**Follow-up to the European Parliament non-legislative resolution on the COVID-19 pandemic: lessons learned and recommendations for the future**

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2. **Reference number:** 2022/2076 (INI) / A9-0217/2023 / P9\_TA(2023)0282
3. **Date of adoption of the resolution:** 12 July 2023
4. **Competent Parliamentary Committee:** Special Committee on the COVID-19 pandemic: lessons learned and recommendations for the future (COVI)
5. **Brief analysis/ assessment of the resolution and requests made in it:**

On 10 March 2022, the European Parliament decided to set up a Special Committee on COVID-19 pandemic: lessons learned and recommendations for the future (COVI), with a mandate to examine specifically how the European response to the pandemic and the lessons learned can contribute to future action in a variety of EU policy areas. Meetings of the Committee included exchanges with Commissioners, as well as representatives of the European Commission services, the European Centre for Disease Prevention and Control (ECDC), the European Medicines Agency (EMA), European Food Safety Authority (EFSA), Health Ministries of Member States and third countries, European Ombudsman, representatives of World Health Organisation (WHO), Pan American Health Organisation, ILO, epidemiologists, public health experts, civil society and pharmaceutical companies.

The Parliament’s resolution addresses the COVID-19 pandemic as a cross-dimensional crisis and focuses on four main pillars: health; democracy and fundamental rights; social and economic impact; the EU and the world. The resolution highlights that the EU was able to develop a common response to the pandemic, including the steps taken towards a more resilient Health Union, the creation of the Commission’s Health Emergency Preparedness and Response Authority (HERA), a successful EU Vaccines Strategy and a common instrument for Resilience and Recovery. At the same time, it makes a significant number of calls, notably to the Commission.

In the area of health, the resolution includes calls for action to continue the establishment of the European Health Union, building a holistic approach to pandemic prevention, preparedness and response. Such an approach would include a reinforcement of a One Health Approach, to strengthen public health systems and primary care and availability of trained health professionals, and to promote re-industrialisation of the health sector in line with the digital and green transition.

About democracy and fundamental rights, the resolution, while acknowledging the context of urgency in which relevant decisions were taken, calls for transparency, accountability and democratic oversight to remain a priority during times of crisis. It highlights the need for the EU to take steps and actions to defend Europe’s social market economy, while devoting specific attention to the condition of women, young people and children, elderly and vulnerable/marginalised groups. On international aspects, the resolution highlights the importance of international cooperation to address global emergencies, welcomes the Global Health Strategy adopted by the Commission in November 2022 and the ongoing negotiations on a Pandemic Agreement and on amendments to the International Health Regulations. It also calls for an optimal use of the international intellectual property frameworks to better prepare for challenges posed by pandemics.

1. **Response to requests and overview of actions taken, or intended to be taken, by the Commission:**
2. **Health**

The Commission continues to implement the measures first proposed in the European Health Union package adopted in 2020 (paragraphs 42, 567), which paved the way for a stronger EU health security framework and stronger and more operational EU agencies and bodies.

1. **Governance**

Article 13 of Regulation (EU) 2022/2371 regulates epidemiological surveillance in the EU/EEA (paragraph 259) and Regulation (EU) 2022/2370 extends the mission and tasks of the ECDC to epidemiological modelling, anticipation and forecasting (paragraph 87). Under its mandate, the ECDC supports international cooperation and is monitoring and collaborating with Outermost Regions and Overseas Countries and Territories (paragraph 106).

The Commission (HERA (paragraph 73) will be instrumental in ensuring the development, production and distribution of medicines, vaccines and other medical countermeasures. HERA was set up in 2021 as a Directorate-General within the Commission’s organisation under conditions of exceptional urgency (paragraph 74). This allowed HERA to start work very quickly, also by using existing funding instruments available to the Commission. HERA was set up with a tailor-made governance structure recognising the importance of coordination with EU agencies and national authorities. It supplements and brings added value to the work conducted by the ECDC. Working arrangements between the HERA and the ECDC have been agreed. While the ECDC leads on surveillance of communicable diseases, HERA has a forward-looking and horizon-scanning approach for medical countermeasures(paragraph 94). The Commission is committed to carry out, before 2025, an in-depth review of the implementation of the operations of HERA (paragraphs 72, 76, 77), including its structure and governance. In that context, the Commission plans to gather evidence and opinions from a wide variety of sources, including from the Parliament and stakeholder views. The resolution already offers important insights in this respect.

[The EMA](https://www.ema.europa.eu/en) has also been reinforced in crisis preparedness and management for medicinal products and medical devices.

Regulation (EU) 2022/2371 strengthens the key role of the Health Security Committee (HSC) in coordinating a response (paragraph 70) to a specific threat. The HSC can adopt opinions and guidance, including on specific response measures to better support Member States.

Dialogue with stakeholders (paragraph 119) is key to shaping a stronger and more robust Health Union, including by using the collaborative tool EU Health Policy Platform to support communication between the Commission and stakeholders.

Mobilisation of sound and independent scientific expertise in crisis situations (paragraph 66) is of decisive importance and an opinion of the Scientific Advice Mechanism of the Commission in November 2022 provided recommendations on this issue.

1. **One Health, health in all policies, prevention of future pandemics**

The Commission attaches major importance to the implementation of a One Health approach (paragraphs 54, 245, 247, 248) as a turning point in the way health policies are implemented. The EU agencies involved, ECDC, the European Chemicals Agency (ECHA), EFSA, the European Environment Agency (EEA) and EMA are actively shaping the idea of a one-health cross-agency taskforce (paragraph 251). Within the One Health spectrum of threats, besides zoonoses, antimicrobial resistance (AMR) continues to be a major challenge both in the EU and globally. On 26 October 2022, the Commission proposed a revision of the Urban Wastewater Treatment Directive to improve the surveillance the presence of some viruses like SARS-Covid-2 and to introduce a monitoring obligation for the presence of AMR in urban wastewaters to further develop scientific knowledge and potentially inform adequate action in the future. In June 2023, the Council adopted recommendations to combat AMR in a One Health approach. Regarding the Parliament’s call on the quantification of costs and benefits of prevention against zoonotic diseases (paragraph 564), EFSA has opened a call for tender for a study regarding the burden of zoonoses.

Vaccines are another crucial factor for pandemic prevention and suppression. While vaccination policies and services remain national competence, the ECDC is hosting the EU/EEA National Immunisation Technical Advisory Groups collaboration, which assesses vaccination needs and advises national governments on vaccination strategies (paragraphs 109, 112). The COVID-19 pandemic showed the critical importance of authoritative information. The European Vaccination Information portal, hosted by the Commission, provides accurate, up-to-date evidence on vaccines and aims to counteract mis- and disinformation on vaccination (paragraphs 113, 114). The EU-wide campaign on safe COVID-19 vaccines and the ‘United In Protection’ campaign raised awareness on the benefits of vaccination (paragraph 114).

The Commission welcomes the resolution’s endorsement of the ‘health in all policies’ approach (paragraph 575), which is a key principle of the Commission’s decision-making processes.

In June 2022, the Commission presented the ‘Healthier Together EU non-communicable diseases’ initiative (paragraph 231), which provides guidance and funding to Member States and stakeholders.

More broadly, the European Green Deal (paragraph 562), driving forward the EU commitment to be the first climate-neutral continent by 2050, is key to preventing future pandemics. In this context, regarding the Parliament’s calls for wildlife protection and air quality, (paragraphs 230, 512) the Commission notes that the EU is an active party to the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) and is committed to fighting against illegal wildlife trade, as reflected in the revised EU action plan against wildlife trafficking. The 2022 proposal for a revised Ambient Air Quality Directive also aims to align air quality standards more closely with the recommendations of the World Health Organization.

1. **Preparedness of EU healthcare systems**

Regulation (EU) 2022/2371 provides rules for setting-up and reporting on prevention, preparedness and response plans by the Member States and regular assessment by the ECDC (paragraph 117).

While healthcare organisation is a national competence, the Commission, via the European Semester, follows Member States’ policy measures in detail and assesses their impacts and the adequacy, access and performance of health care and long-term care (paragraphs 117, 131, 439, 572), including on conditions of healthcare workers (paragraphs 135, 269). Member States can use EU funds, especially the Recovery and Resilience Facility (RRF) (Member States have proposed measures of a value of over EUR 43 billion for health) and Cohesion policy funds (over EUR 15 billion in total for health) to improve the performance of their health systems, including primary care, healthcare infrastructure and equipment (paragraph 63). The Research and Innovation Programme Horizon Europe also supports projects and activities aiming at enabling health and care systems transformation, improving access to care during cross-border emergencies, as well as conditions for healthcare.

Digitalisation of healthcare (paragraphs 122, 123, 150) is key for the sustainability and resilience of future healthcare systems. Out of the RRF and Cohesion Funds mentioned above, more than EUR 14 billion and EUR 2 billion respectively are dedicated to this objective. Several EU funding programmes support digital tools in healthcare (paragraph 479), including the Digital Europe Programme and the Horizon Europe Programme. The Digital Decade Policy Programme aims to further digitalise public services in Europe by 2030 and the Commission continues to monitor the implementation of the Web Accessibility Directive, assuring public sector websites and apps are more accessible to everyone, in particular to older persons and persons with disabilities. The Digital Decade Policy Programme also sets targets of having 80% of the adult population with basic digital skills and 20 million information and communication technology specialists, with gender convergence, in Europe by 2030 and the ambitious goal of 100% of the EU citizens having access to their Electronic Health Records (paragraph 576). In May 2022, the Commission adopted a proposal for a regulation on the European Health Data Space (EHDS) to unleash the full potential of health data for the provision of healthcare, but also for research and policy making (paragraphs 567, 574), with strong data privacy and cybersecurity safeguards. The adoption and implementation of the EHDS would also strengthen interoperability across and among health systems. This would allow easier sharing and access to data that would be more comprehensive and of higher quality. It would be invaluable to further improve and accelerate the response to future health crises, but also to support innovation in this field. Directive (EU) 2022/2555 (NIS 2) bolsters cyber-risk resilience for the healthcare sector, extending its scope to EU reference laboratories, entities carrying out research, development and manufacturing of medicinal products, and medical devices (paragraphs 128, 569, 574). In the reform of the EU pharmaceutical legislation, electronic submission of applications is proposed, and Member States could allow electronic product information instead of paper leaflets (paragraphs 126, 179).

The COVID-19 pandemic posed challenges to the provision of regular diagnostic services to citizens, including in relation to serious diseases. In this context, the Council Recommendation on cancer screening (paragraph 62), adopted in December 2022, aims to improve access to existing cancer screening programmes and to introduce new ones based on the latest available scientific developments and evidence.

Addressing shortages of medical professionals is part of the broader Commission agenda on labour shortages and skills mismatches (paragraphs 138, 574). EU actions targeted at the health sector include a cluster of projects on workforce retention, task shifting and medical deserts under the Third Health Programme, and a Joint Action on health workforce planning (paragraph 141), HEROES, co-funded by the EU4Health Programme. Several EU funds and programmes aim to support skills development and life-long learning (paragraph 140), including the European Social Fund plus (ESF+), the Erasmus+ project ‘‘BeWell’’ and the EU4Health Programme training action. The European Care Strategy of September 2022 and the Council Recommendation on high-quality affordable Long-Term Care also aim at supporting quality employment in the care sector, including through attractive wages and stress the need to increase public and private investment at national level (paragraphs 258, 417).

The Commission will continue to look into the best ways of addressing the issues of quality and accessibility of health services (paragraphs 152, 257. The European Semester and the Cohesion Funds are important vehicles to ensure quality healthcare and address disparities across the EU, including the outermost regions (paragraph 107). Improving timely access to affordable, preventive and curative healthcare of good quality is also one of the 20 principles of the European Pillar of Social Rights and the Commission is implementing three new actions in this area with a focus on vulnerable groups (paragraph 586).

1. **Availability of medical countermeasures, shortages, open strategic autonomy**

The Commission agrees with the resolution (paragraphs 167, 168, 290, 495, 510, 574, 599) that open strategic autonomy is of key importance to ensuring availability of health products in an increasingly complex industrial environment and geo-political context. The Joint Communication on European Economic Security Strategy adopted in June 2023 reflected a critical look at the Union resilience and vulnerabilities. This was already affirmed by the Versailles Declaration of March 2022, in which Leaders agreed on the need to strengthen European resilience and sovereignty in several critical areas, including health and pharmaceutical products, as well as by the response of the Commission. This has been reinforced in the Granada Declaration of September 2023.

The Commission is building on the experience of the COVID-19 response to establish systematic mechanisms to fund the development and production of Medical Countermeasures in preparedness and crisis times (paragraphs 78, 79, 162, 169, 287, 291, 582, 605). The current response includes funding to support both early-stage research and late-stage development of medical countermeasures through Horizon Europe and EU4Health and the establishment of EU FAB project (paragraphs 78, 281), which has reserved capacity that allows to produce 325 million doses of mRNA, protein and vector-based vaccines. In a public health emergency, additional funding may be made available. HERA Invest was also launched, under which the European Investment Bank, through a reinforcement of the InvestEU Programme, will invest on behalf of the Commission in innovative European life science companies, notably innovative small and medium sized enterprises (paragraph 172), by means of venture loans. HERA (paragraphs 69, 70, 87, 292), through its Joint Industrial Cooperation Forum, is fostering discussions between the Commission, Member States and industry to prepare future needs. In the medium-term, through the application of advanced data analysis techniques, HERA will be able to monitor more effectively production, supply chains and demand of Medical Countermeasures.

With regard to stockpiling (paragraphs 282, 606, 613), the Commission currently stockpiles under rescEU, an EU-funded strategic reserve of last resort (paragraph 160), with EUR 1.2 billion investment in 2022 and 2023. Member States and associated countries, including Ukraine, can request assistance when their needs exceed their own stocks. These stockpiles are geographically spread throughout the EU and cover medical countermeasures against outbreaks and chemical, biological, radiological and nuclear (CBRN) threats. Further options being explored would look at the possible broadening of stockpiling and leveraging the procurements required (paragraph 159).

On shortages, in December 2021, the Commission published a [*Study on medicine shortages: final report (2021)*](https://op.europa.eu/en/publication-detail/-/publication/1f8185d5-5325-11ec-91ac-01aa75ed71a1/language-en/format-PDF/source-245338952), that informed the revision of the pharmaceutical legislation proposed in April 2023 (paragraph 161). The proposal includes a variety of measures to help prevent and respond to shortages, such as new requirements for the monitoring of shortages of medicines by national authorities and the EMA, a stronger coordination role for the EMA, and new obligations for companies such as earlier reporting of shortages and withdrawals and shortage prevention and mitigation plans (paragraphs 165, 177, 288, 289, 601). Measures to increase transparency around public funding for medicine development, with a view to supporting Member States in their price negotiations with pharmaceutical companies (paragraphs 303, 602), are also planned. The Commission will be keen to support upcoming negotiations and a smooth adoption of this package, including with appropriate transitional periods (paragraph 164). An EU-wide list of critical medicines is under development (paragraph 603), and supply chain vulnerabilities (and dependencies) of these medicines will be assessed, with specific recommendations on measures to be taken by companies and other supply chain stakeholders. The Commission has also launched a study, ending in 2023, on the state of functioning and implementation of [Council Directive 89/105/EEC](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:31989L0105) relating to the transparency of measures regulating the prices of medicinal products for human use (paragraph 308). The Commission is currently preparing a Communication on the availability of medicines setting out short and longer-term steps that should be taken to further improve the situation.

Finally, with the aim to support availability of crucial medical devices, [Regulation (EU) 2023/607](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2023.080.01.0024.01.ENG) introduces a staggered extension of the transition period of the new medical devices regulation, subject to certain conditions (paragraph 164).

1. **Research and clinical trials**

The Commission is of the view that existing avenues for providing funding under the Horizon Europe programme (paragraphs 68, 80, 181, 574, 584, 585, 590), such as EU missions and [European partnerships](https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/european-partnerships-horizon-europe/health_en), sufficiently leverage national, regional, and private funding to target EU policy priorities, and have leveraged significant additional investments particularly from the private sector. In addition, the partnerships on health research and innovation Innovative Health Initiative, Global Health European and Developing Countries Clinical Trials Partnership 3, Transforming Health and Care Systems, Partnership for the Assessment of Risks from Chemicals, and the future European Partnerships for Personalised Medicine, Rare Diseases, One HealthAMR, and Pandemic Preparedness complement wider policy initiatives such as industrial alliances and Important Projects of Common European Interest, as well as collaborative research projects under Horizon Europe.

The Commission would like to underline that Horizon Europe is a truly global research programme with participation open to any legal entity regardless of its place of establishment, including legal entities established in low- and middle-income countries (paragraph 583). Its financial envelope (paragraph 296) has been defined in the framework of the MFF agreement 2021-2027 and any modification is subject to the approval of the budgetary authority within the thresholds fixed in the MFF (15%).

On clinical trials, Regulation (EU) 536/2014 on clinical trials for medicines (paragraph 122) has streamlined and harmonised the clinical trial process. In January 2022, the European Commission, EMA and Heads of Medicines Agencies launched [the Accelerating Clinical Trials in the EU (ACT EU) initiative](https://www.ema.europa.eu/en/human-regulatory/research-development/clinical-trials/accelerating-clinical-trials-eu-act-eu) to develop the EU further as a competitive centre for innovative clinical research (paragraph 125).

1. **Joint procurement, COVID-19 vaccines**

In principle, joint procurement may be carried out on the basis of Article 165 of Regulation (EU, Euratom) 2018/1046 on the financial rules applicable to the general budget of the Union, for any type of contract regardless of the subject matter of the procurement and provided there is an agreement between all contracting parties. At the same time, the joint procurement agreement for medical countermeasures approved by the Commission on 10 April 2014 provides for a voluntary mechanism for participating countries and the Union institutions to jointly purchase medical countermeasures against serious cross-border health threats. It does not cover other medicines, including those against rare diseases (paragraph 192). However, amendments to the Financial Regulation proposed by the Commission in 2022 (COM(2022) 223 final) would also allow the Union institutions, executive agencies or Union bodies to procure on behalf of or in the name of one or several Member States, on the basis of a mandate. Regulation (EU) 2022/2371 requires the Commission to carry out a preliminary analysis for all joint procurements under consideration, covering various aspects (paragraphs 194, 277, 278), including flexibility as well as the availability of the product in question. HERA is in an active and continuous communication with the Member States on their potential interest in joint procurements for medical countermeasures. On the Parliament’s call related to COVID-19 therapeutics, the Commission notes that it has signed five Joint Procurement contracts with therapeutics manufacturers recommended for the treatment of COVID-19 (paragraph 286). All joint procurement procedures have been carried out in accordance with the Financial Regulation (paragraphs 197, 275) and the practical arrangements laid down in the Joint Procurement Agreement (Commission Decision C(2014) 2258).

On the transparency of the process related to the Advance Purchase Agreements and Purchase Agreements for COVID-19 vaccines (paragraphs 303, 309), those agreements have been negotiated by a Vaccines Steering Board and a Joint Negotiation Team composed of senior officials from participating Member States, which allowed for full involvement of Member States at each stage of the process (paragraphs 196, 199). The Commission published redacted copies of the vaccine contracts, in line with Regulation (EC) 1049/2001 (paragraphs 311, 313), and, in June 2023, has also enabled access to un-redacted versions of the contracts to COVI Committee members based on the exchange between President Metsola and President von der Leyen (paragraph 312). The Commission will continue to inform and update the European Parliament on developments regarding COVID-19 vaccines contracts. Regulation (EU) 2022/2371 also provides specific important prerogatives for the Parliament in terms of access to information and contracts, subject to certain safeguards (paragraph 276). On the Parliament’s call related to exceptions under Regulation (EU) 1049/2001, the Commission provides an adequate statement of reasons allowing the applicant to understand why access to the redacted information was refused, and the Court can be called upon to exercise its power of legal review (paragraph 374).

On the issue of adverse events (paragraphs 104, 115, 222), a marketing authorisation is granted to a medicinal product only after its quality, safety and efficacy have been evaluated by the EMA or national regulators and after a positive benefit-risk balance related to its use has been concluded. Relevant legislation on medicinal products includes specific provisions to ensure an impartial scientific assessment by the experts involved (paragraph 303). COVID-19 vaccine contracts are also without prejudice to the application of Directive 85/374/EEC (paragraphs 111, 568). The EU has also a robust pharmacovigilance system (paragraph 273) in place that allows regulators to monitor, detect, and assess possible adverse reactions of any medicine authorised in Europe. During the COVID-19 pandemic, an enhanced pharmacovigilance system was in place for COVID-19 vaccines. EMA communicated in a transparent way its findings to the public through its official channels (paragraph 222).

1. **Long COVID**

The Commission has anticipated the importance of “Long COVID” (paragraphs 204, 212, 298) and undertook a series of steps to address the condition from early in the pandemic. Via Horizon 2020 and Horizon Europe, the Commission supports research to understand and tackle the phenomenon with a total budget of EUR 121.7 million (paragraphs 209, 216, 219, 300). Out of this, around EUR 67.9 million were invested to support large COVID-19 cohorts, following populations of different ages and vulnerability, including pregnant women, children (paragraph 214) and high-risk patients from around the world. A Long COVID dedicated Working Group set up under the Cohorts Coordination Board (CCB) – the Board set up by the Commission to bring together all relevant COVID-19 cohort projects to work on specific topics – provides robust evidence and facilitates diagnosis, symptoms’ management and potential therapeutic approaches (paragraph 207). The Commission has also established a Network of Expertise on Long COVID under the Commission’s Expert Group on Public Health, with the aim to promote a coordinated response to the needs of Long COVID patients.

1. **Mental Health**

Reflecting the experience and the effects of both COVID-19 and Russia’s war of aggression in Ukraine as well as the rise of the cost of living on mental health, the Commission adopted in June 2023 the Communication on a comprehensive approach to mental health (paragraphs 239-270). This new comprehensive, cross-sectoral approach focusing on promotion and prevention as well as de-stigmatization is a pillar of the European Health Union (paragraph 270). It has 20 flagship initiatives and is supported by over EUR 1.25 billion in funding. The Communication has a focus on supporting vulnerable groups, such as children (paragraph 270) and young people as well as the elderly, displaced people from Ukraine. Horizon 2020 (paragraphs 237, 468) is supporting research and innovation projects that are investigating the [behavioural, social and economic impacts of the outbreak response, including in vulnerable populations](https://cordis.europa.eu/search?q=contenttype%3D%27project%27%20AND%20programme%2Fcode%3D%27SC1-PHE-CORONAVIRUS-2020-2C%27&p=1&num=10&srt=/project/contentUpdateDate:decreasing) (e.g. the project PERISCOPE). The EU4Health Programme also supports actions aiming to implement best practices to address the mental health of vulnerable children and adolescents and to support the implementation of best practices to tackle mental health challenges learnt during COVID-19. In the area of mental health at work, the Commission will conduct a peer review on Member States’ approaches to address psychosocial risks at work with a view, and subject to its outcomes and the input of social partners, to present an EU-level initiative in the medium term (paragraph 269).

1. **A coordinated approach to democracy and fundamental rights**

Throughout the pandemic, the Commission made clear that responses to the crisis must respect the Union’s fundamental principles and values (paragraphs 342, 595). In its annual Rule of Law Report, the Commission has, since 2020, closely monitored and analysed the state of emergency legislative frameworks in Member States and their use. Key tests for the emergency measures (paragraph 594) have included whether measures were limited in time, whether safeguards were in place to ensure that measures were strictly necessary and proportionate, and whether parliamentary and judiciary oversight, as well as media and civil society scrutiny could be maintained.

With regard to the Parliament’s call for inclusive decision-making when preparing legislative proposals linked to pandemic management (paragraph 340), the Commission notes that the Better Regulation Agenda ensures evidence-based and transparent decision-making for legislative proposals. In addition, the Health Security Committee and the Commission carry out regular consultations with public health experts, international organisations and relevant stakeholders. Moreover, the advisory committee on public health emergencies may include representatives of healthcare and social care workers, as well as civil society representatives.

The Commission agrees with the Parliament (paragraphs 369, 579) that the uncoordinated approach of the Member States and the legal uncertainty surrounding the travel restrictions had significant consequences. At the start of the pandemic, most of the Member States reintroduced internal border controls, with common coordination amongst themselves only following later, at times jeopardising the proper functioning of the Single Market. In response, the Commission called on the Council for a coordinated decision as regards travel restrictions on non-essential travel from third countries into the Schengen area. This call was followed by the Member States and was later included in a Council Recommendation on temporary restrictions on non-essential travel into the EU and the possible lifting of such restrictions. The proposal for amendment of the Schengen Borders Code of December 2021 aims to have a more harmonised implementation by Member States for restrictions at the external borders. An updated version of the Practical Handbook for border guards (paragraph 597) was adopted on 28 October 2022.

The Commission agrees with the Parliament that the EU Digital COVID Certificate has been a crucial element in Europe’s response to the COVID-19 pandemic (paragraph 345). It was a key tool to allow travel to continue for millions of Europeans, and its uptake by countries worldwide showed that an EU-built solution had widespread appeal. The underlying Regulation (EU) 2021/953, due to expire on 30 June 2022, was extended one more year – until 30 June 2023 – but the epidemiological context did not justify a further prolongation. The uptake of the EU Digital COVID Certificate technology by the World Health Organization (WHO) is an important acknowledgement of the potential of the EU Digital COVID Certificate technical infrastructure, also beyond COVID-19. The administrative arrangement between the Commission and WHO is of technical and non-binding nature and provides a technical cooperation aimed to ensure that the WHO system builds on and is in line with EU values such as data protection, open-source software and accessibility.

On disinformation, the Commission supports Member States on risk communication (paragraph 377), including collaborations with the WHO on efforts to learn from the pandemic and plan for the future of infodemic management. The Commission is also in close contact with all the relevant providers of online platforms (paragraphs 243, 336, 578) both in the context of the 2022 Code of Practice on Disinformation and in the context of enforcement under the Digital Service Act (DSA). Signatories to the 2022 Code have already submitted their first baseline reports on the implementation of their commitments (paragraph 327). Under the DSA, providers of platforms or search engines designated as very large online platforms or as very large online search engines are required to carry out risk assessments and put in place reasonable, proportionate, and effective risk mitigation measures, for example in relation to risks to civic discourse and electoral processes, the protection of public health or the dissemination of illegal content, such as illegal hate speech. As part of the Digital Education Action Plan (paragraph 580), in October 2022, the Commission launched guidelines on tackling disinformation and promoting digital literacy through education and training. In addition, tackling disinformation is supported through grass-roots projects through the Erasmus+ Programme, the European Solidarity Corps and through eTwinning.

To prevent and counter the spread of illegal hate speech online, in addition to the developments linked to DSA, the Commission notes that in May 2016 it agreed, with providers of some of the largest online platforms, on a voluntary “Code of conduct on countering illegal hate speech online”. On media protection (paragraph 328), the Commission adopted in September 2022 the European Media Freedom Act proposal, to protect a strong and independent media sector. A 2021 Commission Recommendation provides a catalogue of practical measures that could be applied at national level to ensure the safety of journalists. Moreover, the Creative Europe programme plans actions and projects supporting media freedom and pluralism.

Regarding the situation of vulnerable groups in crisis situations (paragraphs 378, 382, 388), the Commission has adopted a number of equality strategies (Gender equality strategy, Anti-racism Action Plan, EU Roma strategic framework, LGBTIQ strategy, Strategy for the Rights of Persons with Disabilities) raising awareness on intersectionality and the need to fight structural inequalities, protect the rights of minorities and disadvantaged communities. The EU Strategy on the rights of the child (paragraphs 381, 467) underlines that children should be involved in decision-making processes on matters that affect them, including on guidelines. T[he EU Children’s participation platform](https://eu-for-children.europa.eu/home) creates a space for children using their organisations to express their views. These strategies provide an important basis for protecting the needs of the vulnerable at times of crisis. Combating all forms of gender-based violence online and offline (paragraphs 389, 459, 463) is also a priority for this Commission. In March 2022, the Commission adopted a proposal for a directive on combating violence against women and domestic violence.

1. **Social and economic impact**

The EU’s coordination framework of economic and employment policies are structured around the four dimensions (paragraph 445) of the EU’s competitive sustainability – environmental sustainability, productivity, fairness, and macroeconomic stability - in line with the UN Sustainable Development Goals.

The Commission agrees with the Parliament on the fundamental importance of the RRF and the European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE) (paragraphs 404, 405) in mitigating the economic and social consequences of the COVID-19 pandemic. SURE was a temporary instrument supporting Member States in a targeted way during the pandemic, by helping protect employees and the self-employed against the risk of unemployment and loss of income. Lessons learnt from the success of SURE are being drawn, with the recent publication of the fifth SURE report in June 2023 and an ex-post evaluation scheduled for the end of 2024. The RRF will continue supporting Member States until the end of 2026. The combination of structural reforms and investments under the RRF will ensure long-lasting impact, addressing structural issues in the Member States. In addition to compliance with certain EU and national rules (paragraph 407), such as on procurement, possible risks of corruption linked to RRF are further mitigated through, for example, the assessment of the adequacy of national control systems and regular system audits on all Member States’ control systems.

The COVID-19 pandemic has shown the importance of defending our single market at times of crisis (paragraph 449). This was particularly true in the early months of the pandemic. In September 2022, the Commission adopted a proposal for a regulation establishing a Single Market Emergency Instrument, which is now at an advanced phase of inter-institutional negotiation, and which aims to put in place a flexible and transparent mechanism to respond quickly to emergencies and crises that threaten the functioning of the single market.

Regarding gender and other equality aspects (paragraph 464), in addition to the equality strategies already mentioned, Member States’ national Recovery and Resilience Plans include important measures to mainstream such considerations in reforms and investments, including for example 134 measures with a focus on gender equality. This approach has been reflected in guidance related to plan revisions of plans and REPowerEU and a meeting of a RRF Expert Group was recently organised dedicated to mainstreaming equality considerations. On gender equality, Commission Delegated Regulation (EU) 2021/2105 defining a methodology for reporting RRF social expenditure also provides that each measure of a social nature that includes a focus on gender equality shall be flagged, allowing for a specific subsequent reporting on expenditure under the Facility on gender equality.

Support to the next generation (paragraph 466) is one of the six pillars of the Recovery and Resilience Facility. In total, Member States have proposed measures in education and skills amounting to around EUR 73 billion. The youth dimension is also strongly integrated in the Commission’s Better Regulation framework. The EU is also strongly committed to ensuring that all EU-funded humanitarian aid is gender- and age sensitive.

Improving access to, and the quality of, social and care services for persons with disabilities and persons in need of long-term care and support are key priorities of the Strategy for the Rights of Persons with Disabilities (RPD), the Strategy on the Rights of the Child and the European Care Strategy (paragraphs 388, 485). As a flagship action of the RPD Strategy, in 2024 the Commission will present a specific framework for Social Services of Excellence for persons with disabilities.

1. **The EU and the world**

The Commission and the High Representative, supported by the European External Action Service (EEAS), together with the Member States, through a Team Europe approach, played a critical role in supporting equitable access to medical countermeasures to third countries during the pandemic (paragraphs 50, 503, 614), including by contributing to multilateral platforms such as the Access to COVID-19 Accelerator (ACT-A) and the COVAX facility. COVAX has delivered about 2 billion doses to 146 countries. Besides being a key founding member of ACT-A and COVAX, Team Europe is the single largest donor of COVID-19 vaccines, with more than 530 million COVID-19 vaccine doses donated to partner countries, including 444 million shared via COVAX. The EU no longer has a temporary export transparency and authorisation mechanism in place (paragraph 540) and is constantly engaging through bilateral and multilateral channels to avoid trade restrictive measures. The Commission and the Member States have participated and contributed to Gavi’s own reviews of the COVAX mechanism (paragraph 503) as well as the new COVID-19 programme succeeding COVAX in 2024-2025 through the governance structures of the Global Alliance for Vaccines and Immunizations (Gavi). In addition, the Commission is ready to support Member States draw the lessons learned from COVID-19 vaccines donations (paragraph 614), as well as vaccine-sharing diplomacy by third countries. Regarding the Parliament’s call related to the access to Humanitarian Buffer (paragraph 534), the Commission notes that establishing liability schemes for potential injury claims via international instruments could improve the effectiveness of that tool.

Strengthening prevention of, preparedness for and response to future health emergencies and the WHO´s central role is an EU priority (paragraphs 497, 619). The EU has supported a stronger and more effective WHO, as well as one which is more accountable and sustainably financed. It should be at the core of the multilateral system, with deepened cooperation through G7, G20, and with other global, regional, and bilateral partners. The Global Health Strategy adopted in November 2022 highlighted the objective of the EU holding a formal observer status at the WHO and strengthening the EU’s position in global health. The Commission is also providing financial support to the WHO via the EU4Health Programme and through the Neighbourhood, Development and International Cooperation Instrument - Global Europe. Commission services and the European External Action Service are both devoting enhanced attention to delivering on the Strategy, including through a new global health sector in the EEAS Division for Economic Affairs and Global Health (paragraph 514). On monitoring of public health strategies of non-EU countries (paragraph 514), Regulation (EU) 2022/2370 also provides the ECDC with an enhanced mandate to support international and field preparedness and responses.

The Commission, as negotiator for issues falling under EU competence, is strongly committed to making all efforts to achieve a successful outcome of the negotiations on the Pandemic Agreement and amendments to the International Health Regulations by May 2024 (paragraphs 522, 523), while also ensuring complementarity and coherence between the two instruments. In relation to the Pandemic Agreement, the EU has proposed robust provisions on prevention, outbreak risk surveillance, surveillance at the wildlife-livestock-human interface (paragraph 566) and rapid control, in line with the One Health approach (paragraphs 253, 501, 612), as well as on AMR. The EU proposals also give a central place to equity considerations, with dedicated provisions aimed at ensuring enhanced availability and affordability of relevant countermeasures for low- and middle-income countries, including through the establishment of a permanent platform, building upon the ACT-A experience. Issues related to promoting voluntary technology transfer (paragraph 609) in order to strengthen manufacturing capacities are an important element in improving pandemic prevention, preparedness and response, and the EU plays an active role in discussions on this matter. Intellectual property frameworks provide certainty and predictability needed for such technology transfer serving as platforms enabling scientific cooperation, joint ventures and voluntary licensing agreements. The Commission is promoting transparency in the context of the negotiations with the online publication of documents pertaining to the EU position and by supporting the active participation of civil society and intergovernmental partners in the negotiations (paragraph 612).

Strengthening links and partnerships with low- and middle-income countries and promoting their capacities and resilience is a key objective for the EU (paragraphs 49, 504, 519, 520, 544, 545, 615, 617, 618), including via the political dialogues the EU maintains with these countries. A specific Team Europe Flagship on manufacturing and access to vaccines, medicines and health technologies in Africa announced by President von der Leyen in May 2021 has continued to progress, with over EUR 1.1 billion being allocated by the EU and its Member States for country and continental action in Africa. An EU and Latin America and Caribbean health partnership on pharmaceutical manufacturing was also launched in 2022, with key events stimulating private sector partnerships between the continents taking place in 2023. The Commission is also setting up a Team Europe Initiative with Africa on health security, using the One Health Approach and working closely with Africa Centres for Disease Control and Prevention and other African partners to improve pandemic preparedness, prevention and response, as well as a Team Europe Initiative to strengthen public health institutes. A contract is under development with the EMA to support the African Medicine Agency (paragraphs 520, 620). In addition, in the context of the negotiations for the new Pandemic Agreement, the EU has made proposals which would lead to expanded regional and national research and development capacities for low- and middle-income partners. Finally, the Commission actively contributed to the creation and initial funding of the Pandemic Fund, which finances critical investments to strengthen pandemic prevention, preparedness and response capacities at national, regional, and global levels, with a focus on low- and middle-income countries.

The Commission recognises the importance of international regulatory and standards alignment (paragraphs 520, 620) and is involved in multilateral fora to promote regulatory convergence at an international level. The Pharmaceutical Strategy for Europe sets out cooperation at a global level with the EMA and the network of national regulators through bilateral cooperation and in international fora.

Regarding the intellectual property rights regime (paragraphs 525, 527, 529, 530, 531, 554), the Commission agrees with the European Parliament that incentivising voluntary licensing agreements and voluntary technology and know-how transfer should be the most important way to expand global production of vaccines (paragraph 541). The EU treats its commitments under Article 66(2) of the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) (paragraph 527) with the utmost importance and provides regular reports on numerous technology transfer programmes financed and organised by the EU or its Member States in least developed countries. The Commission agrees with the European Parliament that the flexibilities provided in TRIPS Agreement are legitimate policy measures to protect and promote public health (paragraph 554).The Commission remains committed to and constructively engaged in finding a way to advance the discussions at the WTO on the extension of the WTO Decision on the TRIPS waiver of June 2022 to COVID-19 therapeutics and diagnostics (paragraphs 529, 530). The Commission also notes that in April 2023 it proposed a regulation on compulsory licensing for crisis management, with the aim of allowing for a quick and efficient use of compulsory licensing in crises. The proposed regulation is strongly linked to EU crisis instruments such as Regulation (EU) 2022/2371.

On the interference of non-EU actors (paragraph 581), the EU has built significant expertise with regard to detecting, analysing and countering Foreign Information Manipulation and Interference (‘FIMI’) Following up on the European Democracy Action Plan and the EU’s Strategic Compass, the Commission has further strengthened the EU’s Toolbox to counter FIMI. In addition, the Commission is working closely with EU Member States, international partners such as NATO and the G7, civil society and private industry.

1. **Final recommendations**

Regarding the final recommendations in the resolution, in addition to the elements already highlighted in the previous sections, the Commission takes note of the Parliament’s call for future Parliament’s own legislative initiatives under Article 225 of the Treaty on the Functioning of the European Union (TFEU) in a number of areas (paragraph 573). It recalls that President von der Leyen took a political commitment to support the Parliament’s rights under Article 225 TFEU, in line with the provisions contained in the Interinstitutional Agreement on Better Law-Making. The Commission has delivered and will continue to deliver on that commitment. The Commission also takes note of the Parliament’s call for a revision of the Interinstitutional Agreement on Better Law-Making (paragraph 596) and will carefully consider any request from the European Parliament in that respect. At the same time, the Commission is committed to guaranteeing the full implementation of the current provisions of that Interinstitutional Agreement.

1. **Conclusions**

The Commission would like to take the opportunity to thank the European Parliament for the excellent collaboration throughout the pandemic. The Commission is also grateful the COVI Committee for its deep and comprehensive examination of one of the most challenging crises faced by the European Union since its creation, as well as for the cooperation and collaboration throughout the Committee’s work, including between Parliament and Commission services.

The consensus forged between the institutions made a major contribution to the ability of the EU to make a powerful contribution to supporting citizens through this painful period. Working together, the EU institutions showed their commitment to managing an unprecedented crisis and to developing the common EU response essential in the face of such a cross-border threat. Scientific evidence and data remained the basis of this work. A strong example of this is the success of the EU Vaccines Strategy, which allowed all citizens in all Member States to have access to safe and effective vaccines at the same time. The EU as a whole has emerged much stronger from this crisis and with a renewed sense of solidarity, unity and equity.

The lessons learned from the pandemic will be crucial for Europe’s future, and the resolution is an extremely important and significant contribution to shaping the EU’s future work. The Commission agrees with the Parliament that strengthening prevention capacity, preparedness, resilience and open strategic autonomy, as reflected in the final recommendations of the Resolution, will be of key importance in addressing the risks and consequences of any possible future pandemics. The Commission is keen to continue work, together with the other EU institutions, to fulfil those objectives.

Finally, whilst acknowledging that COVID-19 is still circulating and that many people continue to suffer from Long COVID, the Commission will also examine, together with Member States, the possibility of establishing a European Day of Remembrance for the victims of COVID-19 (paragraph 560).