecting business confidentiality and highlights the factors of health technologies and the economic sustainability of public health systems;
304. Recalls that all Europeans have the right to optimal treatment, regardless of financial means, gender, age, or nationality and expresses concern over the great disparity in availability and access to different therapies, with unaffordability being a primary reason;

305. Calls on the Member States to take into account the gender health gap in their future pandemic preparedness and resilience;
306. Underlines especially the need to ensure access to women's sexual and reproductive health services and reminds the Member States that equal access to healthcare, is an essential component of their legal obligations to advance gender equality;
307. Insists on the need to ensure equal access to safe, effective, and affordable medicines within the EU and encourages the Member States to consider joint price negotiation with pharmaceutical companies;
308. Urges the Commission to submit a proposal for the revision of Council Directive 89/105/EEC on the transparency of measures regulating the prices of medicinal products¹ in order to ensure effective scrutiny and full transparency of the procedures used to determine the price of and reimbursement amount for medicines, particularly cancer medicines, in all Member States;
309. Regrets the lack of transparency during certain negotiating phases of vaccine contracts by the Commission and underlines that transparency in the decision-making process strengthens the acceptance of political choices made on behalf of citizens;
310. Encourages responsible ways to enhance transparency regarding public vaccine funding, contracts, and procurement, as well as medical countermeasures, the real costs of R&D, and access to clinical trial results and related data through the clinical trial information system with due consideration to IP rights, including trade secrets;
311. Calls on the Commission to ensure its duty of transparency by also making public, in procurement contracts, information related to the liability of manufacturers, delivery dates and volumes of doses for each Member States, and furthermore the price of the doses sold;
312. Calls on the Commission to continue to keep the European Parliament informed and updated concerning purchase agreements and to provide the European Parliament access to the non-redacted versions of all purchase agreements without any further delay;
313. Calls on the Commission to publish the non-redacted version of the purchase agreements for the general public after their respective termination dates, including all information of public interest, when legally possible;
314. Urges the Commission, Member States, and manufacturers to be transparent about potential side effects of vaccines, including known side effects identified by the EMA, and to communicate in this context, as well as concerning the benefits and efficiency of vaccinations, in a consistent, comprehensive, and coordinated way, guaranteeing the safety of patients, as well as to avoid vaccine hesitancy, misinformation, and disinformation;
315. Encourages the Member States to pursue efforts to collect data about side effects in a

¹ Council Directive 89/105/EEC of 21 December 1988 relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of national health insurance systems (OJ L 40, 11.2.1989, p. 8).

timely and adequate manner, and feed these data into the pharmacovigilance database; stresses the importance of pharmacovigilance, mitigation measures to prevent adverse reactions, determine liability and ensure swift compensation in the event of injury by manufacturers;

(VII) EU INSTITUTIONS

316. Calls for HERA to be made an autonomous, EU agency, with a strong and well-defined mandate from the Council and Parliament (including a proper industrial research role, and mandate), which would also ensure parliamentary oversight and hence increase transparency, with increased resources and a budget to fulfil its mandate, while being coordinated with other EU health initiatives, focusing its activities on safeguarding the public interest, including through access conditions and legal options to mandate technology transfer and knowledge sharing;

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

(a) Building trust

(I) BETTER AND MORE EFFECTIVE EU HEALTH COMMUNICATION, IN PARTICULAR WITH REGARD TO EPIDEMICS OR HEALTH CRISES

317. Underlines that the COVID-19 pandemic impacted the exercise of fundamental rights, in particular the rights of certain groups, such as the elderly, children, women and young people, and had an especially adverse effect on already marginalised groups, including but not limited to disabled people, migrants, people facing racism, socially disadvantaged people and LGTBQIA+ persons; stresses that trust in public authorities and institutions and in science applied in public institutions' decision-making is indispensable for an effective response to pandemics and is unattainable without transparency and communication based on scientific evidence in line with the data available at the time, delivered in a transparent and understandable way for the general public; recognises that the spread of scientifically or medically false information in the midst of a health crisis has seriously harmed the health of the EU population and even put the lives of people living in EU at risk; deplores politically motivated use of fake news and disinformation, and the attempts to destabilise through such means the public institutions in a time of crisis; notes that the COVID-19 pandemic had an impact on democratic oversight and transparency of public institutions; underlines that these developments have a negative impact not only on citizens' trust in public institutions but also on social cohesion; underlines that trustfulness and consistent disclosure of public documents together with communication of science-based decisions in a clear, effective and understandable way for the general public increase people's willingness to follow voluntarily health recommendations and increase public trust in general;

318. Stresses the need for decisions on the measures applied for tackling pandemics, especially when they entail a restriction of freedoms, to be based on scientific criteria and the advice of scientific authorities in the field through formal, transparent decision-making processes;

319. Notes the efforts of the EMA to provide clear, transparent, accurate and timely information on the authorisation and supervision of COVID-19 vaccines and therapeutics, with unprecedented speed and frequency and recognises that the agency

has already implemented measures to increase the transparency of its regulatory activities on COVID-19 vaccines and treatments; acknowledges the need for the agency to continue to further improve transparency, communication and the availability of information and therefore asks the agency to ensure full transparency and availability of information on vaccines and their authorisation processes, with a view to fostering public trust and to provide complete information about public funds and their spending; recognises that the agency's communication was key to reassure citizens, fight mis- and disinformation during the pandemic and highlights the importance of ensuring high levels of transparency in the agency's functioning; acknowledges the need for the ECDC, the Commission and the Member States to improve their transparency and communication strategies in times of crisis;

320. Points out differences between Member States' ability to tackle disinformation; notes that such differences are one factor contributing to disparities in terms of vaccine hesitancy;
321. Recognises that, despite the disinformation spread within the Union, EU citizens and society in general highly welcomed the vaccines against COVID-19 and highlights that the great sense of responsibility of citizens was essential for the smooth running and success of the vaccination campaign in many Member States;
322. Considers that a health education, among other policies, including communication and proximity to healthcare providers and other relevant stakeholders, together with the communication of scientific evidence and results in an understandable way, media literacy and transparency of public procedures, community-based solutions and outreach to marginalised communities are some of the key factors in reducing vaccine hesitancy;

(II) TACKLING MISINFORMATION AND DISINFORMATION AND THE ROLE OF SOCIAL MEDIA

323. Highlights that disinformation is an evolving challenge with the potential to negatively influence democratic processes and societal debates affecting all policy areas, to undermine citizens' trust in democracy and to discourage European cooperation and solidarity;
324. Acknowledges that the European information space needs to be better protected; notes the rapid growth of mis- and disinformation on social media and traditional media outlets during the pandemic and strongly recommends developing strategies to prevent misinformation during times of crises;
325. Recalls that the best way to fight disinformation is to protect and ensure the right to information and freedom of expression, supporting media pluralism and independent journalism; calls on the Member States, in this context, to ensure transparency when adopting measures in a crisis situation and to provide their citizens with comprehensive, up-to-date, precise and objective information and data concerning the situation and measures undertaken to control it, in order to fight disinformation that aims to discredit or distort scientific knowledge about health risks;
326. Stresses the need for information to be comprehensible, consistent, scientifically substantiated and provided in a timely way to avoid misinformation and thus provide

guidance to the public, the media and healthcare providers and ensure compliance with public health recommendations;

327. Welcomes the revision of the ‘Code of Practice on Disinformation’ in 2022 and strongly supports its new commitments and recommends an early report on its impact;
328. Welcomes the proposed European media freedom act, which is designed to preserve media freedom and diversity in the face of anti-misinformation tools; welcomes the fact-checking work of journalists to counter misinformation and disinformation, duly respecting fundamental rights and the principle of freedom of the press; calls for more resources to facilitate training on anti-misinformation tools and advocates for a stronger collaboration between the media to avoid the spread of fake news; calls upon the Commission and the Member States to intensify efforts in times of crisis to ensure that journalists can work safely, and to recognise news media as an essential service;
329. Welcomes the establishment of a permanent task force on misinformation (the European External action Service StratCom division) to monitor the scale of misinformation in the EU and welcomes the proposed European democracy action plan to establish a common European strategy to tackle misinformation as well as the upcoming Defence of Democracy package;
330. Highlights that disinformation campaigns, along with cyberattacks, can also be part of ‘hybrid warfare’ strategies by foreign powers and should be addressed as part of a broader security strategy;
331. Welcomes the use of the pre-existing Rapid Alert System during the COVID-19 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; calls upon the Member States to make more extensive use of the Rapid Alert System and other appropriate means in order to strengthen cooperation with EU institutions and among themselves, including for sharing information available on the health indications of the situation on the ground and on its progress; emphasises that outreach and communication have played an essential role in the fight against the pandemic;
332. Welcomes the setting up of the European Digital Media Observatory (EDMO) which will support an independent multidisciplinary community on COVID-19 disinformation with a technological infrastructure with tools and services; recommends that EDMO assist public authorities with research within its competences and establishes appropriate links to the Rapid Alert System;
333. Recalls the role of the media, especially of social media in providing a platform in the spread of mis- and disinformation relating to COVID-19 and health questions in general; underlines that many social media companies’ business model is based on click-baiting and therefore aggravating fake news and hate speech;
334. Acknowledges the limited cooperation of social media platforms, owing to a lack of clarity in their reports and regrets the differences between the Member States’ vaccination strategies, advice and communications, sometimes resulting in conflicting messages to specific target groups, which can potentially result in vaccine hesitancy;

335. Recalls that the business model of online platforms is still data driven, and that the ability of online platforms to collect large amounts of personal data is dependent on social media platforms' use of algorithms; considers that algorithms play a role in the amplification of false narratives;
336. Stresses the importance of monitoring social media platforms to understand ongoing and emerging trends in disinformation and fake news; asks the Commission and Member States to require greater and stronger cooperation from those platforms, in order to ensure the public debate is built on trust, transparency and correct information;
337. Welcomes the adoption of the Digital Services Act¹ (DSA) and Digital Markets Act² in 2022, which aim to create a safer digital space in which the fundamental rights of all users of digital services are protected; recognises the need for more transparency from social media companies about what content they share on their platforms, what politically sensitive advertisements have been published and what data they store for future use; welcomes the DSA's provisions that require very large online platforms and very large online search engines to provide information on algorithms, to allow access to them, to explain how they work, to assess their impact on democratic and electoral processes, and to take risk-mitigation measures;
338. Recommends supporting targeted action on inclusiveness in post-pandemic recovery to protect democratic space and make it representative of all voices in society; underlines that digital and media literacy and increased support of critical thinking for social media users, are paramount in the fight against disinformation and misinformation;
339. Reaffirms the importance of Parliament's having a Special Committee on Foreign Interference in all Democratic Processes in the European Union, including Disinformation (INGE), including disinformation and the strengthening of integrity, transparency and accountability in the European Parliament;
- (III) IMPORTANCE OF COMMUNITY ENGAGEMENT, INCLUDING LISTENING TO AND ADDRESSING PUBLIC CONCERNS
340. Recommends further including representatives of local, regional and territorial authorities and communities, including elected officials, representatives of civil society organisations and social partners, in the interinstitutional, multilevel process of generating trust, coordinating the delivering of factually correct information to all members of society in a clear and understandable manner and fostering the population's active engagement in times of crisis; recommends taking a principled people-centred approach in the development of health emergency response agendas and policies; recommends that the Commission take fully into account the results of

¹ Regulation (EU) 2022/2065 of the European Parliament and of the Council of 19 October 2022 on a Single Market For Digital Services and amending Directive 2000/31/EC (Digital Services Act) (OJ L 277, 27.10.2022, p. 1).

² Regulation (EU) 2022/1925 of the European Parliament and of the Council of 14 September 2022 on contestable and fair markets in the digital sector and amending Directives (EU) 2019/1937 and (EU) 2020/1828 (Digital Markets Act) (OJ L 265, 12.10.2022, p. 1).

the public consultations in its legislative proposals linked to pandemic management; recalls in this context the important role played by the scientific community, patient organisations, non-profit organisations and non-governmental organisations in building and enhancing public trust and advises better engagement with them;

341. Acknowledges the key role played by local authorities, especially regions and municipalities, during the pandemic, since they were on the front line providing healthcare and ensuring that the pandemic countermeasures were properly implemented;

(b) COVID-19 and fundamental rights

342. Reiterates the importance of well-established national and European Union level scrutiny processes and democratic oversight based on the division of powers between the executive, legislative and judiciary 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; underlines that any restriction of fundamental rights needs to be limited in time and be proportionate to the temporary prevailing need of protecting the population; recommends that emergency measures should only be in force as long as they are necessary; stresses in this regard the importance of applying sunset clauses to emergency measures in line with the national law; notes that national authorities generally adopted emergency measures during the pandemic in order to protect public health; regrets the impact on human rights, especially of the most vulnerable and marginalised people;

343. Notes with concern that in some cases Member States that introduced a state of emergency or equivalent regime used this emergency tool to restrict the right to the freedom of assembly of political opponents, and used this emergency tool as an opportunity to pass controversial legislation or development plans;

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

344. Welcomes the overall success of the EU COVID Digital Certificate and recalls its fundamental importance in protecting public health; recalls that the certificate was fundamental in order to guarantee freedom of movement and the integrity of the single market as soon as the public health situation allowed for the loosening of restrictions and limitations; underlines its relevance in serving as a model for the EU to successfully deploy EU-wide digital health solutions of this nature if needed in the future; notes that the EU Digital COVID Certificate in combination with the successful establishment of a coordinated EU external border approach have been crucial in restoring the free movement of persons;

345. Recognises the advantages of the EU Digital COVID-19 Certificate (EU DCC), which is based on open-source technologies and standards, allowed for the connection of non-EU countries and facilitated travel both within the EU and globally; acknowledges that a global system established by the WHO could be of assistance in addressing future global health threats; insists on the full involvement of Parliament, as a co-legislator, when establishing such a future system on the basis of the EU DCC framework; expects the Commission to put forward an appropriate legislative proposal should a future pandemic so require; recalls the clear time limit for the use of the EU DCC in the EU as

a result of the establishment of a sunset clause; regrets that the Commission has unilaterally decided to single out the matter of infrastructure, which is politically connected to the original EU DCC Regulation; reiterates this demand for future EU and global systems; calls for any future system to respect the principles of proportionality, subsidiarity and necessity;

346. Notes that the EU has a strong legal data protection framework to protect natural persons when processing their personal data; highlights that the EU COVID Digital Certificate and tracing apps based on the Privacy-Preserving Proximity Tracing (DP-3T) protocol respected this legislative framework, while allowing the free movement of EU citizens under the sanitary rules applied during the crisis; underlines that both systems were developed by European privacy engineers and have been used all over the world; recalls that the EU COVID Digital Certificate has enabled coordination between the Member States by putting in place harmonised rules at EU level, avoiding divergent systems between Member States and disorganisation;
347. Regrets that diverging approaches among the Member States and the adoption of national measures on the use of the EU Digital COVID Certificate that went beyond the objective of restoring the free movement of persons and mobility undermined public trust in the tool; recognises that several contact-tracing methods and tools introduced and used on national level were insecure, ineffective, or privacy-invasive; calls on Member States to learn from such mistakes;

(II) IMPACT ON VULNERABLE AND MARGINALISED GROUPS' RIGHTS

348. Considers that the digital divide is an element of concern for the EU's preparedness and resilience, given that vulnerable and marginalised population groups are particularly impacted because they tend to have fewer connection opportunities; underlines that in times of crisis marginalised people and communities, minorities and disadvantaged people are much more affected than the general population; recognises that limitations in the fundamental freedoms, justified on public health grounds, have disproportionately affected those population groups, further exacerbating their isolation and their detachment from broader society;
349. Acknowledges that the lack of clear legal frameworks and sufficient resources resulted in indirect discrimination, including during triage, leading to unequal treatment or particular negative impacts on certain groups, especially persons with disabilities; highlights that in order to successfully meet the needs of the poorest and most marginalised people during a pandemic, the health response in emergencies must be based on the principles of equity and inclusion;
350. Calls for stronger involvement of civil society organisations, special interest groups and ethics committees in the design, implementation and monitoring of health measures, to safeguard fundamental the rights of vulnerable and marginalised people in emergencies;
351. Calls on the Member States to assess how health emergency measures have disproportionately affected minority and/or marginalised communities;
352. Acknowledges that previous research on pandemics shows that the prevalence and severity of gender-based violence is exacerbated during crises; highlights that during the lockdowns resulting from the pandemic, gender-based violence against women and

children increased significantly as the restrictive measures fostered a particularly enabling environment for abusers;

353. Notes that the WHO's European countries reported a 60 % increase in emergency calls from women subjected to violence by their intimate partner and highlights in this context the especially difficult situation of women facing intersectional discrimination; notes that limited access to support services, like women's shelters and hotlines in many cases left women with no place to go and seek help; notes, moreover that digitalisation drove an observable rise in online gender-based violence as abusive individuals could track down their victims or the most vulnerable people using digital tools;
354. Stresses that the greater vulnerability of the elderly population was compounded by their fragility and poorer prognosis, on account of their greater average age and frequent comorbidities, resulting in clinical complexity and a non-uniform approach to care for the elderly;

(c) Democratic oversight to pandemic response

355. Regrets that Parliament had a very limited role during the pandemic, as decisions were left mostly to the executive branch; recalls that the European Parliament and national parliaments need to exercise their core constitutional functions of legislation, oversight of the executive and representation of citizens regardless of the urgency;

(I) DEMOCRATIC OVERSIGHT TO PANDEMIC RESPONSE AT NATIONAL LEVEL

356. Notes significant differences in the degree of parliamentary oversight of COVID-19-related emergency measures between Member States, although oversight functions conducted by national parliaments remain an essential requirement of parliamentary democracy, especially at times when states of emergency are introduced, such that more power shifts towards the executive, and that efficient parliamentary oversight requires a legal framework guaranteeing the rights of opposition and minority MPs; underlines that the legislative framework should guarantee the introduction of a sunset clause and an evaluation clause in the state-of-emergency decree, the respect for budgetary scrutiny by parliaments in association, if possible, with independent audits and the involvement of parliaments in the creation of scientific committees;
357. Recognises that state-of-emergency measures should remain of a temporary nature and governments should avoid prolonging their effect beyond the duration of the crisis; underlines that, even in such emergency situations the rule of law must always be guaranteed;
358. Stresses that parliamentary oversight was restricted during the pandemic, notes that national authorities adopted stringent emergency measures during the pandemic in order to protect public health;
359. Recognises that checks and balances and the separation of powers in the EU Member States were not always guaranteed nor always prevailed under the emergency laws;
360. Notes that Member States have established bodies, authorities and procedures to provide scientific advice on the formulation of public policies and the adoption of measures, including in crisis situations; proposes that in future crises, such as pandemics, the names of the members and professionals of these expert groups should

be forwarded to national parliaments for their scrutiny and knowledge in line with national law and practices;

361. Acknowledges that courts played an important role in scrutinising emergency legislation under the constitutions of the relevant Member States; notes with concern the complete shutdown of courts in certain Member States, which effectively prevented access to any means of challenging restrictive measures introduced to respond to the pandemic or for other matters, especially those to protect the exercise of non-derogable and absolute rights provided by Article 2 of the International Covenant on Civil and Political Rights and Article 13 of the European Convention on Human Rights (ECHR); underlines that the independence of the judiciary and the rule of law needs to be guaranteed during pandemics;
362. Considers that in the aftermath of the pandemic as well as Russia's ongoing war against Ukraine, safeguarding transparency and accountability as key principles embedded in European democratic values is critical and necessitates designing systematic plans rather than ad hoc measures;
363. Regrets that the crisis has exacerbated pre-existing challenges to democracy, fundamental rights, checks and balances, and the rule of law in some Member States; regrets that some of the instruments used by Member States to adopt extraordinary measures were deemed unconstitutional; is concerned about the spread of conspiracy theories, political extremism and hate speech during the pandemic in most Member States and considers this a threat to European democracies and European values; stresses that this development needs to be taken seriously by public authorities and addressed horizontally;

(II) DEMOCRATIC OVERSIGHT TO PANDEMIC RESPONSE AT EU LEVEL

364. Is concerned that during the pandemic, the executive branch had the upper hand in emergency decision-making, which undermined Parliament's prerogatives and ability to conduct political oversight; is of the opinion that it is necessary to re-evaluate the measures in place in order to safeguard Parliament's prerogatives; calls on the Commission and the Council to limit the use of Article 122 TFEU and to increase parliamentary control, including the European Parliament's legislative initiative in emergency response actions, and codecision for various instruments to bolster the legitimacy of emergency response actions;
365. Notes that, during the COVID-19 pandemic, Parliament adopted extraordinary measures and undertook innovative action that allowed it to continue its activities, perform 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 continue its interpretation services in the 24 official EU languages, even during remote meetings;
366. Calls for more coordination among EU institutions on adopting extraordinary measures and stresses the need to address digitalisation challenges to ensure that EU institutions, in particular Parliament, can fulfil their mandates and responsibilities by means of in-person meetings, such as plenary sittings and interinstitutional negotiations (trilogues); recognises, however, the value of digital and remote solutions when emergency situations require them, particularly for public health reasons;

367. Emphasises that the pandemic and the subsequent changes in the institutions' working procedures resulted in a slowdown in the processing of requests for access to documents; stresses that it is essential for the institutions to put in place mechanisms to ensure that the highest level of transparency and access to documents is maintained, even in the event of a crisis;
- (d) *COVID-19 and Member States' restrictions on free movement of persons*
368. Highlights that, in response to COVID-19 infections, several Schengen states reintroduced internal border controls or closed their borders, without epidemiological criteria, or imposed restrictions on certain categories of travellers, including EU citizens and their family members and non-EU nationals residing on their territory or that of another Member State, undermining the principle of the freedom of movement and the essence of the Schengen cooperation; is concerned that these travel restrictions and measures challenged the integrity of the Schengen area, undermined the functioning of the internal market and had a negative impact on the economy;
369. Stresses that the uncoordinated approach of Member States and the legal uncertainty surrounding the travel restrictions imposed by Member States had significant consequences for both travellers and the tourism industry;
370. Notes that Member States did not always notify the Commission of new border controls, or submit the compulsory *ex post* reports assessing, among other points, the effectiveness and proportionality of their controls at internal borders, and when these reports were submitted, they often failed to provide sufficient information on these issues; recognises that this affected the Commission's ability to carry out a robust analysis of the extent to which the border control measures complied with the Schengen legislation; reiterates that any internal border controls should be proportionate and a measure of last resort and of limited duration and underlines that the Commission should exercise proper scrutiny to ensure that internal border controls comply with the Schengen legislation and to streamline data collection about travel restrictions and provide more actionable guidance on the implementation of internal border controls;
371. Highlights that, in 2020, the Commission published guidelines for border management measures to protect health and ensure the availability of goods and essential services, in order for Member States to guarantee the continued functioning of supply chains in the single market and avoid possible shortages, together with guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak to allow workers in critical occupations, in particular, to perform activities related to essential services; welcomes the action taken to install 'green lanes' to safeguard the working of the single market and the free movement of goods, but calls for tailored action plans to be prepared to safeguard the free movement of cross-border workers and people in future crises; recalls that there were problems with the operation of the green lanes on some routes owing to a lack of minimum services and supplies, which negatively affected drivers and transport workers;
372. Takes note of the Commission proposal to amend Regulation (EU) 2016/399 of 9 March 2016 on a Union Code on the rules governing the movement of persons across borders (Schengen Borders Code)¹ addressing, inter alia the capacity of the Schengen

¹ OJ L 77, 23.3.2016, p. 1.

Member States to respond in a uniform manner to major public health threats; highlights the need to follow a coordinated approach among the Member States in cases of health crises, to ensure that the reintroduction of internal border controls by the Member States is used as an absolute last resort and in compliance with the principle of proportionality and to guarantee respect of the right to asylum and the principle of non-refoulement during health crises;

(e) Conclusions

373. Acknowledges that, amid the crisis, European and national institutions were confronted with exceptional situations in which certain matters had to be dealt with urgently; stresses, however, that transparency and accountability should remain priorities during crises, in particular, in order to build and maintain citizens' trust in the functioning of public institutions; stresses the need for preparedness plans at EU and national level and that these must be based on respect for fundamental rights and the rule of law, to avoid breaches in times of crisis;
374. Calls on the Commission to ensure that the highest standards are adhered to in the safeguarding of the public interest; urges the Commission, when determining redactions of official documents, to list the specific exception under Article 4 of Regulation (EC) No 1049/2001¹ being applied for each individual redaction, rather than for the document as a whole;
375. Recommends that Member States include media and digital literacy, civic education, respect for fundamental rights, critical thinking and promotion of public participation on school and university curricula, in parallel with efforts to raise awareness among adults;
376. Stresses the importance of and the need for an improved dialogue among healthcare professionals, the public authorities concerned, research groups and the pharmaceutical industry during pandemics, regarding communication on disease and guidelines for future pandemics and health crises;
377. Calls on the Commission and the Member States to further develop a strategy to counter the negative effects of 'infodemics' in future crises;
378. Recommends that European Institutions and Member States draw up guidelines on how to tackle the ethical questions that can rise during a health or other crisis; believes that these guidelines should especially focus on how to protect the most vulnerable groups and how to ensure that their rights are also safeguarded in a crisis situation; underlines the importance of involving relevant stakeholders in the development of these guidelines, including but not limited to disability organisations, LGTBQIA+ organisations, women's rights organisations, organisations representing persons who are racially discriminated against, including organisations representing migrants;
379. Calls on the Member States to end discriminatory triage practices, particularly those that use age, pre-existing medical conditions and quality of life as unique criterion, and to improve access to healthcare for disabled persons through guidance and training; recommends that, in situations where healthcare professionals will not be able to

¹ Regulation (EC) No 1049/2001 of the European Parliament and of the Council of 30 May 2001 regarding public access to European Parliament, Council and Commission documents (OJ L 145, 31.5.2001, p. 43).

provide the same level of care to everyone medical guidelines need to be non-discriminatory and follow international law and existing ethics guidelines for care in the event of disasters and emergencies; reiterates that in producing these guidelines the authorities must take into account their commitment to the UN Convention on the Rights of Persons with Disabilities, especially Article 11 – situations of risk and humanitarian emergencies; underlines especially the necessity to support persons with disabilities facing intersectional discrimination;

380. Calls on the Member States to address rising levels of domestic violence during restrictive measures, by awareness-raising, provision of information in a safe environment, opening shelters for victims, by developing virtual or digital solutions, continuing to issue protection orders and handle domestic violence court cases during lockdowns;
381. Urges the Commission to come up with guidelines for health emergency situations concerning the fundamental rights of children, youth and families, including guidelines on facilitating access to outdoor spaces in view of the epidemiological situation;
382. Asks the Commission and the Member States to propose concrete measures to support and protect marginalised people and communities, minorities and disadvantaged people during crises, both on the socioeconomic level and in terms of social and cultural inclusion;
383. Underlines the difficulties LGTBQIA+ persons faced in accessing medical care during the pandemic, in particular trans people, and urges the Commission and Member States to develop mechanisms to counter this in any potential future health or other crisis; reminds the Commission and the Member States of the specific protection rainbow families might need in an emergency or crisis situation, especially in Member States where their legal status is unclear;
384. Recalls the need for enhanced solidarity among Member States, especially in times of crisis; regrets the blocking of essential goods, medicines, medical devices and equipment during the most delicate phases of the crisis; asks the Commission to promote more solidarity in the future and propose appropriate measures to sanction Member States responsible for unilateral initiatives of this kind;
385. Reminds the Member States that the option to temporarily reintroduce border controls at the internal borders must be applied as an absolute last resort measure in exceptional situations such a serious threat to public policy or internal security and must respect the principle of proportionality;
386. Calls on the Member States to consider carrying out an *ex post* review of how national legal regimes were prepared for the measures required by the pandemic with a view to maximising their preparedness and legal framework for future crises;
387. Emphasises that Member States also need to ensure democratic oversight during crises and emergency situations; underlines the importance of checks and balances and the need to ensure the transparency of public decision-making as well as involving and informing citizens in an approachable, understandable way; recalls that all these factors are crucial to building trust in public institutions and authorities and that trust is one of the cornerstones of resilient democratic societies;

388. Calls on the Commission and the Member States to come up with proper legislative solutions such as, for example, a European framework with minimum criteria, to guarantee the dignity and proper treatment of institutionalised persons during pandemics;
389. Calls for the EU and the Member States to establish mechanisms that should be available during crisis situations to prevent and combat all types of gender-based violence including trafficking, prostitution, sexual exploitation and rape; recommends developing an EU protocol for the protection of victims of gender-based violence in times of crisis and emergencies and to categorise it as an ‘essential service’ in the Member States;

3. *Social and Economic Impact*

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

390. Notes that the shock of the pandemic to labour markets in 2020 was sharp, and that the recovery has been generally swift but unequal between Member States; notes that the recovery has been aided by policy interventions and significant public support at national and EU level; points out that the Member States dealt with the challenges of the COVID-19 pandemic using different measures, and the impact of the pandemic on the functioning of businesses and the labour market has therefore been different; underlines that while overall, EU employment recovered to pre-crisis levels within two years, compared to nearly eight years following the global financial crisis, the response by the EU and Member States has not yet been generally sufficient to return to pre-pandemic levels, while the subsequent crisis has further worsened the situation in the EU;
391. Underlines the deep, general, widespread socio-economic impact of the pandemic on European societies, which has caused major distress and intense pressure on workers; stresses that the shock to the labour market has been dramatic, particularly for low-paid jobs, low-skilled workers and generally marginalised people and communities, and regrets that existing economic divergences within the EU were aggravated by the pandemic;
392. Notes that job losses during the pandemic were concentrated in low-paid jobs and among employees with atypical contracts, and that the statistics showed more women¹ to have been affected than men, but that the recovery in employment during 2021 was driven by growth² in well-paid jobs and occupations; underlines that the pandemic had a disproportionate impact on certain categories of workers, such as the self-employed, those in feminised work sectors, platform workers, freelance workers, contractual workers including sub-contracted, seasonal and temporary workers, cross-border workers and those in the cultural and creative sectors as well as tourism, hospitality and retail; notes that as a result of the pandemic, the income gap in the EU has widened and socioeconomic disparities have deepened;
393. Stresses that young people were strongly impacted by the crisis, which affected their

¹ Gender Equality Index 2021: Health.

² Eurofound, Recovery from COVID-19: The changing structure of employment in the EU.

employment prospects and disrupted their education;

394. Notes that the surge in youth unemployment is due to the over-representation of young people in precarious employment, such as part-time, fixed-term, or temporary agency work; highlights that many young people did not have access to minimum income schemes in EU countries;
395. Stresses that about 90 % of SMEs reported suffering an economic impact in the first months of the pandemic, with the worst affected sector 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;
396. Highlights that most countries were reliant on tourism¹ and consequently some suffered a much larger GDP shock as a result of pandemic lockdowns compared to others owing to more challenging epidemiological situations and pre-existing socioeconomic conditions, including one of the principle sources of economic activity; notes that the loss of jobs in the hospitality and tourism sectors has aggravated a pre-existing lack of qualified or adequate workforce, making the retention of talent even more difficult;
397. Welcomes the Member States' efforts to help SMEs with schemes such as loan guarantees or subsidies as exceptional measures in times of crisis; regrets, however, the disparities in the national economic responses to the pandemic in terms of the size and form of aid provided, particularly for SMEs, while recognising Member States' differing socioeconomic situations; 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; welcomes the work done by EU-OSHA to support the protection of occupational health during the crisis;
398. Stresses that the ILO special report on the impact on youth employment found that the youth labour market was three times worse off during the pandemic than that for adults;
399. Notes that the labour market is still affected by the consequences of the pandemic and the vast majority of workers were affected by lengthy closures and limitations;
400. Underlines the enormous impact COVID-19 had on healthcare workers, both directly in terms of health risks, infections and deaths, and also indirectly on their working conditions, working hours, pressure and stress; recalls that the pandemic further increased the strain on healthcare workers by requiring them to work extra hours and exposed them to unprecedented physical and mental pressure; stresses that during the crisis healthcare workers' right to work in a safe and protected environment was denied; recognises the impact of COVID-19 on the social care and health sectors particularly in terms of funding, staffing and other resources;

¹ The tourism industry, which accounts for 10 % of EU GDP, was one of the sectors most affected by the pandemic; recalls that in 2020 the number of overnight stays in tourist establishments in the EU decreased by 51 % compared to 2019 and that there was 71 % less air travel in the EU in 2020 than in 2019.

401. Notes the negative impact of the COVID-19 pandemic on the mental health of entrepreneurs and workers who struggled with the pressure of having to retain jobs and keep their businesses afloat; highlights the important role played by constructive social dialogue and collective bargaining in mitigating the adverse effects of the pandemic and in achieving consensus on targeted measures to protect those workers and enterprises hardest hit by the crisis;
- (b) *EU Financing Instruments (EU4Health measures, Horizon Europe, Civil Protection Mechanism, Cohesion Funds, Recovery Fund etc.)*
402. Notes that the EU reacted quickly to the economic recession caused by the pandemic, by easing State aid rules, suspending fiscal rules, introducing the temporary European instrument called Support to mitigate Unemployment Risks in an Emergency (SURE), launching NextGenerationEU, as well as investing in joint vaccine financing; acknowledges that Member States were able to spend and borrow easily thanks to the actions of the EU monetary and political authorities; recognises the varying impacts of the pandemic on Member States' GDP, with certain countries and island regions experiencing larger shocks owing to factors such as a worse epidemiological situation, leading to stricter lockdowns, and differing pre-existing socioeconomic structures;
403. Welcomes efforts by the EU to quickly put in place temporary economic measures such as the European Central Bank's 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; points out that Member States were also able to spend and borrow easily thanks to the actions of the EU monetary and political authorities;
404. Welcomes the measures and instruments that followed, with the development of SURE, the RRF and NextGenerationEU, to which the EU committed EUR 800 billion for grants and loans; underlines that the RRF and SURE were instrumental in mitigating the economic and social impact of the pandemic in keeping our citizens at work; recognises however, the need to move towards structural financial support measures in the long term, and in particular the importance of an instrument for unemployed workers, such as SURE, that remains in use for the duration of the current exceptional situation and continues to be based on loans and quickly activated in the event of new external financial or economic shocks;
405. Calls on the Commission and the Council to ensure that the SURE instrument continues supporting short-time work schemes, workers' income and workers that would be temporarily laid-off because of the current exceptional situation and its ensuing consequences;
406. Encourages Member States to use the full potential of the RRF, including loans, to counter the effects of the pandemic and the challenges ahead; stresses that delays in approving national recovery and resilience plans by Member States severely affected the ability of local and regional authorities to adequately address the effects of the pandemic on their communities, businesses and citizens, this may have resulted in long-term worsening of local and regional economic situation; in view of future crises notes the need to carry out reforms agreed in the National Recovery and Resilience Plans in order ensure quicker and effective implementation of the NextGenerationEU funds which would allow Member States to re-establish a level playing field vital in

supporting recovery of EU regions and municipalities facing economic uncertainty;

407. 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 and the absence of common standards on data sharing, posing a significant risk of corruption; recommends that Member States should put more effort into sharing data on their national recovery plans and optimising national recovery and resilience mechanisms with the support of the Commission; welcomes the REPowerEU regulation that obliges Member States to publish information on the top 100 beneficiaries of the Recovery and Resilience Facility; calls for clear commitments from Member States to publish data on final beneficiaries and information on the destination of the funds received; emphasises the need to address risks of corruption and ineffective spending;
408. Emphasises the importance of providing accessible information about the loans and grants supported by the EUR 700 billion Recovery and Resilience Facility; in particular, information from Member States on compliance with any conditions attached to the EU funds and measures to ensure public scrutiny of the milestones reached by Member States;
409. Notes that the RRF investments in the green transition and digital transformation should contribute to increasing the EU's open strategic autonomy and independence, and according to the Commission, the RRF is expected to give a major boost to the implementation of the EU's industrial strategy and thus contribute to the further development of the EU's industries;
410. Recognises the success of temporary State aid framework and investment in bringing many EU Member States back to pre-pandemic GDP levels, retaining employment, and keeping businesses running;
411. 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;
412. 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;
413. Recognises the important role of some local and regional authorities in making protecting public health a priority while also successfully sustaining economic activity; calls for the recognition of the role played by family businesses, who often have a strong link to the local community they are operating in, prioritising retaining employees during the pandemic and thus supporting the economic recovery and transport workers whose continued efforts ensured the supply of vital goods and medicines;

(c) *The impact of COVID-19 measures, including lockdowns, on women and girls, young people and children*

(I) WOMEN AND GIRLS

414. Highlights that the COVID-19 pandemic had a negative effect on gender equality; acknowledges that women still provide the majority of unpaid care such as domestic work, childcare and child-related work; stresses the pivotal role and over-representation of women working in professions categorised as ‘essential’, such as social, care, cleaning, education, health and retail sectors that kept our societies running during the COVID-19 crisis and that the pandemic has highlighted and exacerbated existing inequalities and structural challenges faced by women and girls in all their diversity, in particular those at risk of intersectional discrimination;
415. Notes that a stronger negative economic impact could be seen for women than men, 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 and increasing the risk of poverty and economic dependency;
416. 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; underlines that women experienced more work-life conflict during lockdowns and that the long-term effects of this crisis will most likely affect women severely because of the gendered social role in the case of care work; notes that women were overrepresented in the hardest-hit sectors, such as the hospitality and food services sector, manufacturing, care and the formal 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;
417. Notes the reduction in care services and increase in unpaid care work carried out by women during the COVID-19 pandemic, including women becoming the main carers for the vulnerable and the sick in their families as well as carrying the burden of activities related to homeschooling, while having to attend to their own professional tasks; underlines that this re-established and reinforced gender inequalities and put in sharp relief many structural problems, entrenched in Europe’s social care system such as under-resourced care facilities and healthcare systems, or lack of investment; notes that these have had significant negative consequences for women in terms of economic dependence; highlights that this discriminatory gender aspect has to be taken into account when designing care strategies and policies; calls on the Commission to come up with a care strategy to address unpaid labour in the care sector; notes that female health services were impacted by the overloading of national health systems, with significant disruptions to cancer screening as well as vaccinations and post- and prenatal care;
418. Stresses that it has been established, especially by UNICEF, that the COVID-19 pandemic is increasing the risk of female genital mutilation, with the UN predicting that an additional two million girls will be subjected to the practice in the next 10 years, indeed, the UN says that COVID-19 has disproportionately affected girls and women, resulting in what it calls ‘a shadow pandemic’ disrupting the elimination of all harmful customs including female genital mutilation, especially in Africa;

(II) YOUNG PEOPLE AND CHILDREN

419. Underlines that the restrictive measures in Member States not only impacted youth

education and employment but also affected young people's mental health and social capital; is concerned that there is strong evidence of a rise in mental health problems, anxiety, depression-related symptoms and suicidal behaviours; highlights that the long-term consequences of the pandemic on mental health are likely to have had a stronger impact on vulnerable young people and those from socio-economically disadvantaged backgrounds or marginalised communities and to have compounded other issues; notes that lockdowns and the consequent lack of physical exercise had an impact on people's health and well-being and that all these issues were particularly manifest in vulnerable at-risk groups;

420. Notes that lockdowns prevented young people living in vulnerable situations from accessing and affording mental health services; urges the Member States to promote cross-sectoral public investments to tackle mental disorders among children and young people;
421. Notes that up to 1,6 billion children worldwide¹ were affected by school closures during the COVID-19 pandemic and it is estimated that at least 24 million students could drop out of school as a result; is concerned that the COVID-19 pandemic exacerbated the socioeconomic issues faced by young people, and that the combination of job losses and unpaid or low-paid work has increased the risk of poverty among young people; is concerned that the COVID-19 pandemic has placed a large number of young people in situations of vulnerability and precariousness that have prevented them from accessing basic needs;
422. Notes that students experienced a decline in educational quality and showed a decline in reading, writing and maths learning performance and the development of skills, which has had a negative long-term impact; points out that among students from low-income and poor households this learning deficit was found to be twice that among those from higher-income households, such that the gap between children from vulnerable households and children from socio-economically resilient households widened;
423. Notes the differences in measures taken by Member States in response to the differing epidemiological situations in each Member State, to contain the spread of the virus such as school closures and the impact this had on children and teachers;
424. Stresses also the key role played by teachers in adapting to and delivering online teaching and their role in contributing to the psychological support and development of children and young people; in this regard recognises the need to promote the mental health literacy of teachers, and all education personnel, as well as youth workers to ensure they are equipped to support children and themselves during times of crisis; notes that the COVID-19 crisis resulted in teachers having to adapt faster to online teaching and online educational support instruments during school closures;
425. Underlines that digitalisation allowed the resumption of educational activities during lockdowns, facilitating learning, but shortcomings in the availability to all children of information and communications technology, supporting materials, access to digital services, other educational infrastructure and the gap in integration exposed the weaknesses in school systems; acknowledges that children from ethnic minorities, such

¹ UNICEF Executive Director Henrietta Fore's remarks at a press conference on new updated guidance on school-related public health measures in the context of COVID-19.

as Roma and those with a migrant background and children with disabilities were disproportionately affected;

426. 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;
427. Is concerned that during the pandemic children and young people suffering from mental health issues received insufficient mental and psychological support and this could remain an ongoing issue;
428. Stresses that children and young people with disabilities or on the autistic spectrum suffered disproportionately from the hardships caused by the pandemic and lockdowns; points out that during the pandemic many support services were suspended leaving parents and other carers without essential assistance;

(d) The impact of COVID-19 on the elderly and vulnerable/marginalised groups

429. Finds that the pandemic and lock downs, while unavoidable owing to the public health concerns, had a disastrous impact on persons with disabilities; emphasises that persons with disabilities faced discrimination in terms of receiving adequate information about the pandemic and access to healthcare and they also encountered difficulty obtaining PPE; notes that persons with disabilities faced limited access to care, education and rehabilitation services (as a result of unequal access to digital tools); notes with concern the high death toll among persons with disabilities who were in institutions;
430. Stresses that lockdowns severely impacted many people who were already marginalised or disadvantaged by aggravating their social conditions, reducing their chances of finding work, and limiting their participation in society and their rights as citizens; recalls that the pandemic exacerbated pre-existing socioeconomic difficulties and challenges bringing further complications for those who suffered from addiction and mental health issues, but also affected low-income families, women, the elderly, children, migrants, refugees, LGBTQIA+ persons, the homeless and people with disabilities; notes that the needs of socially disadvantaged groups were not always met during lockdowns, and the lessons learned need to be properly addressed; points out that care and social services, including home care and non-residential care services were not considered critical infrastructure and the important role of socioeconomic factors in health risks was not recognised;
431. Notes that the consequences of the outbreak of the COVID-19 pandemic disproportionately affected the poorest, disadvantaged, marginalised and unprotected in society, including persons with physical and intellectual disabilities, chronic medical conditions, mental health problems and the elderly, or those persons who already had limited or no access to basic hygiene or treatment for their healthcare needs, and that these groups became even more vulnerable as a result of the pandemic;
432. Recalls the tragic impact of COVID-19 on long-term residential facilities in Europe, with care homes accounting for more than 50 % of COVID-related deaths in some

Member States; notes with concern that nursing home patients were excluded from care during the peaks of the pandemic, resulting in alarming mortality rates among the elderly; notes that deaths among the elderly accounted for a large portion of COVID-19 fatalities and recalls the dramatic situation suffered by many of them in retirement homes and long-term care facilities resulting from delays and obstacles to their treatment and care;

433. States that the pandemic had a major impact on the elderly and people with dementia owing 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 carers, as well as increased financial difficulties for carers; 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;
434. Notes that the pandemic has exposed weaknesses in the preparedness of nursing homes and long-term care facilities for public health emergencies; points out that many nursing homes and long-term care facilities faced shortages of PPE, testing supplies, and staff during the pandemic; calls on the EU and Member States to ensure that care homes and their residents have access to healthcare, including medical referrals, protective equipment, materials, personnel and expertise needed to respond to pandemic; recommends extending regular inspections through a system of external, independent audits and establishing special inspection systems in care homes during periods of isolation;
435. Highlights that the pandemic and the restrictive measures exacerbated 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, the inhabitants of the ORs, and psychiatric patients; notes that the quality of people's diets often worsened, and physical activity declined while sport facilities and play areas were closed, leading to a rise in sedentary behaviour;
436. Calls on Member States to consider establishing emergency management schemes for sports infrastructure to prevent operational limitations owing to unexpected events such as a pandemic, as well as the implementation of safety and security guidelines to ensure the safety of users of sports infrastructure;
437. 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 as well as a lack of proper initial guidance and financial support to services;
438. Stresses that the response to health emergencies requires a human-rights-based approach and must ensure the safety of vulnerable and marginalised groups by guaranteeing their access to healthcare while not restricting their freedom of movement, in line with the ECHR;
439. Calls on the Commission and the Member States to provide comprehensive, multidisciplinary palliative care for patients during pandemics and health crises; calls for improved practice in home and hospital palliative care across the EU; encourages Member States to maximise the number of palliative units in each region and to ensure

sustainable funding and sufficient well-trained human resources;

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

440. 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, reduce emissions 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;
441. Stresses that the digitalisation of work should not lead to a deterioration in workers' rights or working conditions; recognises that digitalisation in the world of work can have negative impacts on working conditions, such as when workers are required to work longer hours or must ensure their availability outside working hours; stresses, therefore, the importance of the right to disconnect; notes that workers' needs vary widely and emphasises the importance of developing a clear framework that simultaneously promotes personal flexibility and protects workers' rights; points out that women are more likely to telework due to their care responsibilities, hence a gender-sensitive European framework for telework is paramount; calls on the Commission to put forward proposals that set standards for teleworking conditions throughout the European Union, with the aim of guaranteeing fair and appropriate working and employment conditions within the digital economy, while noting that working conditions remain a national competence;
442. Notes that digitalisation in the world of work also entails a risk in terms of management and the right to privacy; underlines that changes in working conditions must always be negotiated with trade unions and workers' representatives in order to achieve a consensual decision; welcomes, in this regard, the agreement of social partners to include negotiations on legally binding measures to regulate telework and include the right to disconnect in their work programme for the 2022-2024 social dialogue;
443. Points out that women are more likely to telework due to their care responsibilities; calls for a gender-sensitive European framework for telework to be implemented, which will also consider gender roles in the light of future crises with a clear focus on reconciling work and private life; calls for the implementation of telework in future pandemics to be carried out while respecting the gender equality principle and in accordance with the principle of co-responsibility;
444. Underlines that the appropriate use of digital tools has made it possible, in the case of certain professions, to limit the number of people unable to find work;

(f) Conclusions

(I) BUSINESSES AND WORKERS

445. Calls on the Commission and the Member States to take the necessary steps to defend Europe's social market economy, which is resilient and quickly reacts to crises and

which nurtures a truly business-friendly environment, with increased access to capital, increased simplification of procedures and less red tape for European companies, especially SMEs, so as to enable them to react quickly, continue their business innovation and encourage entrepreneurship, while at the same time protecting and enforcing workers' rights within the EU's borders;

446. Stresses that businesses in the tourism sector should benefit from additional training and development, digitalisation and a more sustainable business model in order to be more resilient and better prepared in the event of a new health or other crisis; stresses that passengers' and consumers' rights were widely breached by tour operators, transport operators and online booking intermediaries during the pandemic;
447. Stresses the need to strengthen support for EU and Member States' social security policies with due respect for the principle of subsidiarity and in line with the European Pillar of Social Rights and the employment guidelines, so that no one is left behind; stresses, further, the need to achieve equal and effective access to adequate social protection, thereby guaranteeing equal and fair access to high-quality healthcare services, strengthening efforts to achieve higher levels of quality employment while narrowing inequalities and gender gaps in relation to pay and benefits, further reinforcing social dialogue while bridging the digital gap and preventing precarious or undeclared work in the care sector;
448. Calls for a more resilient labour market with strengthened social dialogue and social partners who could take part in high-level policy crises governance bodies; stresses the need for more equal and fairer working conditions for all workers across the EU, including the most vulnerable and, in particular, during times of crisis;
449. Calls on the Commission and the Member States to support, strengthen and safeguard the single market, especially the freedom of movement (of people, goods and services) in future pandemics while always taking into account public health concerns and the epidemiological situation, and minimise the burden of documentation and legislation and therefore preserve the integrity of the single market; emphasises the need for rules and guidelines on travelling and disease detection to be harmonised between the Member States, taking into consideration the needs of SMEs; recalls that the free movement of goods is fundamental for well-functioning value chains, in particular for vaccines and other medical countermeasures;
450. 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;
451. Notes that the Commission recommended that Member States recognise COVID-19 as an occupational disease in certain sectors during a pandemic;
452. 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;

453. Recommends that lockdowns or other drastic safety measures should be taken in dialogue with local and regional authorities, economic and social partners and civil society, as well as with organisations in accordance with national law and practices at all the different stages of an unfolding emergency, while respecting the duty and prerogative of public authorities to take measures to protect people's health and safety; underlines that measures should be limited to what is necessary and proportionate;
454. Underlines that the EU Member States recognised the critical role that SMEs played in their economies and implemented various measures to strengthen their position during the pandemic; concludes that measures should be further boosted to preserve jobs, including SME jobs, where possible through support schemes, adequate income support, upskilling and reskilling of workers, education and lifelong learning, and reinforced support for the hardest-hit self-employed sectors;
455. Calls on the Member States to take full advantage of RRF funding, which is built on the notion of 'build back better', through the timely and effective implementation of funds with a view to strengthening social investments, reinforcing research and innovation and kick-starting the economy through ambitious reforms and investments, focusing particularly on the green and digital transition, in order to make the EU more socially resilient; believes, further, that while taking into account the demographic change, reinforcing our public healthcare systems and tackling health inequalities should be the third pillar of this transition;
456. Believes that the EU should endeavour to ensure solidarity and coordination between the Member States on the economy to strengthen EU competitiveness while pursuing social and climate objectives and to avoid fragmentation of the single market;
457. Recommends that support for the social care and health sectors be included in future pandemic preparedness efforts; calls on the Member States to develop preparedness plans for future health crises in their national occupational health and safety strategies, in consultation with all relevant stakeholders; underlines the necessity to establish effective mechanisms to coordinate these plans at EU level, taking into account the opinion of the Advisory Committee on Safety and Health at Work on pandemic and occupational safety and health-related issues; considers that the protection and promotion of mental health should be an integral part of these occupational health and safety plans for future health crises;
458. Stresses the need to implement specific measures and policies at EU and national level to protect and support healthcare workers, as well as other essential workers, including through appropriate and sufficient resources;

(II) WOMEN

459. Calls on the Commission and the Member States to combat gender-based violence in all its forms and wherever it occurs, whether inside or outside the home or in the workplace; 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 better

protect all victims, in particular those at risk of multiple forms of discrimination;

460. Calls for typically female-dominated work to be reassessed and reevaluated and for cross-sector gender-neutral job evaluation tools to be developed and applied in order to better assess and more fairly remunerate female-dominated work and ensure equal pay or equal work and work of equal value;
461. Suggests that the development of digital solutions should be promoted to provide support more easily and safely; calls for the adoption of economic, social and financial support instruments for women who are separating from their partners after suffering violence and who have no means of financial support; recommends that in the future, services helping victims of gender-based violence be defined as essential;
462. Believes that cooperation between countries should be enhanced while care be decentralised to better reach isolated populations; is convinced that local communities, the role of women and further enhanced gender equality have to be at the centre of solutions; considers that fostering innovation and digitalisation within health services, particularly in areas where health provision is deficient, inadequate or lagging, is key as health services rely on the expertise of civil society organisations¹;
463. 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;
464. Calls for the EU and the Member States to step up their efforts to mainstream the gender perspective in all EU policies and national recovery plans; stresses that gender mainstreaming in crisis situations is crucial to ensuring that the different experiences faced by women and men are recognised and addressed in this regard;
465. Highlights the importance of training staff to understand and effectively implement gender mainstreaming and gender budgeting; highlights the fact that gender mainstreaming should also be part of policies aimed at increasing the gender balance in science, technology, engineering and mathematics education, as well as in research and innovation; is concerned about the high share of minimum wage and sub-minimum earners among care professionals, the majority of whom are women, and believes that EU measures should promote gender equality in the care and social services sector and more generally in the labour market;

(III) YOUNG PEOPLE AND CHILDREN

466. Calls for the EU and the 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 socioeconomic status individuals and children from disadvantaged groups, programmes

¹ Based on the findings of the 2021 EU study published by the European Economic and Social Committee: The response of civil society organisations to face the COVID-19 pandemic and the consequent restrictive measures adopted in Europe, <https://www.eesc.europa.eu/sites/default/files/files/qe-02-21-011-en-n.pdf>.

to prevent and tackle learning deficits, evidence-based education, adaptation of curricula, including to the green and digital transition, and investment in technology, school infrastructure and teachers' professional development; is convinced that more EU funding on research, education and culture is needed in line with the EU strategy on the rights of the child and the European Child Guarantee; notes that the latter should also be used to bolster the worst effects of child poverty brought about by COVID-19 and aggravated by the current cost of living crisis;

467. Calls on the Commission to gather more information about the impact of the pandemic on children's rights, such as the right to health, the effects on psychosocial development due to social isolation resulting from quarantine, the empowerment of children regarding their rights and the inclusion of emergency measures concerning children in policy and legislation; calls, in this regard, for the EU and the Member States to allocate appropriate resources to obtain and analyse such data;
468. Calls, in this regard, for the EU and the Member States to boost funding for EU research on children and young people in general, as well as their data; highlights the need to focus on improving the mental health of young people and children in the wake of the pandemic, including through measures taken at EU level through the adoption of an EU strategy on mental health;
469. Calls on the Member States to develop clear action plans for schools to tackle the effects the pandemic had on learning and learning results; recommends that in future health crises schools and other educational facilities remain open if the epidemiological situation allows it, while always respecting the health and safety of students and teachers and prioritising the protection of the public's health; asks for education policy to be part of the emergency response strategy, as well as childcare solutions, both collective and individual;
470. States that the shift to e-learning during COVID-19 posed several challenges for students, teachers and educational institutions, mainly due to unequal access to technology and internet connectivity, especially for students from low-income families or those living in rural areas, resulting in disparities in educational opportunities; highlights that e-learning can complement in-presence education; stresses that efforts should be made to make digital literacy widespread at all levels of society by enabling the proper use of digital tools and infrastructure, and that the digitalisation of schools should be supported and constantly developed; considers that where difficulties are observed, flexible solutions should be offered where possible;
471. Calls on the Member States to include digital literacy in the curricula of all learning institutions and to provide the necessary training and equipment for teachers and educators; reiterates the provision in the Child Guarantee that recommends Member States to ensure that all school-aged children have access to a digital device and to electricity and good internet in their homes; believes that adequate measures should be introduced to equip all children and young people with the technological skills and knowledge they need to thrive in the digital age;
472. Highlights the potential of arts and culture as a key component of pandemic response because of the ability of arts and culture organisations to address well-being, mental health and social support issues, including for groups that might otherwise be difficult to reach; recalls that arts and culture are of fundamental importance for the development

of the individual identity of children and young people, as well as for their education, including their understanding of society and for their overall well-being; is concerned about the negative impact on access to art and culture due to COVID-related closures of cultural venues; highlights, in this regard, the potential of arts and culture to address the mental health and social well-being of groups and individuals that may otherwise be difficult to reach and calls for greater inclusion of the arts and culture sector in emergency response strategies;

473. Encourages the Member States not to apply a one-size-fits-all approach when special measures are necessary and to consult health and safety professionals, schools, teachers, youth organisations and youth services, as well as parents, in order to take appropriate account of the needs of different age groups, vulnerable groups and young people with special needs, as well as disadvantaged and marginalised groups;
474. 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;
475. Calls on the European institutions to carry out a 'youth check' for all the EU's legislative proposals in line with the recommendations from the Conference on the Future of Europe;
476. Calls on the Member States to introduce extra learning programmes in the short term, such as summer schools or additional tutoring, in order to decrease the learning gap and address existing learning deficits, targeting, in particular, children from vulnerable households;

(IV) ELDERLY AND VULNERABLE/MARGINALISED GROUPS

477. Welcomes the green paper on ageing, the report on the impact of demographic change and the European care strategy as the first steps for an overall EU strategy to address the ageing of the population in Europe; stresses the need for the EU and the Member States to take urgent action to address the health and care needs of an ageing European population, including addressing NCDs through the promotion of active and healthy ageing in line with the WHO's Decade of Healthy Ageing;
478. Notes that as the potential for longevity increases, so does the importance of health-related behaviours, such as the promotion of healthy environments and lifestyles, at all ages (including middle and older ages); calls, therefore, for healthy longevity research and measures to better prevent NCDs while ensuring improvements in the management and care of NCDs, to reduce the impact of CDs, to account for and respond to multi-morbidity and polypharmacy and to make ageing an opportunity rather than an obstacle;
479. Calls for the EU and the Member States to invest in and develop inclusive online tools, to address digital poverty and to digitally empower especially older persons and people with disabilities, young people and vulnerable groups, to support online healthcare and social services and institutions financially and to develop support measures for caregivers; stresses the importance of implementing measures to ensure equal access to the internet and digital technology in all Member States and for all subgroups of the population;

480. Points out that there are older people who have difficulties with using and interacting with technological tools and that digitalisation is making it impossible for them to interact with basic services and institutions; stresses, therefore, that online healthcare should be complementary and never a substitute for face-to-face care, particularly for this group of people for whom the digital divide is most evident; suggests that analogue channels should be required to cater for elderly people in order to prevent them from feeling alienated from society;
481. 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;
482. Recommends that the EU and the Member States ensure that the right to long-term care be integrated in their social protection systems and invest in a health and care plan for meeting the needs of the growing elderly population, including residential care facilities, in a socially just manner;
483. Calls for each care home for elderly people and other health and social care centres to have a contingency plan specifically adapted to their case and situation in which they are described and reviewed in a systematic and scheduled manner, with the creation of a team to manage emergencies and infectious outbreaks, made up of both health professionals and staff from the home itself, as well as the provision of the necessary training in emergency and crisis management; stresses the need for people in care facilities and elderly people to remain socially and mentally active, for example, by making it possible for them to continue to interact with their family, in order to prevent isolation, the risk of depression and death;
484. Recommends that Member States should carefully evaluate the risk-benefit of restrictions on physical activity before implementing them; considers that during a health crisis, governments should provide guidance and encourage better diets and physical activity for people, with a special focus on marginalised and disadvantaged groups, in order to increase the resilience of populations in the Member States in the event of a future pandemic;
485. Calls for the EU and the Member States to invest in a disability-inclusive process of prevention, preparedness and response to crisis, which would anticipate devastating impacts of future crises on disabled people; recalls that all Member States have ratified the UN Convention on the Rights of Persons with Disabilities and stresses that preparedness plans and pandemic measures must be in line with this;
486. Calls on the Member States to promote policies focusing on equality of opportunity by making the collection of equality data in the context of a pandemic a norm across the public sectors; calls, further, on the Member States to cooperate with civil society in the collection and analysis of equality data;
487. Underlines the contribution elderly people make to society and stresses that innovative ideas for social support can contribute to their protection;
488. Encourages the Member States to set up an intergenerational solidarity mechanism to combat loneliness, for example, in the form of civic service, enabling older people to interact with younger people;

4. *The EU and the world*

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

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

489. Notes that, in spite of massive growth in the trade of medical products, there have been considerable inefficiencies in access to personal protection equipment, treatments, vaccines and diagnostics; notes that at the peak of the pandemic, competition among countries and restrictive measures on access to medical devices, personal protective equipment, screening and vaccines led to production being disrupted and higher prices;
490. Whereas high vulnerability linked to poor economic diversification and high dependency on exports of raw materials underline the need to shorten current supply chains;
491. Underlines that the pandemic has highlighted the vulnerability of global supply chains and the need to build regional value chains and boost regional integration;
492. Notes that during the pandemic the principle of solidarity was not always respected, that it is the Member States' responsibility to facilitate the distribution of medical products and that the WTO's role in this regard is to facilitate international trade through international regulatory cooperation in order to boost goods imports and reduce export bans or restrictions which are detrimental for access to medical products;
493. Regrets the EU's dependency on external sources of personal protection equipment;
494. Highlights the fact that multiple factors have led to limited global access to vaccines and reiterates calls for the WTO to take greater action to ensure the free flow of supply chains and vaccine deliveries, in particular as regards export restrictions; regrets that many countries, including some EU partners, resorted to protectionist measures in the form of export restrictions;
495. Calls for the EU to focus on open strategic autonomy, supporting global diversification and resilience of supply chains, and reshoring production where needed to address high dependencies on third countries with an open, rules-based multilateral trading system at its core to ensure the global availability of medical products; encourages 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; advocates support for European pharmaceutical SMEs that would contribute to the development of a diverse portfolio of vaccines and thus to the EU's strategic autonomy in the health sector, underlines that the global health response must be guided by the principle of solidarity, considering health as a public good and that the EU should work hand in hand with multilateral actors in developing countries to improve the resilience and preparedness of healthcare systems for the most vulnerable;
496. Notes that the patent protection system incentivises companies to invest in innovation and to produce new medical tools that should be at the service of citizens and promote public interest; 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; underlines that in times of crisis, as well as to protect public health and people's lives,

public authorities should be able to intervene on this system and use the means needed to grant access to diagnostics, prevention and treatments and care to everyone;

497. Notes the cooperation between the EU and the WHO in response to the pandemic; underlines the need to further reinforce this cooperation with a more coordinated, long-term approach and with a stronger, well-funded and independent UN system at its core; recalls, particularly, the important role of the WHO Europe office in the surveillance and evaluation of European health programmes; calls for the European Union to assume a more strategic, assertive and effective role in global health; stresses the need for the EU to assume the role of formal observer at the WHO;
498. Emphasises that the WHO and UNICEF accompanied countries from the beginning to the end of their vaccine strategy, until the very last steps in delivery; notes, however, that there were delays and uncertainties in supply and that the situation improved only once global supply was largely meeting global demand;
499. Underlines the need to introduce safeguards on re-exports in order to prevent illicit trade and avoid boosting existing markets during a health emergency; deplores the placing of limitations on the movement of health goods during pandemics in the EU and globally and the fact that in the event of a humanitarian emergency, an initially non-eligible country may be the destination;
500. Considers that a multilateral, independent and globally coordinated response based on scientific foundations and the precautionary principle and taking into account the role of regional bodies is crucial to building up global resilience against future health crises, and that multilateral organisation needs to be given more importance; notes in this regard that multilateral organisations, particularly within the UN system, must be reinforced in order for them to be able to fulfil their mandate;
501. Underlines that the One Health approach is fundamental and should remain central to the WHO in order to address global public health challenges; emphasises that it must be the guiding principle and reference for public policies as regards the animal-human interface and the approach against AMR; notes that, although the WHO One Health Panel has already given recommendations, these need to be better reflected in concrete policies and put into practice at EU, national and regional levels; recommends the expansion of the WHO in order to prevent research-related spillovers through it overseeing research programmes on potentially dangerous pathogens; calls for the EU to promote the reinforcement and the expansion of the WHO by increasing its overall budget and reinforcing its work on potential exposure routes and the highest-risk environments for transmission of zoonotic diseases; notes that in order to prevent natural spillovers, global cooperation on the surveillance and regulation of domestic animal and wild animal trade will be needed, and that the WHO will play an important role to that effect; also recommends that the EU support the expansion of the WHO in order to prevent research-related spillovers, by overseeing the biosafety, biosecurity and bio-risk management of national and international research programmes that are engaged in the collection, testing, and the genetic manipulation of potentially dangerous pathogens;
502. Demands that the role of parliaments be taken into account in international discussions concerning global health in order to reinforce the EU's international health cooperation, ensure respect for democratic principles and increase the legitimacy of those

discussions, in particular through information exchanges at international level, which should cover all stages from preparedness to response, including One Health;

(II) ROLE IN INITIATIVES SUCH AS COVAX

503. Highlights the fact that COVID-19 Vaccines Global Access (COVAX) was created with the aim of delivering vaccines to low- and middle-income countries (LMIC) but did not live up to the high expectations, accumulated delays and failed to meet LMIC needs; notes that this led to low- and middle-income countries making bilateral deals with manufacturers in a highly competitive market, leading to unfair pricing and unfavourable liability clauses; expresses concern that COVAX did not showcase transparent standards concerning its agreements and operations, leading to a lack of public scrutiny over these processes and inclusion of low- and middle- income countries; calls, therefore, on the Commission and the Member States to advocate transparency and inclusion standards in new and current international platforms concerning access to health technologies;
504. Recognises that there is considerable effort at the global scale to increase production capacity, supported with a large use of public funds; 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; recalls that public investments must bring public return in terms of affordability, availability and accessibility of the end products and calls on the Commission and the Member States to address the lack of production capacities and of technology transfers towards low-and middle- income countries and to establish a global mechanism to enhance production capacities both within the EU and on a global scale;
505. Underlines that public-private cooperation during the pandemic was decisive in addressing the challenges and delivering vaccines; recalls that public-private cooperation during the health emergency is structurally different from cooperation under ‘normal’ circumstances; recalls that a large amount of public funding played a key role in the development cycle of the product (vaccine), in conjunction with advance purchase agreements before regulatory approval; emphasises that in a health crisis, where there is much more urgency and uncertainty, public funding plays an even bigger role; notes that this can work only if global frameworks are well drafted and if there is close coordination between all the actors involved;

(III) EU GLOBAL HEALTH STRATEGY

506. Notes that the COVID-19 Task Force under the Commission’s Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) played an important role in increasing the EU’s open 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;
507. Welcomes the fact that the Commission has adopted a new EU Global Health Strategy with the objective of improving global health security while deepening the EU’s leadership and reaffirming the EU’s responsibility for tackling global challenges and health inequalities;

508. 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; acknowledges, however, that medical countermeasures were not equitably distributed, which contributed, among other factors, to a striking contrast between vaccination rates in high-income and low-income countries;
509. Considers that even with the considerable level of public funding for R&D for the rapid development of vaccines, manufacturing capacities in the EU were scaled up too slowly to match needs; stresses, therefore, that sharing IP and know-how within the legal framework is key in order to ensure large-scale productions and global availability of medical countermeasures; recalls, at the same time, that the complexity of vaccine manufacturing, and of procuring the raw materials and other components needed for the production, requires a global, sustainable and resilient supply chain; considers that no country can be fully autonomous in its vaccine production, resulting in a situation where the EU found it difficult to match its production capacity with the high demand for vaccines;
510. 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;
511. Emphasises that the EU played a major role in the global response and solidarity and must continue to play this role by putting more effort into it; considers that the EU must continue to lead vaccine solidarity around the world and reiterates that vaccine solidarity is part of the EU's One Health approach; calls for the Member States to pay greater attention to planning, outside of pandemic times, coordinated efforts in regard to vaccine distribution;
512. 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, in particular regarding the achievement of the Green Deal objectives and targets, the respect of EU environmental law, the promotion of sustainable development, the urgent and necessary cut in CO₂ emissions and the loss of biodiversity, which are all factors driving pandemics and other public health threats, such as chemical, biological, radiological and nuclear threats and zoonotic diseases, as well as the adoption of measures that contribute to the development of novel antimicrobial agents and to their availability and affordability; calls for the EU and the Member States to support and assist the global community in protecting intact ecosystems and ending the commercial trade in wildlife for human consumption;
513. Underlines the need to ensure that EU trade policy contributes to EU resilience and open strategic autonomy, including through the use of the whole trade tool box; stresses that trade restrictions in times of crisis can lead to adverse effects, including for developing and neighbouring countries; is convinced that crisis preparedness is crucial to mitigating the adverse effects of supply chain disruptions in times of crisis; welcomes, in this regard, the Commission proposal for a single market emergency instrument which preserves the free movement of goods, services and persons and the availability of goods and services in the event of future emergencies, to the benefit of citizens and businesses across the EU;

514. Calls on the Commission and the European External Action Service, in view of the likelihood of new epidemics and pandemics in the future and in the light of the various studies on the origin of the COVID-19 pandemic, to set up a department for researching and monitoring the public health strategies of non-EU countries, especially those with considerable potential for cross-border spread;

(IV) GLOBAL PARTNERSHIPS AND FOUNDATIONS

515. 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 is aimed at accelerating the development and manufacture of COVID-19 vaccines and ensuring global, equitable access to vaccines; stresses that these initiatives need to be permanent and well-established under the umbrella of the UN system, with democratic control and scrutiny associated with it and by ensuring full transparency in their activities;

516. Notes that Gavi designed and managed the COVAX Facility, COVAX's global risk-sharing and pooled procurement mechanism, and secured doses for COVAX through advance purchase agreements and the COVAX dose-sharing mechanism, leading global procurement and delivery for COVAX; 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; underlines that although this system achieved positive results, sufficient resources need to be allocated to UN bodies and agencies in order to ensure that they do not rely solely on voluntary donations for the fulfilment of their mandate;

517. 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; notes, however, that most low- and middle-income countries have significantly lower immunisation rates than high-income countries; calls on the Commission and the Member States to advocate transparency and inclusion standards in international platforms and to update their access policies and conditions in order to optimise supply to low- and middle-income countries;

518. Considers that while the donation of doses is positive, these donations have to be thoroughly planned to ensure that they make an optimal contribution to the needs, possibilities and requirements of recipients' vaccination strategies; underlines that the Union should also take measures to ensure that vaccines remain effective, to support the capacity of national public health systems to deliver doses, to increase uptake of vaccines and to counter the misinformation that fuels vaccine hesitancy;

519. Considers that sustainable vaccine development, production and delivery rely on robust and transparent supply chains; underlines, in this regard, the need for a wider distribution of manufacturing capacities throughout the world; calls on the Commission and the Member States to financially support increasing the local and regional production of vaccines and to encourage the transfer of knowledge and technologies and other essential health products in low- and middle-income countries;

520. Calls for the establishment of a globally balanced production capacity which would be

able to rapidly adapt to the production of any vaccine required; supports the efforts of the WHO-backed messenger ribonucleic acid (mRNA) technology-transfer hub and encourages the Commission and the Member States to keep on supporting such initiatives; considers the EU's recent commitments to support health sovereignty in Africa and its EUR 1 billion investment in production capacity on that continent as important steps; notes, however, that the agreements lack clarity concerning technology and knowledge transfer, including IP and test data; calls for the further strengthening of cooperation between the EMA and the African Medicines Agency, international regulatory alignment through the International Coalition of Medicines Regulatory Authorities and the close involvement of the WHO;

(V) REVIEW OF INTERNATIONAL HEALTH REGULATIONS AND PANDEMIC TREATY

521. Stresses that the response to COVID-19 must be holistic and that it cannot solely be focused on health, but must also take social and economic considerations into account at the global scale; notes that effective prevention of, preparedness for, and response to pandemics depends on the transparent and timely sharing of information, data and other elements at all levels; calls for enhanced coordination on prevention, preparedness and response, including vaccine distribution;
522. Calls for the assessment of the current global health governance frameworks and welcomes, in this respect, the Pandemic Treaty negotiations; calls for the simultaneous strengthening of the obligations and enforceability of the IHR, while addressing the gaps (including funding, equity and global governance) through the new Pandemic Treaty or other international legal instrument; calls for the EU and the Member States to guarantee the inclusion of pandemic prevention in the treaty and to ensure that enabling the effective participation of civil society and scientists is a priority in the negotiations;
523. 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; considers that the objectives of this legally binding treaty should be to promote and integrate the One Health approach, strengthen the resilience of our health systems, prevent and prepare for future pandemics, guarantee a coordinated and united response to crises, ensure universal and equitable access to tests, medicines and vaccines, fight effectively against disinformation that strongly undermines public health measures, incentivise, promote and develop innovation to respond to global public health threats and facilitate resilient global supply chains;
524. Points out that stringency, accountability and transparency regarding international health regulations are prerequisites for coordination at the global scale; highlights that the Access to COVID-19 Tools Accelerator demonstrated the importance of international collaboration, as it enabled a rapid response and unprecedented coordination among global health agencies to address the pandemic; emphasises the importance of evaluating and learning lessons from this initiative; notes that improving accessibility of medicines in low- and middle-income countries requires enhancing regulatory and manufacturing capacities and facilitating technology transfers and training, and commends Team Europe initiatives which contributed to these objectives;

(VI) IPR IN THE CONTEXT OF INTERNATIONAL RELATIONS

525. Considers that Europe needs to find a constructive solution on IP protection which

provides adequate certainty and incentives for investments in R&D, and should include licensing agreements in order to scale up production; notes long-standing concerns over intellectual property rights and access to affordable medicines in low- and middle-income countries and increasingly also in high-income countries; underlines the flexibilities in the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), confirmed by the Doha Declaration, as legitimate policy measures that governments can use to protect and promote public health by putting limits and safeguards on the enforcement of IP rights; calls on medical product developers to share their intellectual property, knowledge, and know-how through global initiatives such as the WHO's COVID-19 Technology Access Pool (C-TAP) in times of pandemics, epidemics and endemics; commends the efforts by the WHO to set up this instrument as a one-stop-shop for the development, licensing and manufacturing of health technologies; welcomes the support by Member States for this initiative and calls for the EU to encourage the private sector to contribute to it; underlines that lifting intellectual property barriers 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 the production of medical products; stresses, however, that sharing IP and know-how within the legal framework is key in order to ensure large-scale production and global availability of medical countermeasures during pandemics, epidemics and endemics;

526. 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; highlights, in this regard, the need for innovative vaccines, treatments and diagnostics for new, prevalent or neglected infectious and non-communicable diseases and underlines that funding from Horizon Europe and the EU-Africa Global Health and Developing Countries Clinical Trials Partnership (EDCTP3) has the potential for boosting research, capacity-building and strengthening of the regulatory environment in sub-Saharan Africa; notes that these partnerships work in cooperation with the pharmaceutical industry and that an enabling environment is necessary to continue to develop and improve vaccines and medications for current challenges and pandemics to come;
527. Recalls that Article 66(2) of the TRIPS agreement requires developed country members to 'provide incentives to enterprises and institutions in their territories for the purpose of promoting and encouraging technology transfer to least developed country members in order to enable them to create a sound and viable technological base' and calls on the Commission and the Member States to deliver on this requirement with priority; reiterates the European Parliament's support for the TRIPS waiver (IP/C/W/669) as originally proposed at the WTO¹; encourages the Commission to work with other WTO members to extend the MC12 TRIPS decision to therapeutics and diagnostics;
528. Believes that many, especially developing, countries face difficulties in the use of TRIPS flexibilities, notably Article 31 bis;
529. Recalls that the EU should actively participate in text-based negotiations on a temporary TRIPS waiver;

¹ https://www.europarl.europa.eu/doceo/document/TA-9-2021-0283_EN.html.

530. Calls, in that regard, for the EU to support the granting of a temporary waiver from certain provisions of the TRIPS agreement for COVID-19, in order to enhance timely global access to affordable COVID-19 vaccines, therapeutics and diagnostics by addressing global production constraints and supply shortages;
531. Calls for the establishment of a new permanent committee on trade and health at MC12 in order to assist governments with implementing current exceptions and flexibilities in international trade law and to lay the groundwork for a trade pillar for the negotiations on a future international treaty on pandemic response;
532. Underlines the need to help Africa produce for Africa to make Africa less dependent on other parts of the world;
- (b) *The EU's role in vaccine access*
- (i) PROVISION AND OVERSIGHT OF EQUITABLE ACCESS TO VACCINES AND MEDICAL PRODUCTS TO THIRD COUNTRIES
533. Observes that countries cannot fight a global emergency alone and international cooperation coordination, particularly through multilateral organisations such as the UN, is key; draws particular attention, in that context, to the important contribution to the global fight against COVID-19 made by the discovery of the Omicron variant; notes that at the peak of the pandemic, competition and restrictive measures between countries on access to medical devices, personal protective equipment, screening and vaccines led to production being disrupted and higher prices, and that it is therefore essential that countries producing these medical products have the political will to encourage governments to collectively ensure that supply chains remain open;
534. Believes that health is of a geopolitical strategic value, as well as a human right, and that Europe has the potential to be a global leader in this domain; urges the EU and the Member States to respond to pandemics on the basis of a rights-based ethical approach and to respect the protection of medical facilities in the event of conflict (UNSC 2286) and not to restrict freedom of movement (Siracusa Principles); calls for the EU and the Member States to ensure that independent humanitarian actors can access tools such as the Humanitarian Buffer in order to serve those who are left out or who cannot be reached by governments, for example in conflict settings;
535. 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;
536. Notes that many low- and middle-income countries across the world had trouble accessing medical materials such as medication, protective equipment and vaccine doses due to several factors, including a lack of supply, especially at the beginning of the crisis;
537. Underlines that the EU had a major role in global vaccination, was home to three out of the first four safe and effective vaccines and was the first producer and exporter of mRNA vaccines; emphasises that this would have been impossible without ambitious public funding and stresses the public responsibilities deriving from this for private stakeholders;
538. Considers that the EU has an excessive number of vaccines in relation to need, which is

a sufficient amount for continuing to share with countries that expressly request them in the event of a new surge;

539. Considers that export restrictions and access to raw materials are some of the more serious obstacles to production, together with lack of access to manufacturing know-how;
 540. Calls on the Commission to engage with vaccine-producing countries to rapidly eliminate export barriers and to replace its own export authorisation mechanism with export transparency requirements, and insists on receiving timely and comprehensive access to such data;
 541. Underlines that the global response to health emergencies should encompass, on the one hand, a needs-oriented ‘demand-side’ approach providing joint financing and globally coordinated advance purchases and, on the other hand, an integrated ‘supply-side’ strategy for scaling up production capacity across the whole value chain; considers that increased global vaccine production, better coordination of supplies and strengthened, diversified and resilient value chains for vaccines are necessary for vaccines to be distributed globally; underlines that, in the long term, global production of vaccines must urgently be expanded to meet global demand, and that investment in the production capabilities of low- and middle-income countries is therefore needed to make them more self-sufficient; points out the need for the effective transfer of technology and know-how to make this happen; recognises that voluntary licensing agreements and voluntary technology for countries with pre-existing vaccine-producing industries should be the most important way to achieve this and calls on the Commission and like-minded countries to act in this respect;
 542. Calls for an urgent increase in international investment and coordination for the scaling up of the production of critical vaccine inputs such as disposables and active pharmaceutical ingredients in order to solve bottlenecks across vaccine value chains;
- (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.)
543. 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 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;
 544. Calls for the EU and the Member States to strengthen their relations with low- and middle-income countries, particularly in the field of prevention and monitoring of emerging health threats; calls for continued support for health systems, pandemic preparedness and local medicine and vaccine manufacturing in low- and middle-income countries; highlights that the crisis has dramatically increased the vulnerability of women and girls, with an estimated 110 million girls at risk of early marriage by 2030, an additional 10 million of whom are at risk due to the financial hardship caused by the pandemic;

545. Calls for more efforts to facilitate easy and affordable access to vaccines, medicines, diagnostics and healthcare in low- and middle-income countries 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; welcomes, in this regard, Global Gateway flagship programmes in health manufacturing and access to vaccines, medicines and health technology products in Senegal, Rwanda, Ghana and South Africa; acknowledges the key role of African laboratories, especially in South Africa, in the sequencing of the omicron variant of COVID-19; calls, therefore, on the EU and international organisations to further deepen scientific collaboration with Africa; highlights the establishment of the WHO mRNA vaccines;
546. Underlines that open strategic autonomy in the health sector, based on the development of research capacities in the Member States, support for local EU production capacities and regulatory harmonisation, is a potential tool to enhance the EU's pharmaceutical ecosystem and improve the flow of trade in medicines, vaccines, medical devices and other essential goods in times of crisis;
547. Highlights that many EU Member States encountered difficulties when donating dose surpluses to the Global South, due to, on the one hand, conditions imposed by pharmaceutical companies in the vaccine contracts, and, on the other hand, the lack of demand from Global South countries, while at the same time the interest in vaccine doses was diminishing; notes that recipient countries also experienced problems in absorbing donations due to the short shelf life of the vaccines; notes that better communication between the Union and the governments concerned on this subject is necessary;
548. Underlines that AMR may be the next global health crisis and that there is consequently a need for accelerated implementation of the current action plans and specific global mechanisms for AMR surveillance, research and innovation and antimicrobial stewardship; highlights the need to support the development of novel antimicrobial agents, as well as to ensure their availability and affordability;
549. Considers that the EU should be a major developer, producer and exporter of medical products in the context of strong international competition;
550. Highlights the need to focus particularly on funding the development of medical countermeasures and treatments to cope with international competition; points out, in this regard, the role of public-private partnerships; acknowledges the successful cooperation between European and US companies and laboratories in the development of mRNA vaccines;

(c) Conclusions

551. Welcomes the establishment of the World Bank Financial Intermediary Fund for Prevention, Preparedness and Response (PPR), or the Pandemic Fund; calls for targeted funding to fill critical gaps in PPR capacities, in line with its mandate, starting with surveillance gaps and emergency workforce training;
552. Highlights that without co-responsibility being assumed 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; recalls the role played by the EU in promoting and supporting global access to vaccines, such as, for example, the Access to COVID-19 Tools Accelerator and COVAX;

553. Underlines the benefits of fair and predictable IP protection in fostering and advancing medicinal research, production and development; highlights the public importance of promoting the sharing of IP and know-how of medical countermeasures, in particular during pandemics, epidemics and endemics; stresses that this must not preclude the use of TRIPS flexibility when necessary and as provided by the TRIPS agreement; recognises the importance for the EU to stay in the lead on R&D and clinical trials and underlines the importance of revitalising R&D activities within the EU to create job opportunities and enhance global competitiveness; stresses that intellectual property protection can be an incentive for innovation and research across the globe; notes that such protection can be the basis for voluntary licensing agreements and know-how transfer and can therefore be an enabler of vaccine availability; underlines the challenges that an indefinite TRIPS agreement waiver could pose to research finance, in particular for researchers, investors, developers and clinical trials; emphasises that the protection of property rights, including intellectual property rights, is a constitutional obligation of the European Union and its Member States; underlines, in this regard, the importance of transparency and welcomes the Commission’s proposal for a directive relating to medicinal products for human use, which suggests that any direct financial support received from any public authority or publicly funded body in relation to any activities or the research and development of the medicinal product must be declared; highlights the need to strike the right balance between spurring innovation and providing access to affordable medicine products; calls for the need to support innovation models that provide access to affordable medicine products in all Member States, without creating serious barriers to access and affordability; calls on the Commission to support global initiatives that facilitate IP sharing such as the COVID-19 technology access pool;
554. Highlights that the existing Agreement on Trade-Related Aspects of Intellectual Property Rights already offers a framework for compulsory licensing, allowing governments to provide their citizens with generic versions of patented treatments through domestic production or foreign imports; acknowledges the potential value of compulsory licensing during pandemics, epidemics and endemics while at the same time recognising its potential negative impacts, such as undermining the certainty of IP protection for future innovation, and highlights the positive role of voluntary licensing agreements in increasing production and access to COVID-19 vaccines, but regrets the limited use of this tool; recalls that 138 voluntary licensing agreements, and partnerships with multilateral organisations, have contributed to worldwide access to COVID-19 therapeutics through means other than TRIPs waivers; urges the Commission and the Member States to prioritise fulfilling the requirement in Article 66(2) of the TRIPS agreement, which mandates developed country members to provide incentives for promoting and encouraging technology transfer to least-developed country members, enabling them to establish a sound and viable technological base;
555. Acknowledges that COVID-19 was an exceptional circumstance, which required

exceptional solutions, such as a temporary waiver of the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), as well as prioritising the availability and affordability of pandemic-related health products; believes that many, especially developing, countries face difficulties in the use of TRIPS flexibilities, notably Article 31 bis;

556. Recalls that the EU should actively participate in text-based negotiations on a temporary TRIPS waiver; calls, in that regard, for the EU to support the granting of a temporary waiver from certain provisions of the TRIPS agreement for COVID-19, in order to enhance timely global access to affordable COVID-19 vaccines, therapeutics and diagnostics by addressing global production constraints and supply shortages;
557. Believes that similar measures would be beneficial in the event of potential future pandemics, epidemics and endemics, underlines that, in the long term, global production of vaccines must urgently be expanded to meet global demand, and that investment in the production capabilities of low- and middle-income countries is therefore needed to make them more self-sufficient; points out the need for effective transfer of technology and know-how to make this happen; recognises that incentivising voluntary licensing agreements and voluntary technology and know-how transfer to countries with pre-existing vaccine-producing industries should be the most important way to achieve this; considers that a multilateral IPR legal framework can provide protections and incentives which are critical for preparedness against future pandemics and recognises its role in facilitating the broad and unprecedented collaboration among governments, research institutions and pharmaceutical companies;
558. Calls for the establishment of a new permanent Committee on Trade and Health at MC12 in order to assist governments with implementing existing exceptions and flexibilities in international trade law and to lay the groundwork for a trade pillar for the negotiations on a future international treaty on pandemic response;

Final recommendations

559. Recommends that the EU implement a holistic approach to pandemic prevention, preparedness and response, so that it continues to be a global driving force in this respect and in line with the G20 Rome Declaration and the internationally agreed principles for action to fight, prepare for, prevent and respond to pandemics;
 560. Calls for the European Union to establish a European day of remembrance for the victims of COVID-19;
- (I) PREVENTION CAPACITY
561. Recommends the establishment of cross-sectoral health promotion and prevention programmes to reduce health risk factors and promote healthy lifestyles, and a European cross-sectoral preventive-health approach in all policies integrating agriculture and food production, environment, 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; stresses that such programmes should be developed within cross-sectoral platforms, including public authorities at national, regional and local level, as well as

civil society organisations;

562. Calls on the Commission, the Council and the Member States to further reinforce and strengthen their commitment to address the global climate crisis, further enhance their action to promote sustainable development, protect the environment, reduce emissions and prevent further loss of biodiversity, as these are decisive policies and approaches for preventing future pandemics;
563. Calls on the Commission and the ECDC to introduce surveillance plans on emerging health threats, including coordinated and systematic data collection and operational and behavioural research, and to carry out risk assessments on the drivers, processes and pathways for zoonotic disease emergence, spread and persistence, as well as to characterise intact, resilient and healthy ecosystems and their effect on disease prevention, including wildlife surveillance, pathogens identification and supporting Member States in implementation;
564. Calls on the Commission to conduct economic analyses to quantify the costs and benefits of preventive interventions to respond to the risk from emerging zoonotic diseases and use the results to advocate sustainable financing in these interventions;
565. Calls for the establishment of a European cross-agency One Health task force to advance transdisciplinary research and cross-sectoral scientific advice;
566. Calls on the Commission and the Member States to advocate, in the WHO's Pandemic Accord, building collaborative predictive epidemic intelligence systems (at national, regional and global level) in order to identify high-risk interfaces and hotspots for spillover, incorporating relevant environmental and climate data and data on the establishment of reservoirs and vector species in new geographic areas;
567. Recommends moving forward towards a proper European Health Union with a view to reinforcing the resilience and quality of the healthcare systems in the Member States, tackling health inequalities in the EU, establishing a solid mechanism for joint procurement with clear guidelines on transparency and democratic accountability, and developing robust pandemic preparedness planning and a more integrated surveillance system by investing in data collection, digitalisation, sharing and analysis, implementing the European Health Data Space, which will offer interoperability and harmonisation of health data across the Member States, while respecting the protection of privacy and personal data;
568. Calls for the EU and the Member States to ensure, in the future, joint procurement contracts so that manufacturers remain liable in line with EU product liability legislation;
569. Recommends the setting up of instruments and funding programmes in the health domain to fight cyber threats, hybrid attacks, external state-sponsored propaganda and foreign interference;
570. Calls on the Member States to conduct an evidence-based gender and diversity analysis of the measures adopted in response to the pandemic and review documentation of the gender- and diversity-specific human rights impacts of the emergency measures to inform preparedness and response plans for future emergencies; recommends providing

opportunities for associations, especially women's groups and organisations representing the interests of under-represented persons or groups, to participate in the proposal, design, approval, implementation, monitoring and evaluation of responses to public health emergencies;

571. Recommends that in future crises services should be arranged through hotlines to provide support to people unable to care for themselves; recommends that all available measures be advertised widely and be accessible in languages that will reach the entire population;

(II) PREPAREDNESS

572. Calls on the Commission to propose actions and instruments, as well as on the Member States to invest more in healthcare, including via the use of RRF and cohesion funding in order to reduce healthcare disparities, strengthen national public health and social care systems and enhance cross-border health cooperation in order to tackle serious threats to health and safety in the EU;

573. Calls for own legislative initiatives under Article 225 TFEU in order to increase EU competence in health, to improve its strategic open autonomy, to improve the resilience and quality of healthcare systems and services, to ensure equal, universal and affordable medical care and to foster transparency on public funding for health research and governance;

574. Requests the Commission to submit appropriate regulatory and/or legislative measures for health security in line with recommendations from the Conference on the Future of Europe aiming to:

- pursue reliable, sustainable and continuous access to active pharmaceutical ingredients (APIs) as critical raw materials, so to avoid any possible disruption in the pharmaceutical supply chain, prevent shortages of medicines and contribute to the Open Strategic Autonomy of the EU in health,
- further enhance Member States' health systems to protect them from cyber threats,
- make sure that the Member States have a sufficient number of well-equipped and trained healthcare professionals available, as well as to keep the best researchers employed in Europe through the establishment of talent retention policies,
- make the European Union more attractive for global investments in health R&D,
- keep abreast of the very fast scientific advancements in new medicinal products and treatments, as well as in health technologies,
- promote the reindustrialisation of the health sector in the EU, in accordance with the digital and green transition;

575. Calls for the full implementation and mainstreaming of the 'health in all policies' approach embedded in the Helsinki Statement, by 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;

576. Recommends addressing the digital divide, which particularly affects marginalised population groups, promoting digital literacy and improving access to the internet and hardware in order to better enable access to education, public services and healthcare;
577. Calls for the role of the European Parliament to be enhanced in the decision-making process during crisis management and for parliamentary control and oversight on instruments created in response to emergencies to be strengthened in order to improve their legitimacy;
578. Calls on the Commission and the Member States to cooperate with social media platforms to effectively counter misinformation and disinformation in order to avoid conflicting messages being sent to specific target groups, which can eventually result in vaccine hesitancy;
579. Calls on the Commission to exercise close scrutiny of any potential national measures regarding internal border controls during health crises and to ensure that such internal border control comply with the Schengen legislation and is a measure of last resort, proportionate and of limited duration; emphasises that all internal border controls and restrictions of movement must be exceptional, and that in the event of future health crises any possible travel restrictions need to be grounded in the principles of equity and inclusion; encourages harmonising possible future travel restrictions at EU level through an EU legislative procedure with a coordinated approach instead of non-binding Council and Commission recommendations;
580. 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; notes that support for media pluralism is also important and highlights the need to further build on the legal frameworks that exist; stresses the need to invest in training journalists and public scientists with knowledge of crisis communication;
581. 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 during health or other crises;
582. Calls on the Commission and the Member States to continue providing long-term financial and technical support for a distributed, highly global, adaptable production capacity that can enable a rapid and even distribution of vaccines doses (and other tools) in a potential future pandemic;
583. Calls for similar support for existing R&D capacities in different regions, in particular funding from Horizon Europe, the Innovative Medicines Initiative 2, EDCTP and HERA;
584. Calls on the Commission to create structures and partnerships that facilitate the prioritisation of health sector research and the sharing of results;
585. Calls on the Commission to conduct a pilot study on leveraging public investments in health research and development in the EU to ensure better access to affordable end products;

586. Calls for the European Pillar of Social Rights to be channelled to change the lives of millions of socially excluded people in the EU, especially those at a higher risk of poverty and inaccessibility to quality healthcare;

(III) RESILIENCE

587. Is of the opinion that a European Union of Health is needed, that current NextGenerationEU funds should contribute to it and that Parliament should have a role in decision-making for these health programmes; believes, furthermore, that the necessary instruments should be deployed to enable the climate and digital transition; recommends that this transition be promoted by accelerating the shift to a climate-neutral economy while mitigating the transition challenges by reskilling and upskilling the European labour force, by incorporating the need for certain investments while maintaining sound public finances in the upcoming review of the Stability and Growth Pact, and by enhancing access to finance for innovative, green and digital technology firms and businesses, especially SMEs;

588. Recommends strengthening the institutional capacity of the Commission;

589. Looks forward to working with the Commission on the revision of the EU general pharmaceuticals legislation, which should continue to adequately protect IP in order to create an innovation-friendly and competitive environment in the Union and to improve equitable access to safe, effective and affordable medicines;

590. Calls on the Commission to use the industrial, IP and pharmaceutical strategies to encourage public funding of research and development projects in order to adhere to the principle of open science and bridge the persistent gap in research and medicine production through product-development partnerships, technology transfer and the creation of open centres for research;

591. Calls on the Member States to introduce stress tests to strengthen the resilience and quality of their healthcare systems and services, based on the outcomes and the training handbook being developed by EU4Health-funded projects in cooperation with the OECD; calls on the Member States to invest in emergency surge capacity and in healthcare and care personnel and improve their working conditions and financial compensation in order to combat workforce shortages;

592. 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 of health security and a reinforced role of the European Parliament in the decision-making process under crisis management;

593. Recommends that the ECDC be given more independence in terms of information-gathering and that a systematic obligation be put in place for Member States to send the ECDC comprehensible and comparative data, in particular on equipment stocks, bed capacities and intensive care unit admissions, vaccination rates and workforce availability;

594. 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 that the Commission develop, at 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;

595. Calls for the EU institutions and the Member States to preserve the principles of good policymaking, respecting fundamental rights and the rule of law, 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;
596. Calls for a revision of the Interinstitutional Agreement on Better Law-Making¹ with a view to increasing the role of Parliament in the decision-making process during crisis management, including the use of Article 122 TFEU and in particular for empowering the European Parliament to propose new legislation for emergency response actions, and to enhancing the ordinary legislative procedure for the various instruments for emergency response actions, so as to bolster the legitimacy of emergency response actions and therefore to enhancing democratic legitimacy and parliamentary oversight;
597. Calls on the Commission to update its practical border handbook with examples of good practices for internal border management in order to increase coordination among the Member States, after a comprehensive review of the measures imposed for internal border control during the pandemic and their impact;

(IV) OPEN STRATEGIC AUTONOMY

598. Stresses the importance of the functioning of the single market, in particular with regard to the supply of products in the event of health threats; recommends tackling market failures in health and completing the single market for health products;
599. Calls for the EU and the Member States to reduce their dependence on non-EU country trade partners as regards API, raw materials, key medicines and medical devices in order to ensure open strategic autonomy at EU level; reaffirms its belief that the EU needs to improve the resilience of the pharmaceutical supply chains and to build its open strategic autonomy in the pharmaceutical sector by diversifying production and supply chains, promoting strategic stockpiling and increasing production and investment in Europe;
600. Stresses the importance of producing critical equipment and medicines in the EU and in investing in and supporting local production capacities, and calls for diversification in suppliers and for the consideration of the contribution that SMEs can make in this regard;
601. Recommends that the EU and the Member States encourage better data sharing on supply and demand forecasts between relevant stakeholders, earlier projections on potential shortages, including regular standardised reporting from the industry, and greater transparency in the production and distribution chain;

¹ 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).

602. Calls on the Commission and the Member States to contribute to the implementation of the 2019 WHO resolution on improving the transparency of markets for medicines, vaccines, and other health products¹;
603. Calls for a list of essential, priority and innovative medicines and treatments based on critical medicinal products relying on existing European agencies and HERA to be established at EU level in order to guarantee their availability for citizens;
604. Notes that during the pandemic the EU rapidly mobilised emergency funding under Horizon 2020 and Horizon Europe to speed up research for a cure for COVID-19; notes that Member States also mobilised funding to study potential treatments for COVID-19, but that this resulted in many small-scale, underpowered clinical trials that did not yield actionable results; stresses that for Europe to secure open strategic autonomy, the EU and the Member States need to invest in research and innovation and must better coordinate this investment in order to respond more effectively to pandemics; highlights the need to maximise public return by making funding conditional upon the availability and affordability of medicines and other health technologies, thereby allowing the EU to foster its strategic autonomy;
605. Calls on the Commission and the Member States to create a large-scale, mission-oriented, public European health R&D infrastructure which operates in the public interest to manufacture medicinal products of health and strategic importance for healthcare, in the absence of existing industrial production, in order to support the EU to overcome market failure, guarantee security of supply and prevent possible shortages of medicines, while contributing to greater preparedness for facing new health threats and emergencies;
606. Calls for the organisation of coordinated EU-wide strategic stockpiling limited to essential and priority products in order to achieve the necessary coordinated, long-term action at EU level, and for including health and healthcare among the shared competencies between the EU and the EU Member States by amending Article 4 TFEU;
607. Stresses the importance of the outcomes of the Conference on the Future of Europe, with specific regard to the recommendations to grant greater competence to the EU in the area of public health and in building a strong EU response to future health crises;
608. Calls on the Council to launch a convention for modifying the Treaties, based on the conclusions of the Conference on the Future of Europe and the European Parliament resolution that activated Article 48 of the Treaty on European Union (TEU);
609. Calls on the Commission and the Member States to advocate, in the WHO's Pandemic Preparedness Treaty, a global commitment that aims to ensure sufficient financing for biomedical R&D and an enforceable and effective access and benefit-sharing mechanism and to create conditions for licensing government-funded R&D, to encourage technology transfer, to share the intellectual property, data and knowledge needed for the production and supply of products and to streamline regulatory standards

¹ World Health Assembly, 72. (2019). Improving the transparency of markets for medicines, vaccines, and other health products. World Health Organization. <https://apps.who.int/iris/handle/10665/329301>.

and procedures for the marketing of medical countermeasures;

610. Calls for an assessment of the current global health governance frameworks and welcomes, in this respect, the Pandemic Preparedness Treaty;
611. Calls for the simultaneous strengthening of the obligations and enforceability of the IHR and addressing of the gaps (including in funding, equity and global governance) through the new Pandemic Treaty;
612. Calls for the EU and the Member States to ensure the prevention of pandemics and enable the active participation of civil society and scientists, which should be priorities in the negotiations; considers that the objectives of the Pandemic Preparedness Treaty should be to promote and integrate the One Health approach, strengthen the resilience of our health systems, prevent and prepare for future pandemics, guarantee a coordinated and united response to crises, ensure universal and equitable access to tests, medicines and vaccines, fight effectively against disinformation that strongly undermines public health measures and incentivise, promote and develop innovation to respond to global public health threats and facilitate resilient global supply chains;
613. Calls for the creation of an effective mechanism governing strategic international stockpiles with ensured access for humanitarian actors in order to address the needs of vulnerable populations in countries with fragile health systems and in conflict settings;
614. Calls on the Commission and the Member States to establish joint guidelines and best practices for vaccine donations based on the experience and challenges experienced during the COVID-19 pandemic;
615. Calls on the Commission and the Member States to address the lack of production capacities and of technology transfers towards low- and middle- income countries and to establish a global mechanism to enhance production capacities both within the EU and on a global scale;
616. Calls for the Member States to pay greater attention to planning, outside of pandemic times, coordinated efforts in regard to vaccine distribution;
617. Calls on the Commission and the Member States to financially support increasing the local and regional production of vaccines and to encourage the transfer of knowledge and technologies and other essential health products in low- and middle-income countries;
618. Calls for the EU and the Member States to strengthen their relations with low- and middle-income countries, particularly as regards prevention and monitoring for emerging health threats; calls for continued support to health systems, pandemic preparedness and local medicine and vaccine manufacturing in low- and middle-income countries; calls for increased efforts to facilitate easy and affordable access to vaccines, medicines, diagnostics and healthcare in low- and middle-income countries;
619. Underlines the need to further reinforce cooperation between the EU and the WHO in response to the pandemic with a more coordinated, long-term view and with a stronger, well-funded and independent UN system at the centre; calls for the European Union to take a more strategic, assertive and effective role in global health; stresses the need for the EU to assume the role of formal observer at the WHO; recommends the allocation

of sufficient resources to UN bodies and agencies in order to ensure that they do not rely solely on voluntary donations for the fulfilment of their mandate;

620. Calls for the further strengthening of cooperation between the EMA and the African Medicines Agency, for international regulatory alignment through the International Coalition of Medicines Regulatory Authorities and for the close involvement of the WHO; emphasises that cross-border health threats require an international response; recommends that HERA, along with other Commission directorates, be equipped with legal and financial options for encouraging full technology transfers, including to producers in low- and middle-income countries;

◦

◦ ◦

621. 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.