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The role of the European Commission during the COVID-19 pandemic in fostering coordination and solidarity among Member States

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Department of History

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Abstract

In the first weeks of the COVID-19 outbreak in the European Union, Member States reacted in a unilateral and nationalist manner that was contradictory to a spirit of solidarity. Therefore, this dissertation aimed to assess the European Commission's role regarding the challenges of the Member States' responses to the COVID-19 pandemic, especially regarding solidarity and coordination among them. The definition of European Solidarity is however weak, as demonstrated in the Literature review chapter. For a concept to gain its meaning and be defined, constant practice is needed. Through a qualitative document analysis of documents issued by the European Commission addressing the sanitary crisis caused by the COVID-19 pandemic in 2020, this dissertation aimed to answer its research question and validate its hypothesis. It was concluded that the European Commission played an active role in responding to the COVID-19 pandemic and fostering coordination and solidarity among Member States. During the analysis, it was also concluded that in its actions to respond to the pandemic, the Commission put in place the constant practice of European Solidarity, demonstrating what it means to act in a solidarity manner and pushing for Member States to act in such a manner through the indication of concrete actions. It was also concluded that in its action in response to the COVID-19 pandemic in 2020, the von der Leyen Commission was also coherent with its six policy priorities that guided the undertaken efforts.

Keywords: Covid-19 pandemic; European Union; European Solidarity; Coordination

Resumo

Nas primeiras semanas do surto de COVID-19 na União Europeia, os Estados Membros reagiram de uma forma unilateral e nacionalista contraditória ao espírito de solidariedade. Assim, esta dissertação procurou avaliar o papel da Comissão Europeia no que se refere aos desafios colocados pelas respostas dos Estados Membros à pandemia de COVID-19, especialmente relativamente à solidariedade e coordenação entre estes. A definição de Solidariedade Europeia é, no entanto, fraca, como demonstrado no capítulo da Revisão de Literatura. Para um conceito ganhar o seu significado e ser definido, é necessária a prática constante. Através de uma análise documental qualitativa de documentos emitidos pela Comissão Europeia relativamente à pandemia de COVID-19 em 2020, esta dissertação procurou responder à sua pergunta de partida e validar as suas hipóteses. Foi, então, concluído que a Comissão Europeia assumiu um papel importante ao responder à pandemia de COVID-19 e fomentar a coordenação e solidariedade entre Estados Membros. Durante a análise, concluiu-se também que nas suas ações em resposta à Covid-19, a Comissão colocou em prática a Solidariedade Europeia de forma constante, demonstrando como se age de maneira solidária e incentivando os Estados Membros a assim agir através da indicação de ações concretas. Conclui-se ainda que na sua ação em resposta à pandemia de COVID-19 em 2020, a Comissão von der Leyen foi coerente com as suas seis prioridades políticas, que guiaram os seus esforços.

Palavras chave: Pandemia de COVID-19; União Europeia; Solidariedade Europeia; Coordenação

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Acronyms

ACT-A- COVID-19 Tools Accelerator

APAs- Advance Purchase Agreements

CRII- Coronavirus Response Investment Initiative

DG ECHO- Directorate-General for European Civil Protection and Humanitarian Aid Operations

DG SANTE- Directorate-General for Health and Food Safety

ECDC- European Centre for Disease Prevention and Control

EIB- European Investment Bank

EMA- European Medicines Agency

ERCC- Emergency Response Coordination Centre

ERDF- European Regional Development Fund

ESIF- European Structural and Investments Funds

ESIf- European Structural Investment

ESuI- Emergency Support Instrument

EU- European Union

EWRS- Early Warning and Response System

HSC- Health Security Committee

IVA- Inclusive Vaccine Alliance

JPA- Joint Procurement Agreement

MS- Member States

SDG- Sustainable Development Goal

UN- United Nations

VAT- Value Added Tax

WHO- World Health Organisation

Introduction

The Sars-Cov-2 virus emerged in late 2019 and rapidly spread worldwide. On 11 March 2020, the World Health Organization (WHO) declared that the Covid-19 disease, caused by a said virus, had turned into a pandemic, and a few days later, on 13 March 2020, it declared Europe as the active centre of the pandemic at the time (Faille, 2021). Sars-Cov-2, a previously unknown and highly contagious virus, took Europe by surprise, creating a scenario of uncertainty and generating a certain level of panic. Italy was the first European country to be seriously hit by the Covid-19 outbreak (Faille, 2021). A few weeks were marked by impulsive measures and a lack of coordination among the Member States (MS) of the European Union (EU).

Some of the measures taken by the MS to contain the spread of the virus and tackle the sanitary crisis, besides the unilaterality and lack of coordination, were contradictory to the EU's spirit, putting the idea of European solidarity under stress (Lahusen & Grasso, 2018). The measures taken in the first weeks of the outbreak gave the impression of a return to protectionism and erosion of cooperation, as well as negative signs for European integration (Wolff & Stella, 2020). As demonstrated by, for instance, the unilateral reintroduction of internal borders within the Schengen area and the implementation of export restrictions on medical supplies crucial for the COVID-19 pandemic (Faille, 2021). Nevertheless, one cannot neglect the coordinated responses taken by the MS, most notably the agreement to put aside their national sovereignty to let the European Commission negotiate and buy vaccines in bulk, but also solidary actions such as the case of some countries that made themselves available to receive in their hospitals Covid-19 patients from the other MS. Therefore, the Covid-19 crisis exposed the European project to a particularly difficult challenge. It begot a certain degree of disunion and a certain degree of union – through different actions, in different dimensions, taken by (and among) different MS, and at different moments. Considering this scenario, the European Commission took action in order to make MS' responses more coordinated and in solidarity.

The dissertation is developed around the Commission's affirmation that it would lead the common European response while fostering articulation and solidarity between MS and contribute to the resilience of the European project, both as an initiator (of actions) and mediator when divergences prevailed (European Commission, n.d.a). The dissertation aims to analyse the European Commission's efforts coordinating the MS's responses to the COVID-19

pandemic. Thus, this dissertation seeks to answer the research question: How did the European Commission mitigate the challenges of the Member States' responses to the Covid-19 pandemic and guarantee the coordination thereof through solidarity?

Broadly, this research comprises an identification of the actions that were undertaken (and their purposes) and an analysis of the efforts of the Commission's role in preventing a "European disunion". This research project will also touch on the divergence between MS' actions and interests and European solidarity.

It is relevant to approach the European Commission's role in this crisis for several reasons. Firstly, to understand the importance of its role in guiding the EU and as a guardian of the European Project (and solidarity). The second reason is to reflect on the state of the art of the European Project, by engaging with the scientific literature on how it identifies current threats and proposes mitigating actions. Finally, more pandemics are predicted to come due to globalisation and climate change and degradation. For instance, the EU proceeded again with a joint procurement of vaccines for the Monkeypox outbreak that surged this year.

This dissertation is composed of a Literature Review in which it is explored the concept of Solidarity and European Solidarity, and it is made an overview of the COVID-19 pandemic in the European Union and the responses to the pandemic. In the Methodology chapter, the research design, the objectives and the hypothesis of this dissertation are presented. In the following chapter, it is made an analysis of the European Commission's actions in response to the COVID-19 pandemic. And in the last chapter, the discussion, it can be found a confrontation between the Literature Review and analysis, as well as assessments regarding the European Commission's role in the pandemic.

Chapter 1 Literature Review

1.1 Solidarity

1.1.1 Defining Solidarity

In an attempt to define solidarity, one can find a variety of definitions for this concept. According to the simplest definitions, provided by Sterno (2012 *apud* Lahusen & Grasso, 2018) and Steinvorth (2017), solidarity is related to helping others by sharing one's resources. Some authors include in their definitions the idea that help is provided exclusively in the case of a plight that none of the community's members is responsible for (Steinvorth, 2017; Grimmel & Giang, 2017). For Steinvorth (2017), the share of resources occurs in a logic of compensation for misfortune.

Most definitions address solidarity framed within a community or group context. According to John (2021), dictionaries define solidarity as an agreement for support between the members of a group, emphasising political groups. Many authors also conceptualise solidarity as "a mode of organising a polity" (Kotzur, 2017, p. 38). For instance, Habermas considered solidarity acts as political and by no means moral (Koeck, 2019). For Bayertz, solidarity is based on reciprocal relationships between the group members linked by specific commonalities (Bayertz, 1998 *apud* Knodt & Tews, 2017). According to John (2021, p. 177) "solidarity is understood as a bond that makes up a "we".

Durkheim distinguishes two types of solidarity emerging from two types of societies (Durkheim, 1997¹ *apud* John, 2021). Mechanical solidarity can be found in simpler societies that share common values and beliefs (*ibid.*). Organic solidarity can be found in more complex societies, marked by industrial and market economies, in which members are more individualist (*ibid.*). The author suggests the concept of organic solidarity for societies based on a differentiated division of labour (*ibid.*). Therefore, in organic societies, members find themselves interdependently connected due to their performance in different societal roles aggregated "like a mass of cells forming a simple organism" (John, 2021, p. 179). In this sense, organic solidarity emerges not from a shared sentiment but from interdependency (*ibid.*).

According to Kotzur (2017, p. 40), "solidarity operates as a principle to achieve common goals". However, these common goals must be accompanied by common values as well. Achieving some goals is often only possible through collective action, making the actors willing to be in the group (Steinvorth, 2017; John, 2021; Knodt & Tews, 2017). According to the

¹ Durkheim, E. (1997). *The Division of Labour in Society*. Hampshire: Macmillan Education

rational approach, rational actors behave individualistically; therefore, they will only join a group if they cannot attain the benefits independently (Jonh, 2021). The more individuals depend on a group, the more solidary and compliant they will be; otherwise, they will foster only minimal solidarity (ibid.). In this sense, Knodt and Tews (2017) introduce Mau's concept of "self-interest solidarity" to support their argument that the pursuing of self-interests and solidarity "are not mutually exclusive" (Mau, 2009² *apud* Knodt & Tews, 2017, p. 49).

To secure the achievement of goals and the cohesiveness of the group, as well as to pursue more ambitious objectives, community members must agree to share the risk (Genschel & Hemerijck, 2018; John, 2021). Risk-sharing entails equality (the same legal level) between members as well as trust among them - these are two other crucial components of solidarity (Steinvorth, 2017; Grimmel & Giang, 2017). Members support others, believing that support will be retributed in the future if they find themselves in need (John, 2021), hence, reciprocity is also a component of solidarity for some authors. Notwithstanding, Lahusen and Grasso (2018) highlight that solidarity may be informal and voluntary (instead of exclusively legal and mandatory or binding) as well.

1.1.2 How is solidarity defined?

As shown, solidarity is an ambiguous concept. How can one know that the concept of solidarity is the same for all? Grimmel (2017) includes in his work Wittgenstein's suggestion regarding the real meaning of concepts. For Wittgenstein, the definition of a concept is found in common practice, without which the concepts are meaningless (Wittgenstein, 1953³ *apud* Grimmel, 2017). Concepts do not have a previous existence and correspondence to objects or practices (ibid.). In this sense, the "use does not come from meaning" (Grimmel, 2017, p. 167), but the meaning comes from use. In short, concepts gain and change their meaning through regular practice and adaptation (Grimmel, 2017). Hence, solidarity means to act in a solidary manner (Grimmel, 2017; Koeck, 2019). But what does it mean to act in a solitary manner?

Grimmel (2017, p. 167) calls for the fact that "we can recognise and refer to certain practices only because there are linguistic expressions attached to them". Wittgenstein's theory

² Mau, S. (2009). Europa'sische Solidarita't. Erkundung eines schwierigen Gela'ndes. In S. Harnisch, H. W. Maull, & S. Schieder (Eds.), *Solidarita't und internationale Gemeinschaftsbildung* (pp. 63–87). Frankfurt a.M.: Suhrkamp

³ e.g. Wittgenstein, L. (1953). *Philosophical Investigations*. New York: Macmillan. Wittgenstein, L. (1956).

suggests overcoming this counterargument, defending that linguistic expressions are twofold (Wittgenstein, 1953 *apud* Grimmel, 2017). Beyond practice, linguistic expressions are also recognised by their mutuality (an agreement within a community regarding its application) and circularity (*ibid.*).

According to Wittgenstein, the meaning of concepts does not rely on interpretations. According to the author, interpretations are not tangible, therefore, they do not determine the meaning by themselves. What is visible is the application of a concept that is made in a particular way that follows a rule. This rule-following demonstrates a concept's application (and, thus, its meaning). Instead of reflecting, we usually follow the rules blindly, and even if we question, we first need the rule to put into question (Wittgenstein, 1953 *apud* Grimmel, 2017). In light of the above, Grimmel (2017) considers that we can demonstrate what is to act solidary by pointing out regular patterns of use, as well as cases that went against acting in a solidary way or engaging in the regular use itself.

In the case of the existence of some dissidents regarding the meaning of a concept, the author states that “we have to accept certain judgements or measurements” (Wittgenstein, 1953 *apud* Grimmel, 2017, p. 167). There must be “some kind of authority or instance that decides whether a certain action is in line with the rule or not” (*ibid.*, p. 169). In this sense, it is paramount that this act of rule application is visible and identifiable to link the act with a rule. In some cases, the only way to make visible that the rule is being followed is through self-declaration (Wittgenstein, 1953 *apud* Grimmel). This argument is then only valid in cases of communities that share a language (*ibid.*). Therefore, communities take a pivotal role here since considering what counts as following a rule largely depends on them (*ibid.*). First, language is a social phenomenon based on a human agreement regarding its definitions and judgments. Second, the verifiability of acts depends on the ability of the community to identify and perceive an act as rule-following as an expression of a certain rule. Having said that, rules must have a repeated and constant use within a community of speakers and actors. To sum up, the whole process is an entirely social phenomenon resulting from social interaction and endeavours (Grimmel, 2017).

1.2 Solidarity within the EU

1.2.1 European Identity as a requirement for European Solidarity

First, it is necessary to deconstruct the idea that the concept of European Solidarity cannot exist by presenting arguments against the idea that European Solidarity does not exist without a European Identity or that the latter does not exist and, consequently, European Solidarity does not exist at all.

Knodt and Tews (Preuß 1998, p. 399⁴ *apud* 2017, p. 50) consider solidarity to be a unity based on “a community of interests, objectives, and standards”. Therefore, they do not believe that a common identity is an essential requirement for a community and, thus, solidarity. In addition, the authors postulate the possibility of “conceptualis[ing] solidarity based on collective actors” (*ibid.*) instead of exclusively individuals. The authors use the critics of Durkheim’s organic solidarity conception regarding the “lack of normative and moral motivations and the strong focus on macro-structural conditions for solidarity” (*ibid.*, p. 50) to demonstrate that there can be solidarity within the EU since the concept suits it: a “highly differentiated multilevel system (...) characterised by a division of labour, interdependence and cooperative law” (*ibid.*).

Instead, with his conception of identity based on constitutional patriotism, Habermas (2001⁵ *apud* John, 2021) suggests that it exists a European identity. The author considers that societies’ complexification is causing the decline of the significance of traditional notions of national identity, marked by tradition, ethnic belonging, and shared culture. This traditional notion of national identity is being replaced by “constitutional patriotism”, a concept from Dolf Sternberger⁶ in which collective identity is based on a shared “political commitment following common principles and procedures that facilitate public discourse and self-determination” (John, 2021, p. 189). The author conceptualised a model of identity within a democracy that goes beyond national borders; instead, it takes place in a transnational space. This space is where European policymaking occurs. Habermas perceives this European pluralism has a capacity to foster the EU’s “social evolution and improve the social bases of European democracy” (Habermas 2001 *apud* John, 2021, p. 190). Therefore, Habermas’ deliberative democracy concept does not consider Europeanization a threat to diversity but the cornerstone

⁴ Preuß, U. K. (1998). Nationale, supranationale und internationale Solidarität. In K. Bayertz (Ed.), *Solidarität. Begriff und Problem* (pp. 399–410). Frankfurt a.M.: Suhrkamp.

⁵ e.g. Habermas, J. (2001a). Why Europe Needs a Constitution (*New Left Review*, N. 11).

⁶ Sternberger, Dolf. 1990. “Verfassungspatriotismus [1979].” In *Schriften*, 10:13–16. Frankfurt: Insel.

of Europe's unity, in which diversity is embraced through reciprocal recognition (John, 2021, p. 190). A European democracy depends on the conception of supranationalism. First, Habermas calls for a postnational version of the nation-building process to be put in place, entailing an extension of "the solidarity previously reserved for the nation-state (...) to all EU citizens" (John, 2021, p. 243). Under the argument that the EU is a man-made community, John agrees with Habermas on the idea of a "supranation-building" process and a European identity that accommodates and comprises the existing national identities.

1.2.2 European Solidarity

In his Declaration (1950), Schumann said "L'Europe ne se fera pas d'un coup, ni dans une construction d'ensemble: elle se fera par des réalisations concrètes créant d'abord une solidarité de fait". In this sense, Beutler (2017) criticized that in the EU only small institutional steps and actions have been taken to foster this *solidarité de fait* - real solidarity.

The European Project, which emerged in the aftermath of the World Wars, has solidarity "embedded in its existence from the outset as a core value of the European Union" (John, 2021, p. 241). Solidarity is in the Preamble to the European Community of Steel and Coal Treaty (Sangiovanni, 2013) and then present in all the following treaties (Knodt & Tews, 2017), as well as in speeches held by representatives of the European Institutions. Several authors consider solidarity as a key European value, a fundamental norm, a motive for action, and the cornerstone of European integration (Grimmel & Giang, 2017; Knodt & Tews, 2017; Kaeding et al., 2022; Kotzur, 2017). In this sense, Blanquet (2009, p. 159) states that the EU can be considered as a solidarity system since the solidarity principle "y possède un statut de principe fondamental et y exerce des fonctions fondamentales à la fois pour l'efficacité et la spécificité de ce système".

Notwithstanding, there has not been any attempt to define solidarity by the EU institutions, leading authors like Grimmel (2017) to consider that the EU has been neglecting the need to continuously exemplify the practical significance of the concept and its use in European politics. Instead, the EU itself makes heterogeneous uses, either in Law, speeches, documents, etc., of the concept of solidarity while hardly allowing a rule-following to be developed (ibid.). This creates a conceptual blurriness and "a major shortcoming of the value in the context of the EU" (ibid. p. 162), leading to a conceptual vagueness and obscurity that, in turn, leads to different interpretations and different practices, giving room for instrumental uses of the concept (Grimmel, 2017).

As previously mentioned, Wittgenstein (1953) defends that concepts can only be defined through their frequent use. In this sense, Grimmel and Giang (2017) stated that frequent references to solidarity are not enough to make solidarity a common concept nor to create a common understanding. Solidarity must be put in place and made explicit through concrete actions to clarify what it means and implies in the EU context. Therefore, according to these arguments, within the context of the EU, solidarity is a concept that remains weak and dependent on political intents, making its meaning fluid or even empty.

The European Union is a group of purportedly equal partners that identify their national goals in a shared integration strategy, share risks, and provide support to sustain the project's stability and viability (Raspotnik et al., 2012). Its membership implies moral duties, such as supporting each other at all times through mutual assistance (Kaeding et al., 2022). Being part of the EU, a heterogeneous group, also implies understanding the differences and interdependencies (ibid.).

Redistribution, an attempt to create an equal ground for all EU members and regions, is a component of European solidarity. However, some authors argue that it is not due to altruistic values nor federalist dreams (Raspotnik et al., 2012; Kotzur, 2017). Instead, it was motivated by national interests of building a stable and integrated political order in times preceded by wars and threatened by the Soviet Union (Raspotnik et al., 2012; Kotzur, 2017). MS still benefit from being part of the EU, especially by acting as a united and cohesive global player that can build a strong and sustainable position that single actors would not necessarily be able to achieve. In this sense, John (2021, p. 190) defines European solidarity as “a bond in which individual actors (people) and collective actors (member states) reason in the collective as ‘we’ rather than ‘I’ in political decision-making or when presented with challenges facing the European bloc”. Fighting pandemics, strengthening the Eurozone, and tackling environmental challenges are some of the challenges faced by the EU. In a globalised world, it is paramount that the EU operates as a cohesive unit. In that sense, MS and their citizens must strive “for common goals and hold common values, (...) operate on an equal footing, (...) bear the burden of risk-sharing and (...) trust each other” (ibid., p. 241).

The system of trust is maintained by the provider's belief that the receiver would be able and willing to provide such support in return if required and that the receiver needs solidarity through no fault of their own. For instance, during the financial crisis, this system could be seen breaking down through accusations that those in need of a bailout were responsible for their difficulties due to inadequate financial management; in reverse, those in need of the bailout accused the richer MS of lacking solidarity (John, 2021).

Summing up, European solidarity, as organic solidarity, is the result of the political construction of which the EU is the motor, having created economic, political, and human interdependence among MS (Faille, 2021).

1.2.3 European solidarity crisis

As long as the concept of European solidarity remains weak or even empty, solidarity within the EU will not be unconditional but rather subject to interpretations based on private and arbitrary criteria depending on what is convenient to each MS in each situation. Governments redefine the concept to claim certain actions as solidary and use the conceptual blurriness as a “pretext to excuse oneself from being solidary” (Koeck, 2019, p. 88), for instance, pretending that they do not know what it is to act solidarily and the obligations entailed. In this sense, solidarity serves more as a backup to interest-based politics, to create rhetorical pressure and to shield against others’ claims, than as a guiding principle (Grimmel, 2017).

For some MS, solidarity is a one-way road, as demonstrated by the Visegrád group⁷ in 2015 and conceptualized as “flexible solidarity” (ibid.). The group demanded solidarity in energy security policy while being unwilling to render solidarity by defending voluntary contributions instead of accepting mandatory quotas for migration (especially during the crisis) (Grimmel, 2017; Knodt & Tews, 2017; Koeck, 2019). This case demonstrates the instrumental use of solidarity within the EU and a lack of cross-issue calculations. However, Grimmel (2017, p. 172) believes that this does not mean that the concept of European solidarity cannot gain meaning. The author argues that, although the preconditions to make the concept meaningful “have not been brought to fruition yet”, these preconditions “are in place in Europe” (ibid.).

As mentioned above, MS demonstrate or withhold solidarity depending on their national interests, which are also constrained by domestic pressures (critics and elections) and play an important role in governments’ decisions at the intergovernmental level, especially in times of rising populism. National decisions result from a cost-benefit calculation, if a MS “recognises a more immediate gain from an act of solidarity, it is more likely to show solidarity” (John, 2021, p. 244). Sangiovanni (2013) frames this cost-benefit calculation as risk insurance stemming from integration. In this sense, MS that do not need nor want risk insurance “are less likely to engage in solitary acts based on a reciprocity perspective” (Knodt & Tews, 2017, p. 54).

⁷ Constituted by the Czech Republic, Hungary, Poland, and Slovakia

Despite the fact that solidarity is considered an EU core value enshrined in its fundamental legal texts, solidarity does not take place across all issues, it depends “on the issue, the instrument, and the group member” (John, 2021, p. 193). The term “selective solidarity” emerged stemming from MS’ recurrent selection of “the issues for which they demand or refuse solidarity” (Knodt & Tews, 2017, p. 62). However, within cost-benefits calculations, cross-issue calculation, which includes several policy fields, is “necessary to ensure reciprocity within European solidarity as a whole” (ibid., p. 54). If MS do not include other policy fields in their calculations, they will be less likely to demonstrate solidarity.

In their calculations, MS also lack the medium to long-term perspective, considering only short-term horizons, and if they do not have any present demand or need, they will be less likely to be solidary with other MS. Therefore, Knodt and Tews (2017, p. 61) argue that intergovernmental solidarity is limited and that “there is no evidence of a sense of reciprocity or linking of current solidary demands with possible future needs”. In sum, according to Beutler (2017), the core issue of solidarity in the EU is due to the fact that MS have different interests, and certain MS perceive the EU as a threat to national interests and identity. As a solution, the author suggests a change in the conception of States.

Some defend that overstraining European citizens’ solidarity might “carry the danger of also overstraining the European Union, and even the European Integration project as such” (Koeck, 2019, p. 91). It is commonly thought that citizens from MS that rely on other MS’s support are more prone to be in favour of solidarity than citizens from donor MS, that are often thought to be overstrained by the amount of solidarity. Koeck (2019) argues that the discussion should be thought of as “if the reasonable expectations in solidary help held by one part of European citizens (because they are in need) is not fulfilled by the solidarity of the other part of European citizens (who are in a position to render help), the patience of the former will sooner or later be overstrained, and this would carry indeed the danger of also overstraining the European Union, and even the European Integration project as such” (ibid., p. 91). The author suggests that academics and others with the right resources should elucidate citizens that do not understand or are unwilling to accept that “solidarity is a legal obligation, not only a political expedient” (ibid., p. 92).

Ultimately, the many crises faced by the EU tested one of its fundamental values: solidarity; and the EU “has to prove that it is more than the sum of its interests and that it is not just an arena used to ensure national advantage” (Grimmel & Giang, 2017, p. 2). Koeck (2019, p. 88) states that solidarity implies sacrifices, but “sacrifice does not appear in the glossary of European integration”.

In addition, there are also some critics of the so-called “conditional solidarity”. As already mentioned, the concept of solidarity entails redistribution within the community in order to level MS’ conditions. In the EU, this redistribution is accomplished through Cohesion Policy, which seeks to reduce economic, social, and territorial disparities among MS and regions. The Cohesion Policy is claimed to be “the most tangible expression of solidarity between member states” (Bachtler & Mendez, 2020, p. 303). This policy is “governed by a common regulatory framework with extensive obligations regarding the management of funding” (ibid., p. 267). These obligations assume the form of conditions aiming to change MS’ behaviour and ensure their compliance with EU objectives and values. Mechanisms of conditionality have been increasing in the EU. They have been used not only within Cohesion Policy, as was shown by the discussion regarding if the EU should send financial help through the Recovery and Resilience Plan (Covid-19 recovery plans) to Poland and Hungary due to breaches in the Rule of Law. There are contestations arguing that this conditionality is turning solidarity into conditional solidarity, undermining the underlying principles on which Cohesion Policy was founded (Bachtler & Mendez, 2020).

1.2.4 Multilevel solidarity

One characteristic of European solidarity is its multi-dimensionality, since the EU is “a highly differentiated multilevel system” (Goldberg et al., 2021, p. 1323). Therefore, there is not one form of solidarity but several. (Knot & Tews, 2017). Blanquet (2009) identifies three forms of solidarity within the European system. The author distinguishes solidarity among MS’s peoples, MS, and the EU and its MS. The former corresponds to a political dimension and the latter two to an institutional dimension. Knodt and Tews (2017) identify four other types of EU solidarity: transnational, international, supranational, and intergovernmental. Supranational solidarity is developed among individual actors linked by a political community with redistributive policies. This solidarity is “not based on the notion of an existing community but on the sense of belonging as European citizens to a political community with specific rights and duties” (Knodt & Tews, 2017, p. 51). Intergovernmental solidarity emerges when MS as collective actors work within the EU’s multilevel system to face problems that transcend national boundaries and ask for joint action (John, 2021; Knodt & Tews, 2017). These two types of solidarity are the ones that this dissertation is going to focus mainly on.

Intergovernmental solidarity plays “a role in most policy fields of European governance, at least according to the Lisbon Treaty” (Knodt & Tews, 2017, p. 53). However, there is a tendency for a growing transference of competencies from the MS to the EU, broadening supranational integration. In the EU context, the study of European solidarity is often made through the perspective of supranational solidarity, which can be divided into several categories, such as fiscal and social solidarity; the latter comprises, for instance, welfare state solidarity and intra-EU mobility (Goldberg et al., 2021). Knodt and Tews (2017) argue that supranational solidarity disregards the multilevel context of the EU, constituting a challenge to the analysis of European solidarity. Therefore, the authors point out the need to acknowledge the existence of several governance levels (within MS, between MS and at the EU level) and for a clearer and better-categorised definition of European solidarity.

1.2.5 European Solidarity in the Treaties

As already mentioned, the Preamble of the Treaty Establishing the European Coal and Steel Community (1951) affirms that the Europeans can create real solidarity (Sangiovanni, 2013), and all the following treaties also incorporate the concept.

The Preamble of the Treaty on European Union (TEU) (1993) recognises the MS’ desire to deepen “solidarity between their peoples while respecting their history, their culture and their traditions” (Koeck, 2019, p. 85). According to Blanquet (2009, p. 164), this solidarity is not a means nor a principle but rather an observation and a goal. Art. 2 of the same treaty mentions solidarity as a basic and common value among MS and its citizens (Koeck, 2019; Beutler, 2017). Art. 3 TEU states that the EU shall promote solidarity among its MS (and its regions by referring to territorial cohesion, which is aimed to be achieved through the Cohesion Policy), generations and peoples. This article also mentions mutual respect and equality, which are, as already said, fundamental elements of a community (Koeck, 2019; Beutler, 2017). Art. 3(5) establishes that the Union shall contribute to solidarity among peoples in its relations with the wider world (European Union, 2012a). Similarly, Art. 21 states that the EU’s external action shall be guided by the same principles with which it was created, developed, and enlarged, one of which is solidarity (European Union, 2012a). Also regarding external relations, Art. 24 states that the EU shall conduct, define, and implement its foreign and security policy “based on the development of mutual political solidarity among Member States” and that MS shall support these EU policies in a “spirit of loyalty and mutual solidarity” (Koeck, 2019; John, 2021). This

same spirit of solidarity held by the MS is once again mentioned in Art. 31, relating to the voting procedure in the Council (Kotzur, 2017). MS are again called to show solidarity in the Council and European Council in Art. 32, by consulting the other MS before undertaking actions and commitments on the international scene that can affect Union's interests. Finally, according to Kotzur (2017, p. 41), the mutual defence clause, Art. 42(7), can "also be seen as an expression of solidarity".

The Treaty of the Functioning of the European Union (2009) states in its Preamble that the founding MS intended to confirm Europe's solidarity towards overseas countries and the development of their prosperity. Art. 67(2) TFEU settles that the common policy on asylum, immigration, and external border control, should be based on solidarity between MS (Beutler, 2017). Regarding this policy area, the treaty devotes Art. 80, which states that this policy and its implementation "shall be governed by the principle of solidarity and fair sharing of responsibility, including its financial implications, between the Member States" when such measures are necessary (Koeck, 2019). "The spirit of solidarity" between MS is invoked in Art. 122 when deciding "upon the measures appropriate to the economic situation in particular if severe difficulties arise in the supply of certain products, notably in the area of energy". Solidarity is once again invoked in the context of energy policy in Art. 194 (1) (Koeck, 2019). Art. 196, regarding Civil Protection, states that the EU shall "encourage cooperation between Member States in order to improve the effectiveness of systems for preventing and protecting against natural or man-made disasters" (European Union, 2012b). According to Kotzur (2017, 42), this article "implicitly presupposes a "spirit of solidarity" between the cooperating entities". Later, in Art. 222, also known as Solidarity Clause, it is stated that "the Union and its Member States shall act jointly in a spirit of solidarity if a Member State is the object of a terrorist attack or the victim of a natural or man-made disaster" by mobilising all the available instruments to prevent, protect and assist when required by the authorities of the victim MS (John, 2021, Beutler, 2017 & Koeck, 2019). According to Tavares, the fact that there are five articles establishing solidarity (Art. 67, Art. 80, Art. 122, Art. 194, Art. 222) should result in enough solidarity. However, it does not, since "the truth is that MS avoid as much as possible using these articles" (Tavares, 2012, p. 151, own translation). For instance, the Declaration on Article 222 of the TFEU, establishes that "none of the provisions of Article 222 is intended to affect the right of another Member State to choose the most appropriate means to comply with its own solidarity obligation towards that Member State" (Tavares, 2012). In this sense, Tavares argues that it allows MS to "become solidary in spirit alone" (ibid, own translation),

contradicting the initial statement that MS are determined to establish an ever closer union of the European peoples.

In the Charter of Fundamental Rights (2000), solidarity is stated to be one of the indivisible and universal values upon which the EU is founded, and it has a chapter entitled solidarity: chapter IV, which includes a variety of social rights (Beutler, 2017).

Tavares states that solidarity is “a lovely yet vague expression” (Tavares, 2012, p. 151, own translation), an idea that is in line with arguments previously exposed in this dissertation. Faille (2021) shares the same idea, pointing out the lack of definition of solidarity in any of the EU treaties and the multiple uses of the concept over different contexts. Therefore, the question of if solidarity “constitutes a principle susceptible of producing juridical effects” (Ibid, p. 36., own translation) arises, as some refuse to recognise solidarity as a legal value, and it has proven difficult for the EU to “give life to these solidarity clauses” (ibid., p. 51, own translation). In addition, Tavares states that the “nature of the process of *co-indecision*” (Tavares, 2012, p. 153, own translation) – term used by the author to refer to the co-decision process – allows MS to veto solidarity articles in the Council. Therefore, the author reveals a pessimistic vision of European solidarity, stating that “if we are dependent on this European solidarity to save ourselves, we are lost. But if we are also dependent on the discipline that the treaties attempt to impose, we are also lost” (Tavares, 2012, p. 153, own translation).

1.2.6 Solidarity (or lack thereof) and the Covid-19 pandemic

The general panic of the first weeks of the Covid-19 outbreak in Europe made MS turn inwards and isolate themselves in nationalist reactions. For instance, several MS unilaterally closed their borders and “temporarily restricted EU citizens’ freedom of movement” (Goldberg et al., 2021, p. 1315) to stop the spread of the virus and banned exports of certain goods, such as protective masks, to other EU MS due to fears of running out of critical medical equipment and devices, and medicines (Faille, 2021). The biggest producers of essential goods – Germany, France, and Poland – imposed measures ranging from the need for an export authorisation to a total export ban of certain goods (ibid.). For instance, in early March, France and Germany temporarily restricted the export of masks (Siddi, 2020). It was only after the intervention of the Commission, more precisely of the commissioner for the Internal Market, Thierry Breton, “that Germany and France decided to authorise the export of masks, gowns and other protection to Italy” (Beaucillon, 2020, p. 38). Faille (2021) states that more than 1324 products were affected

by these measures. The beginning of the pandemic's first wave was also marked by competition between MS on the procurement of medical goods, which was made on a "first come, first served" basis (Kaeding et al., 2022). By that time, a breach between the MS from the North, less affected by the virus, and the MS from the South, in serious difficulties, could also be noticed (Faille, 2021).

These national responses were criticised for revealing flaws in European solidarity and undeniably contributed, from the perspective of Beaucillon (2020, p. 340), "to weakening the image of the project of European integration and called into question its validity". Other criticisms made were that these restrictions and bans threatened to undermine the EU's key principles, the freedom of movement and the internal market (fragmenting it), and values of cooperation and solidarity (Shaw & Repyeuski, 2021; Faille, 2021). Faille (ibid., p. 72) argues that "any export (and import) restriction imposed by a Member State wishing to protect its population in the event of a pandemic is *prima facie* contrary to the rules of European law on the internal market" (own translation).

Italy was the first country to be severely hit by the pandemic. In the first weeks of the pandemic, the absence of response to Italy's calls for assistance led to the idea that these calls "fell on deaf ears in Europe" (John, 2021, p. 274). These calls were instead answered by third countries such as Russia, Cuba, and China, which, on 12 March 2020, sent doctors and medical equipment to Italy. The first European MS to react was Germany, on 21 March, by providing medical equipment (Beaucillon, 2020). The fact that third-country aid was offered before any European bilateral or collective aid (ibid.) made Italy feel abandoned by the EU and criticise European solidarity as "a case of solidarity only in words and not in deeds" (Kaeding et al., 2022, p. xiii).

Kaeding (2022) states that this phase of the absence of solidarity, under the logic of "every country for itself", did not last long. MS realised that the only efficient response would be through cooperation and solidarity; mutual support proved pivotal to containing the spread of the virus. Bilateral medical assistance emerged after a few weeks; for instance, Germany, Austria, and Luxembourg received some patients from other countries worse affected (Goldberg et al., 2021; John, 2021). Cooperation and consensus also allowed joint efforts to acquire protective and medical equipment, medicines, and vaccines, the share of experiences, as well as an agreement by the European leaders on revising the EU crisis management system (Kaeding, 2022; John, 2021; Mcevoy & Ferri, 2020).

1.2.7 The European Commission's role in response to the Covid-19 pandemic

In the face of a pandemic that does not know borders and to which European MS initially reacted with national responses, the European Commission took steps to coordinate MS's responses to the COVID-19 pandemic. The early incidents "served as a wake-up call to EU leaders, sensitising them to the pandemic's geopolitical dimensions" (Burni et al., 2021, p. 535), making them more willing to cooperate and coordinate responses. The Commission took the role of an intermediary of the Union to find efficiency in coordinated solutions on a European scale as it assumed that "the pandemic's exceptional circumstances require exceptional policy measures" (Oellerich & Toplišek, 2022, p. 33). By doing so, the Commission, and MS, put an end to the "time of selfishness and blindness to make way for the time of solidarity" (Faille, 2021, p. 2, own translation).

Before the pandemic, managing the EU Civil Protection Mechanism was already the Commission's responsibility since its creation in 2013. The mechanism is claimed to be a "visible expression of European solidarity" (Beaucillon, 2020, p. 396) since it puts into practice Art. 222 TFEU. Therefore, the mechanism should provide assistance in "all kinds of natural and man-made disasters, including environmental disasters, marine pollution and acute health emergencies, occurring inside or outside the Union" (Beaucillon, 2020, p. 395). It also puts into practice Art. 196 TFEU regarding the EU's role in civil protection, and Art. 6 of the same treaty, which states that the EU shall act to support, coordinate and supplement the MS when operating in the field of civil protection at the European level (Beaucillon, 2020). The EU Civil Protection Mechanism has several Centres, teams and assets, such as the Emergency Response Coordination Centre (ERCC) and the rescEU reserve, created in the fight against the pandemic.

The Commission also worked closely with European agencies, such as European Centre for Diseases Prevention and Control (ECDC) and European Medicines Agency (EMA). Together, the Commission and the EMA worked to anticipate shortages and assisted in the adaptation of the production of these medicines and vaccines and supported the "rapid development, assessment and authorisation of new medicines and vaccines" (Mata, 2020, p. 17) for COVID-19. The Commission also worked closely with the ECDC to ensure a coordinated response across Europe (ibid.).

During the pandemic, the work of the Commission chairing the EU Health Security Committee was also important. This Committee is a pivotal forum "for mutual consultation and regular information exchange among MS" (Paccès & Weimer, 2020, p. 292). In this context, MS coordinated their COVID-19-related measures through their national health ministers and

informed the Commission about national capacities and needs on healthcare, “thereby triggering mechanisms of EU-wide public health solidarity” (ibid.).

1.2.7.1 Joint Procurement

The joined procurement played an important role in fighting the pandemic in a coordinated and solidarity way. The European Joint Procurement Agreement (JPA) was introduced in 2014. It was an instrument that allowed the EU to “organise the procurement of vaccines and medications in preparation for pandemics” (Mcevoy & Ferri, 2020, p. 1) with the aim to ensure the participating MS’ equitable and affordable access to medical supplies amid critical health crises. The JPA has an administrative function, assumed by the Commission, to manage the procedures to negotiate and conclude contracts (Mcevoy & Ferri, 2020).

Joint procurement prevents harmful competition between countries and zero-sum conflicts. It strengthens the bargaining power towards the producers, allows efficient distribution of goods to those in greater need, and “addresses the spill-overs resulting from the disruption of the free movement of goods and of supply chains” (Paccès & Weimer, 2020, p. 292). Mata (2020) considers that the Joint Procurement procedures for medical countermeasures were successful, gathering a significant number of participants and allowing MS to acquire goods. For instance, by October 2020, when Mcevoy and Ferri published their work, the Commission had “launched six procurement competitions to purchase medical supplies and equipment” (Mcevoy & Ferri, 2020, p. 5). During the pandemic, the most acquired goods were ventilators, goggles, face shields, masks, laboratory equipment, testing kits, eye and respiratory protection, gloves, antivirals, and vaccines.

Regarding the procurement of a vaccine, the initial absence of leadership from the Commission has been amply criticised. In April 2020, some MS started exclusive and bilateral procurement efforts outside the EU institutions and left the others behind. For instance, Germany and France initially shaped the agenda and began efforts. The two MS invited Italy and the Netherlands to join the Inclusive Vaccine Alliance (IVA), which held talks with pharma companies (Deters & Zardo, 2022).

The so-called “coronationalism” (Bouckaert et al., 2020 *apud* Deters & Zardo, 2022) was later countered by the EU when the Commission presented, on 17 June 2020, the EU Vaccines Strategy, which proposed the supranationalisation of the procurement process of vaccines. This way, the Commission ensured that the negotiations with vaccine producers were led exclusively

by the Directorate-General for Health and Food Safety (DG SANTE), hindering national side deals (Deters & Zardo, 2022).

For this process, the Commission used the Emergency Support Instrument (ESI) to fund up-front payments, which allowed it to start negotiating without previously gathering participants and to overcome complex financial negotiations among MS. With this central mechanism, the Commission “shaped the agenda for supranationalization by framing vaccine provisioning as a case of interdependence demanding mutual assistance in the light of earlier experience” (ibid., p. 10).

In the vaccine joint procurement, it was invested as much to cover a range of several pharmaceuticals with different potential vaccines, developed with different technologies to prevent the risk of betting on a vaccine that would not succeed (Deters & Zardo, 2022).

1.2.8 Conclusion

During the beginning of the pandemic, clashes could be noticed between national views on public health and attempts for a genuinely pan-European approach. (Ruijeter et al., 2020). Pushing for the latter, the Commission published several guidelines and communications defending that MS must protect public health within a spirit of European solidarity and at the EU level, pushing for the perspective of a “we” (the EU) instead of an “I” (National States).

Analysing the role of the Commission as a leader during the Covid-19 pandemic is important due to the fact that modern crises require supranational responses in order to attain effective results, and due to the uncertainty of the virus. Deters and Zardo (2022) consider the definition of Müller and Esch (2020, p. 1054) in which leadership aims to “mitigate collective action problems that complicate decentralised decision-making”.

The role of the Commission provided leadership by shaping the agenda (by prioritising some matters and excluding others, and so, influencing its followers’ perceptions); by ensuring that “the EU speaks with a single voice and that member states are not played off against each other” (Deters & Zardo, 2022, p. 3), and acting as a representative of the EU towards third parties.

Generally, the Commission has the power, and responsibility, to broker and propose compromises, mobilise funds (that enable the Commission to foster cooperation among MS and put solidarity in place), build coalitions, and apply sanctions to those lagging behind (Deters & Zardo, 2022). However, it is essential to mention that the Commission needs the support of MS,

at least from some of them, and “the more national support the Commission enjoys” (ibid., p. 5), the more success it will have in its endeavours.

Chapter 2: Methodology and Research Design

This chapter presents the research plan and methodology that will enable this dissertation to answer its research question: How did the European Commission mitigate the challenges of the Member States' responses to the Covid-19 pandemic and guarantee the coordination thereof through solidarity?

The methodology used in this project is qualitative document analysis (QDA). Documents contain resources that were not affected by the researcher, not even in their collection (Karppinen, & Moe, 2011), constituting a primary source that will be examined and interpreted by the researcher "in order to elicit meaning, gain understanding, and develop empirical knowledge" (Bowen, 2009, p. 27). Beyond being non-reactive, documents are also usually available, facilitating the researcher's access to primary resources (Bowen, 2009). Another positive aspect of the qualitative document analysis method is its efficiency, in the sense that it is less time-consuming and more cost-effective (Bowen, 2009).

Policy and official documents are "reliable sources of factual information about policy processes" (Jääsaari, 2007 *apud* Karppinen, & Moe, 2011, p. 4). As a primary means of institutional communication, policy documents reflect policy interests and priorities, shape the agenda, communicate political actions and intentions (Karppinen & Moe, 2011), and give information on the institution's position on a given matter. In that sense, analysing institutional documents allows us to uncover much of this information.

This research will strongly rely on a chronological analysis of actions undertaken by the European Commission, which were partly published on its website in the form of a timeline, as well as other documents released by the Commission. These actions and documents will be analysed as primary sources to assess the actions undertaken by the Commission to address the COVID-19 Pandemic in the European Union and foster coordination and solidarity.

The analysis will focus on the sanitary dimension of the COVID-19 crisis since it is the dimension in which more panic-driven, isolationist, and unilateral responses were registered.

The period under analysis of this research is the entire year of 2020 since the first COVID-19 cases were reported in late December 2019 and the first doses of a vaccine against it were received by all MS on 26 December 2020.

Considering the research question, available sources, and methodology, the main objectives of this research are:

- to select all the relevant actions undertaken by the European Commission aiming to tackle the COVID-19 pandemic and to make the response of the MS more coordinated and solidary

- to analyse the actions undertaken and documents released by the European Commission in this context

- to assess the European Commission's efforts aiming to tackle the sanitary crisis, coordinate the responses of the MS, and affirm its leadership

- to verify if the Commission's six priorities were fulfilled during its response to the COVID-19 pandemic in 2020

In the document "A Union that strives for more", Ursula von der Leyen, as a candidate for President of the European Commission in 2019, presented her Political Guidelines for the European Commission 2019-2024 (von der Leyen, 2019). The Guidelines aimed to frame the work of the von der Leyen Commission if elected. These Guidelines are organised into the following six policy priorities of the von der Leyen Commission: European Green Deal; Europe fit for the digital age; An economy that works for people; A stronger Europe in the world; Promoting the European way of life; A new push for European democracy.

This dissertation also has two hypotheses drawn from its initial exploration of the topic and the literature review to complement and guide the discussion. The analysis will enable their corroboration or refutation, thus contributing to the debate on this topic. The identified hypotheses are the following:

-The COVID-19-related action of the European Commission met its six policy priorities

-The European Commission used its role of leadership to push for European Solidarity, trying to show through deeds what European Solidarity means

Chapter 3: Analysis of the Commission's actions in response to the COVID-19 pandemic

On 9 January 2020, the first action of the Commission concerning the COVID-19 crisis was taken, namely, DG SANTE opened an alert notification on the Early Warning and Response System (EWRS) (European Commission, n.d.b). On 17 January, the Health Security Committee (HSC) had its first of six meetings on the novel Coronavirus (ibid.). On 31 January, the Commission mobilised €10 million from the Horizon 2020 Framework Programme, an EU research and innovation programme, to conduct research on the new Coronavirus (ibid.). On that day, the Commission also launched an emergency request for expressions of interest for research projects to produce knowledge and understanding of the new virus and improve public health preparedness and response. The Commission has also shown great alignment with the World Health Organisation (WHO) to ensure an effective and coordinated response to the outbreak (ibid). These actions show an early mobilisation of the Commission that started even before the registration of COVID-19 cases in Europe and, in a time of lack of knowledge on the virus, its consequences and infectious rate.

On 1 February, MS delivered 12 tons of protective equipment to China (European Commission, 2020co). The next day, the first repatriation procedure took place, with 447 European citizens being brought to Europe from Wuhan. Repatriations were made through the EU Civil Protection Mechanism, a mechanism to which the Emergency Response Coordination Centre (ERCC) responds, which in its turn, is an initiative from the Commission and works under the Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) (Environment Emergencies Centre, n.d.). The Commission announced it was working "on all fronts to support efforts to fight the coronavirus helping Member States to repatriate their citizens and providing emergency services to China" (European Commission, n.d.b). In this sense, on 23 February, the Commission co-financed the delivery of more than 25 tonnes of personal protective equipment to China after the activation of the EU Civil Protection Mechanism. The following day, the Commission announced a new aid package of €232 million to boost global preparedness, prevention and containment of the virus (ibid.). The first and the two latter actions show the Commission's efforts to affirm the EU (and perhaps itself) as a global actor. On 28 February, the Commission launched the first joint procurements of personal protective equipment (ibid.), taking an active and leading role in the fight against the pandemic.

On 2 March, the Commission launched the Corona Response Team to coordinate the response to the pandemic, composed of five commissioners, covering different strands of

action: medical, economic, mobility and transportation (European Commission, n.d.b; European Commission, 2020cm). On 6 March, the Commission scaled up the emergency call launched in January to support 17 research projects with €47.5 million from Horizon 2020 to develop vaccines, treatments, diagnostic tests and prevention (European Commission, 2020bn). Although health is far from being an exclusive competence of the EU (and of the Commission), the securitisation of this policy field led to the Commission's assumption of the role of a driver for key steps leading to policy development. On 10 March, MS gave the Commission a mandate to further step up its response to the Coronavirus on all fronts and coordinate MS actions (European Commission, n.d.b), which legally reinforced the Commission's leadership and gave it room to continue its role as a driver for policy development.

On 13 March, President von der Leyen announced a Corona Response Investment Initiative (CRII), predicting to allocate €60 billion that had been unused from the Cohesion policy funds (bid.). In this sense, on 13 March, the Commission launched the proposal for a regulation *amending Regulation (EU) No 1303/2013, Regulation (EU) No 1301/2013 and Regulation (EU) No 508/2014 as regards specific measures to mobilise investments in the health care systems of the Member States and in other sectors of their economies in response to the COVID-19 outbreak* (ibid.). The document stated that specific measures were needed due to the COVID-19 outbreak and that it was "a matter for the whole EU", reflecting the Commission's acknowledgement and urge for a response at the European level, where it could play a significant role in terms of guidance and governance. The proposal sought to mobilise investments in response to the outbreak through the CRII, which mobilises around €37 billion in available cash reserves of the European Structural and Investments Funds (ESIF). The European Regional Development Fund (ERDF) was also proposed to start to cover necessary investments to strengthen the crisis response capacities in public health services. The document also mentions that a Task Force has been created to coordinate work with MS, identify their specific needs, assist them and ensure money started to flow (European Commission, 2020cf), which was a concrete action from the Commission to guarantee coordination and support to MS.

On 15 March, the Commission's non-legislative act implementing regulation (EU) 2020/402 of 14 March 2020 subjected the exportation of certain products to an export authorisation (European Commission, n.d.b). This act structured an export authorisation scheme for personal protective equipment under which these goods could only be exported outside of the EU with the approval of all MS (European Commission, 2020d). By doing so, the

Commission aimed to curb the impacts of the lack of stocks and production capacity of these goods that could not meet the high demand within the Union by that time.

On 16 March 2020, the Commission offered up to €80 million in financial support to CureVac, a German vaccine developer, to "scale up development and production of a vaccine against the Coronavirus in Europe" (European Commission, n.d.b). On the same day, the Commission launched the *Guidelines for border management measures to protect health and ensure the availability of goods and essential services* (European Commission, n.d.b), stressing the principle that all EU internal borders should stay open to freight and the continuity of the supply chains for essential goods. These guidelines envisioned an integrated approach to effective border management that protects the integrity of the Single Market and freedom of movement, which were considered pivotal for the maintenance of supply chains (European Commission, 2020bo) – and also crucial for the European Commission itself as guardian of the Treaties and ensurer of the latter's main principles. Therefore, the measures taken were meant to safeguard economic activity and the movement of professionals to ensure services and transportation of goods. In that sense, the Commission considered that MS should govern according to the principle of solidarity between themselves.

On the same day, the Commission also launched the communication *COVID-19: Temporary Restriction on Non-Essential Travel to the EU*, acknowledging the need for a temporary restriction of non-essential travel from third countries into the EU+ area, and inviting the governments of the Schengen Member States to, together, formulate and apply these restrictions. In the same communication, the Commission called for consistency, emphasising that unilateral decisions and an uncoordinated application of restrictions (applied not to all parts of the EU's external borders, at the same time and in a uniform manner) would undermine their effectiveness. The Commission stated that travel restrictions to the EU enabled the lift of these restrictions and controls within the EU, which were impacting the integration of the internal market and the Schengen area (European Commission, 2020j) – two matters of extreme importance for the Commission and for its general mandate as a supranational EU institution.

The Commission created an expert group (epidemiologists and virologists) that took up on 17 March 2020 to assist the Commission by formulating science-based guidelines and coordinating risk management measures (European Commission, n.d.b). On the next day, the Commission published the *Interpretative Guidelines on EU passenger rights regulations in the context of the developing situation with Covid-19* (ibid). This document aimed to communicate the Commission's interpretation of the EU passenger rights legislation and to clarify how certain provisions of this legislation apply in the context of the COVID-19 pandemic due to the

constant changing of measures and border controls by the MS, which created a situation of a high level of uncertainty. This document provides guidance and clarification of the rights and obligations of passengers and carriers across the different transport modes (by air, rail, bus, coach, and ship) and different cases (European Commission, 2020a). Although this is not strictly a health-related action, which is the focus of this analysis, it is relevant nonetheless to get an overview of the Commission's proactive moves in areas of shared responsibility during a time of emergency. While the Commission acted within its mandate, the proliferation of initiatives in different areas corroborates our idea that this institution assumed a role of leadership and driver for policy development during 2020.

On 19 March, the Commission decided to create the first strategic *RescEU stockpile* of medical equipment to send MS supplies to fight the Coronavirus, such as intensive care medical equipment and personal protective equipment (European Commission, n.d.b). President von der Leyen announced that this first common European stockpile, 90% financed by the Commission, put European solidarity into action (European Commission, 2020bm), which can be seen as the Commission demonstrating what an act of European solidarity is through practice. By that time, the Commission had already set in place a Joint Procurement Agreement to allow MS to access protective and medical equipment and necessary items for diagnostic tests.

The Commission worked closely with industry and MS to maximise the availability of supplies needed by increasing production, for instance. In that sense, the Commission made an urgent request to which, on 20 March, the European Committee for Standardization and the European Committee for Electrotechnical Standardization responded by making available numerous standards for certain medical devices and personal protective equipment to be produced and sold in the internal market with a high degree of safety (European Commission, n.d.b; European Commission, 2020bh).

Under the principle of maintaining the internal borders open to freight and personnel and in response to national lockdowns, on 23 March 2020, the Commission published a communication *on the implementation of the Green Lanes under the Guidelines for border management measures to protect health and ensure the availability of goods and essential services*. This new practical advice was designed to help MS implement the guidelines regarding the green lanes to protect the EU's supply chains and workers' health, as well as to ensure the transportation of goods without delay. MS were requested to lift all types of driving restrictions for freight transport and its workers and to designate all the relevant internal border-crossing points of the trans-European transport network as 'green lane' border crossings. In this

sense, the Commission established a network of national contact points and set a platform providing information on national transport measures.

On 26 March, the President of the Commission and the European Council President participated in an extraordinary G20 Leader's videoconference, showcasing the EU's commitment to international cooperation in tackling the pandemic, especially in assisting vulnerable countries (European Commission, n.d.b; European Commission, 2020bz). In this instance, the Commission's role in boosting the EU's actorness in the international system is again visible. On the same day, the Commission presented new guidance regarding the transportation of essential air cargo, intended to ensure supply chain continuity while safeguarding the health of the workers involved at the same time (European Commission, 2020av). This guidance came under the aim announced on 16 March to respect the principle that EU internal borders must stay open to freight and following the efforts of the 23 March communication to ensure the continuous flow of goods without delay. The Commission also warned about the lift of restrictions incompatible with Union law and called on third countries to avoid implementing unnecessary air cargo operations restrictions and comply with agreements in place. On 27 March, the Commission made available €75 million from the EU budget as a boost budget to help MS repatriate EU nationals and to increase the RescEU medical stockpile (European Commission, n.d.b).

On 30 March, the Commission published the *Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak* (ibid.). These guidelines complement the Guidelines published on 16 March. The aim was to provide a coordinated approach at the EU level to ensure that, during the pandemic, critical workers could still cross the internal borders and reach their destination without delay to guarantee the continuity of essential professional activities (European Commission, 2020az). In this sense, a list of critical workers identified workers to which MS should allow border passage for frontier workers occupying professions identified in the list. The Commission also urged MS to treat these critical frontier workers in the same manner as national workers exercising the same occupations – in this sense, it can be concluded that the Commission was pushing for a European perspective regarding the movement of workers instead of a nationalistic one. The Commission stated that it would continue working with MS and the Technical Committee on the Free Movement of Workers to identify the best practices that could be extended to all MS in order to smooth workers' border passage (European Commission, 2020aa).

The Commission's communication *Guidance on the implementation of the temporary restriction on non-essential travel to the EU, on the facilitation of transit arrangements for the*

repatriation of EU citizens, and on the effects on visa policy published of 30 March emphasised the conclusions of 16 March on how EU coordination was imperative in the context of COVID-19 in order to maximise the impact of the efforts to curb the spread of the virus. The document established that national citizens and legal residents of MS and Schengen Associated Countries were exempt from the temporary travel restrictions in order to return to their homes. The document provided the legal basis (Schengen Borders Code) for the refusal of entry to non-resident third-country nationals that were considered to be a threat to public health. However, this document, like several others in regard to restrictions, emphasised that measures must be proportional, non-discriminatory, and implemented in a way that ensures full respect for human dignity. It clarified the legal character of cross-border police cooperation based on the Prüm Decision, and provided guidance regarding procedures in the case of individuals that wanted to leave the EU. The document also advised Schengen countries to ensure minimum services in consulates for processing visa applications and provided guidance to deal with overstay caused by travel restrictions (European Commission, 2020j). This document showed the European Commission's efforts on various fronts to foster cooperation and cohesion among MS and Schengen countries in order to protect its inhabitants from health threats.

Also, on 30 March, the Commission reallocated €140 million to help Eastern Neighbourhood countries with their most immediate needs and up to €38 million to the Western Balkans to help them tackle the health emergency, as well as other actions to help in the socio-economic recovery (European Commission, n.d.b). The EU's Enlargement and Neighbourhood Policy are some of the EU's most important and visible external action tools, which renders the Commission's actions in this context as part of a broader effort to boost the EU's actorness in terms of attractiveness and commonly associated normative role. On 1 April, the European Commission scientists announced to have designed new control material that could guarantee the correct functioning of laboratory coronavirus tests and avoid false negatives (ibid.). This achievement was claimed to have improved the EU's capacity to respond to the outbreak, prevent waste of resources, use inefficient tests, and be part of the strategy against Coronavirus and exit strategy (European Commission, 2020bp). The Commission's actions in this regard not only contributed to a better internal response but also fostered the EU's scientific edge at a global scale, thus consequently boosting its actorness.

The same day, the Commission published a *Guidance on using the public procurement framework in the emergency situation related to the Covid-19 crisis* (European Commission, n.d.b). This document provided guidance to MS on getting essential medical supplies in the most effective way, as well as using all the flexibilities of the European Directives on Public

Procurement, and highlighted the available options under the EU's public procurement framework to purchase supplies and services in need for the pandemic. This document shows that the Commission recognised the need to deal carefully with the immense increase in the demand for the same goods and services while some supply chains were disrupted. In its development and launch, the Commission showed concern for maintaining cohesion across the EU in terms of access to necessary goods and services, which translates as the Commission acting as a leader in boosting solidarity among MS.

On 3 April, the Commission issued *Guidelines on EU Emergency Assistance in Cross-Border Cooperation in Healthcare related to the COVID-19 crisis* (European Commission, n.d.b). This document was released at a time marked by overburdened hospitals and shortages of the health workforce. To ease the situation, solutions of transferring patients and sending qualified teams of medical personnel to help across borders were emerging, and the Commission announced to support these kinds of assistance. The Commission also announced itself committed to coordinating requests for cross-border healthcare assistance through its work chairing the Health Security Committee and the EWRS; supporting health authorities requesting assistance through the EU Civil Protection Mechanism, which allowed the Commission to coordinate and co-fund the cross-border emergency transport of patients and medical personnel; encouraging and financing (by extending Solidarity Fund to cover public health emergencies) the cross-border healthcare cooperation in border regions, and the share of knowledge and skills. In these Guidelines, the intensive care places and hospital treatment offered by Germany and Luxembourg for Italian and French patients were pointed out as an encouraging and important signal of European solidarity. The document encourages MS to offer assistance in order to alleviate overstretched healthcare facilities of MS in need (European Commission, 2020af). This document is an example of the Commission's leadership in fostering coordination and solidarity among MS, as well as showing what European solidarity is through deeds.

On the same day, the Commission proposed *amending Regulation (EU) 2017/745 on medical devices as regards the dates of application of certain of its provisions* (European Commission, n.d.b) to establish a regulatory framework aiming to ensure the smooth functioning of the internal market as regards medical devices and a high level of protection of health for patients and users. However, this framework needed to be adapted to the extraordinary circumstances brought on by the COVID-19 health crisis. In that sense, the Commission considered it "necessary to defer the application of certain provisions of Regulation (EU) 2017/745 by one year" (European Commission, 2020cj, p. 1) and to defer the

date of the repeal of Directives 90/385/EEC and 93/42/EEC in order to “safeguard the presence of a functioning regulatory framework on medical devices from 26 May 2020” (ibid.). The Commission also proposed an amendment seeking to ensure its capability to adopt "Union-wide derogations in response to national derogations at the earliest date possible in order to address potential shortages" (ibid., p.4) of crucial medical devices. By doing so, the Commission sought to smooth the conditions and foster MS' response capacity, using policy and European instruments for the good of the Union.

On 6 April, Italy received personal protective equipment that was coordinated through the EU Emergency Response Coordination Centre. By that time, MS had also sent equipment and accepted Italian patients (European Commission, n.d.b), showing solidarity. On 7 April, the Commission announced to be coordinating and co-financing European assistance offered via the EU Civil Protection Mechanism, such as a team of doctors and nurses sent from Romania and Norway to Italy and disinfectant sent by Austria to Italy (ibid.). On the same day, the activation of the EU's Copernicus satellite system was announced to map Italian facilities and public spaces during the pandemic emergency (European Commission, n.d.b), assisting MS in their actions.

On 8 April, the Commission and the EU High Representative made a joint communication *on the Global EU response to COVID-19*. Under the conviction that the coronavirus pandemic required united and global action in response, as emphasised by the High Representative/Vice-President Josep Borrell, it was explicitly stated in the document that it was time for international solidarity. Team Europe was presented as a joined-up strategy and a single framework of action for all the European external responses to support partners tackling the coronavirus pandemic, financed by the EU and its MS. The Commission promised to allocate over €15.6 million from existing external action resources (European Commission, 2020be). Throughout the document, several actions taken under Team Europe are pointed out, demonstrating solidarity through deeds. The communication was a strong affirmation of Europe as a global and solidary actor, declaring the EU as "the world's largest donor" and promoting and leading a coordinated response on multilateral fronts.

The same day, the Commission issued *Guidelines on the optimal and rational supply of medicines to avoid shortages during the COVID-19 outbreak*, advising good practices to ensure the supply of affordable medicines needed during the pandemic to each MS. It was stated that MS were expected to act responsibly and in a spirit of European solidarity. The Commission also called on MS to recognise that "no country is self-sufficient". Since some of the leading causes of shortages were protectionist measures, export bans and national stockpiling, the

Commission asked MS for solidarity and lift export bans and restrictions and avoid national stockpiling (European Commission, 2020x). In this sense, the Commission indicated how MS should proceed in order to be solidary with each other, emphasised their interdependency, and kept efforts to protect public health, preserve the integrity of the single market, and foster a coordinated approach across the EU. MS were also asked to fight misinformation to avoid panic buying and stockpiling by the citizens. Guidance was also provided regarding the optimal use of medicines. The Commission also claimed to have collected, with the support of the EMA, data on the challenges and medicines at risk of shortages (European Commission, 2020as). It is interesting to notice that the Commission does not necessarily explain in too much detail what is entailed by this "spirit of solidarity", rather mostly assuming its tacit understanding. This reflects the vague and ambiguous nature of the concept of solidarity as it is vehiculated by the Commission, but also its ubiquity across EU policy documentation.

On the same day, the Commission also issued a Recommendation *on a common Union toolbox for the use of technology and data to combat and exit from the COVID-19 crisis, in particular concerning mobile applications and the use of anonymised mobility data* (European Commission, n.d.b). Tracing and warning national apps were seen as a tool to fight the pandemic and as part of the exit strategy: the lift of containment measures (European Commission, 2020aq). Therefore, this recommendation set out steps, measures, and key principles for developing a pan-European approach for COVID-19 mobile applications. These apps would collect the necessary data from mapping and predicting the evolution of the virus and optimising the effectiveness of containment measures across the EU. The main concern regarding these apps was to ensure respect for EU fundamental rights such as privacy and EU data protection standards. The app was meant to be voluntary, anonymised, interoperable, secure, and to have other relevant functionalities in the future. MS were asked to work in coordination with one another, the Commission, and other relevant stakeholders. The Commission announced it had already started the discussion with mobile phone operators to cover all MS. The Commission also warned that the current fragmentation of approaches hampers the EU's common efforts combating the virus (European Commission, 2020i), showing its disapproval for lack of coordination, and tacitly expressing a preference for a coordinated approach that would ensure a maximum of cohesion and solidarity among MS in their individual responses.

Still on 8 April, the Commission invited all countries from the 'EU+ area' to prolong the restriction on non-essential travel to the EU until 15 May in a coordinated approach as the number of cases and deaths continued to rise across and outside of the EU. This coordinated

action at the EU's external borders was said to be an essential aspect of the EU exit strategy. The Commission promised to continue assisting MS in implementing these restrictions (European Commission, 2020au). This request, as well as the last statement of the latter communication, can be translated as an acknowledgment that coordination is pivotal for an efficient response to the pandemic and also in an implicit understanding that the Commission would assume such a role for the sake of the Union.

On 14 April, the Council approved the Commission's proposal for the activation of the EU's Emergency Support Instrument (ESuI), which would support MS' healthcare systems with €2.7 billion from the EU budget to fight the pandemic. This instrument, which was meant to complement other EU tools, such as the RescEU, enabled the Commission to directly support MS and procure on their behalf (European Commission, n.d.b), "in this way, the Commission will be providing a coordinated EU response throughout the crisis" (European Commission, 2020bq).

On 15 April, the Commission issued *Guidelines on COVID-19 in vitro diagnostic tests and their performance* (European Commission, n.d.b) as part of the European Roadmap toward the lifting of coronavirus containment measures. The realisation of diagnostic tests for the Coronavirus was seen as a crucial aspect of combatting the pandemic, assessing the effectiveness of public health countermeasures, and designing safe de-escalation strategies. This document presented and described the different types of diagnostic tests in the EU and included considerations regarding them. It also provided elements to be considered by MS when defining national strategies, indications to manufacturers, and test performance criteria. The Commission called for solidarity between MS by ensuring a fair distribution of available stocks and laboratory equipment, following a similar logic of pushing top-down for cohesion among MS through a reference to solidarity – however vague and ambiguous the concept of solidarity remains in the Commission's discourse. On the same day, the presidents of the Commission and the Council released a *Joint European Roadmap towards lifting COVID-19 containment measures* (European Commission, n.d.b), aiming to coordinate the approach to the next stage. The document provided specific criteria and recommendations that MS should consider when planning the lift of confinements, basic principles which included coordination and solidarity among MS, and measures that should accompany the lift (European Commission, 2020bg).

On 17 April, the Commission published a communication with *Guidance on Apps supporting the fight against COVID-19 pandemic in relation to data protection*. This document came in the sequence of the announcement of the common European approach, the Toolbox, for the use of mobile applications. It aimed to provide a framework that would guarantee the

protection of personal data and limit access to data by setting out features and requirements that apps should meet to comply with EU privacy and personal data protection legislation (European Commission; 2020ap). This action combines the fight against the pandemic with the digital transition, in which the protection of personal data is one of the central concerns of Europe's digital future (Bassot, 2021). On 20 April, the Commission together with several partners, launched a European COVID-19 Data Platform as part of the ERAvsCorona Action Plan (co-funded by the Commission and MS). The creation of this platform envisioned the rapid collection and sharing of available research data and cooperation in fighting the Coronavirus (European Commission, n.d.b; European Commission, 2020ax). On 21 April, the EU coordinated and co-financed the delivery of aid shipments in the EU and neighbouring countries after requests for assistance. Slovakia sent masks and disinfectant to Italy, and Austria sent gloves and disinfectant to Croatia (European Commission, 2020bs). In doing so, solidarity was shown among MS.

On 23 April, the Commission welcomed the adoption of its proposal of regulation 2020/561 to postpone the date of the application of the Medical Devices Regulation, due to the increasing need for medical devices while continuing to guarantee patient health and safety until the new legislation becomes applicable (European Commission, 2020ca). In this sense, the Commission succeeded in its initiative to smooth the conditions to fight the pandemic and its leadership role. The following day, President Ursula von der Leyen launched the Coronavirus Global Response in response to the WHO's call for action. The Coronavirus Global Response pledged global action for universal access to affordable coronavirus vaccination, treatment, and testing, to strengthen health systems and support economic recovery in the world's most fragile regions and communities (European Commission, n.d.b; European Union, n.d.). This action met the priority of A stronger Europe in the world, and an EU coordinated with the WHO.

A few days later, on 4 May, the Commission registered €7.4 billion in pledges from donors during the Coronavirus Global Response pledging event (European Commission, n.d.b). This initiative translates the Commission's effort to ensure the EU's visibility on the international stage as an active player. On 2 May, the RescEU initiative delivered masks to Spain, Italy, and Croatia (ibid.). On 8 May, the Commission asked all countries from the 'EU+ area' to, once again, extend the temporary restrictions on non-essential travel to the EU for another 30 days, until 15 June (ibid.). By doing so, the Commission sought to prevent an aggravation of the pandemic, mitigating potential adverse effects on the freedom of movement within the EU – one of its primary responsibilities. On the same day, 1.5 million medical masks were delivered to 17 MS to protect health workers, an effort funded by the Commission to purchase 10 million

masks via the ESuI (ibid.). The Commission also announced to have set up an EU Humanitarian Air Bridge for the transportation of humanitarian workers and emergency supplies for the coronavirus response. The Commission cooperated with MS and financed the total costs of air transport of MS' flights that used this air bridge (European Commission, 2020al). This Air Bridge initiative stems from the Commission's effort to affirm the EU's global actorness and international solidarity. On 12 May, the Commission announced the selection of 8 large-scale research projects to develop treatments and diagnostics for the Coronavirus. The Commission also announced it would raise its Horizon2020 commitment to €72 million. These projects were part of the common European response to the coronavirus outbreak (European Commission, 2020an).

On 13 May, the Commission issued a communication on *Tourism and transport in 2020 and beyond* (European Commission, n.d.b). The Commission presented an overall strategy towards recovery and a guidance package regarding tourism and transportation, aiming to restore the integrity of the Schengen area – one of its main concerns and areas of responsibility – and the tourism ecosystem with health precautions and based on the Joint European Roadmap (European Commission, 2020cp). This package gave recommendations on two aspects; one regarding intra-EU travel, addressed by the *communication Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls- COVID-19*, where the Commission invited MS to, in coordination, restore the freedom of movement within the Union and re-open the internal borders. This communication presented a phased approach depending on the epidemiological situation (European Commission, 2020ah). In addition to the re-opening of cross-border movement, restoring transportation was another component of intra-EU travel. In this sense, the communication *Guidelines on the progressive restoration of transport services and connectivity – COVID-19*, provided a framework with principles and measures for the different transport modes to support the gradual re-establishment of transport with precautions to minimise the risk of infections in it (European Commission, 2020ag). The other aspect of the package concerns the re-opening of tourist businesses. The communication *EU Guidance for the progressive resumption of tourism services and for health protocols in hospitality establishments – COVID-19*, set out principles for the safe and gradual restoration of tourism activities and provided guidance for health protocols in hospitality establishments and recommendations from ECDC for these establishments (European Commission, 2020z). The Commission promised to continue to work with other EU institutions, agencies and bodies, authorities, stakeholders and companies; to monitor containment measures and epidemiological developments and undertake the necessary adjustments; to promote the exchange of

information and best practices and stay in coordination with MS towards a coherent approach to infection prevention and control measures and protocols; to foster innovative solutions using digital technologies and help tourism businesses to cope with the new reality; to set up a dedicated website with an interactive map combining information from MS and the tourist and travel industry – making use of digital technologies to fight the pandemic. This package was vital for lifting internal borders and resuming the freedom of movement within the EU, thus representing a significant success for the Commission.

On 19 May, the Commission mobilised €122 million more from Horizon2020 for research complementing "earlier action to develop diagnostics, treatments and vaccines by strengthening capacity to manufacture and deploying readily available solutions in order to rapidly address the pressing needs" (European Commission, 2020ar). On the same day, the Commission implemented *Regulation (EU) 2020/666 of 18 May 2020 amending Implementing Regulation (EU) No 920/2013 as regards the renewal of designations and the surveillance and monitoring of notified bodies*. This regulation extended for one year the period of time in which notified bodies designated under Directives 90/385/EEC and 93/42/EEC would be able to certify medical devices aiming to avoid shortages of vitally critical medical devices in the context of the health crisis caused by the COVID-19 (European Commission, 2020e). By doing so, the Commission acted in the sense of creating favourable conditions to build up response capacity and fight the pandemic. On 20 May, the "HG nCoV19 test" project, one of the 18 projects funded by Horizon 2020, obtained approval to put in the EU market a new rapid and portable diagnostic system to detect viral infection from the Coronavirus (European Commission, n.d.b; European Commission, 2020br). This represented another relevant step in developing public policies and tools at the EU level in the field of public health. On 28 May, the Commission launched a new campaign, "Global Goal: Unite For Our Future", together with Global Citizen (European Commission, n.d.b), which gave the Commission visibility as a global actor.

On the same day, the Commission launched the Proposal for a *Regulation on the establishment of a Programme for the Union's action in the field of health –for the period 2021-2027 and repealing Regulation (EU) No 282/2014* (European Commission, n.d.b), also known as the *EU4Health Programme*. Intending to prioritise health and prepare health systems, this programme is a key instrument to deliver an EU stronger preparedness and capability to effectively respond to major health threats. With the EU4Health Programme, the Commission envisioned ensuring that the EU remained "the healthiest region in the world" to support MS in achieving the United Nations (UN) Sustainable Development Goal (SDG) related to health. It also aimed to "allow the EU to have more tools to take quick, decisive and coordinated action

with the Member States in both preparing for and managing crises" (European Commission, 2020cg, p.1), to coordinate health expenditure, to enable the pursuit of common objectives and common areas for activities, to address policy needs, among others. This programme is in line with the Commission's priorities of the twin transition (digital and green), as well as the affirmation of the EU as a global actor since the Commission also committed itself to "work[ing] with third countries and international partners in the implementation of the EU4Health Programme action". This programme also pushes for more coordination within the EU, giving prominence and furthering the Commission's power: "The EU4Health Programme will support actions to enable the Commission to complement the necessary regulatory framework and contribute to addressing the significant structural needs identified in the COVID-19 crisis" (European Commission, 2020cg, p.3).

On 7 June, three flights were sent to the Democratic Republic of Congo through the EU Humanitarian Air Bridge to send humanitarian workers and essential supplies to help the country to fight the coronavirus outbreak (European Commission, n.d.b; European Commission, 2020aj). From the beginning of May until 7 July, four flights to African countries were organised through this bridge, and more flights were claimed to be planned by that time (European Commission, n.d.b). With Africa being one of the geographic areas of greatest interest for the EU's external action, these initiatives (among many similar others adopted throughout 2020) boosted the EU's profile as a humanitarian aid actor overall and on the African continent in particular.

On 8 June, the Commission awarded nearly €166 million (from Horizon 2020) to 36 companies to contribute to the fight against the pandemic with their pioneering projects, such as developing ventilation monitoring systems or an antibody platform to treat severe cases of the disease (European Commission, 2020bf). On 10 July, the EU mobilised an additional €55 million for refugees from Syria and vulnerable persons in Jordan and Lebanon to fight the pandemic as part of the EU's global response to the coronavirus pandemic (European Commission, n.d.b). Also, on 10 June, the Commission and the High Representative of the EU jointly launched a communication on *Tackling COVID-19 disinformation - Getting the facts right*. This document came in line with all the efforts against disinformation and misinformation in general and regarding the Coronavirus in specific. It presented concrete actions that the Commission promised to take alone or in cooperation with other EU institutions and agencies, MS, international organisations, and partners, as well as invitations and calls. The Commission enhanced its strategic communication, making special use of digital technologies (by launching a specific webpage addressing false claims related to COVID-19), and it also set in place public

diplomacy in third countries, making use of the 'Team Europe' package. In addition, the Commission also worked in order to counter misleading narratives such as the EU's alleged lack of assistance to partners (European Commission and the High Representative of the EU, 2020). This effort came in line with the Code of Practice on Disinformation, the Action Plan against Disinformation, and the European Democracy Action Plan, announced in President von der Leyen's Political Guidelines. This use of digital technology to fight misinformation was in line with the von der Leyen Commission's policy priorities of A Europe fit for the digital age and A new push for European Democracy, and A stronger Europe in the world (von der Leyen, 2019).

On 11 June, in its communication *on the third assessment of the application of the temporary restriction on non-essential travel to the EU* (European Commission, n.d.b). on this document, the Commission recommended prolonging travel restrictions to the EU by 15 more days until 30 June, after which a partial, gradual, and coordinated lift of travel restrictions by the 'EU+ area' countries would take place. This common and coordinated approach would be based on a lift of restrictions to countries selected by Ms in the Council in coordination with Schengen-associated countries to be part of a list that would be revised on a regular basis according to a set of principles and objective criteria presented in the communication. In the communication, the Commission also urged MS, that by that time did not finalise the process of removing restrictions to free movement and lifting internal border controls as proposed in the Roadmap, to do so before 15 June (European Commission, 2020l). In addition, the Commission also issued *Guidance for a phased and coordinated resumption of visa operations* in order for MS to ensure a coordinated resumption of these operations abroad with the gradual lifting of travel restrictions (European Commission, 2020bb). This communication was part of the Commission's efforts to foster coordination of MS and the Schengen countries in order to ensure an effective response to the pandemic and, ultimately, safeguard the Schengen space and the EU's pillar of free movement of people and goods.

On 11 June, the European Investment Bank and BioNTech, with the involvement of the European Commission, signed a financial agreement of up to €100 million for the company to develop and manufacture a COVID-19 vaccine (European Commission, n.d.b). This financing was backed by the Horizon 2020 InnovFin and the European Fund for Strategic Investments. This effort demonstrates the Commission's efforts to fight the pandemic through some of the financial resources at its disposal. On 15 June, the Commission launched the web platform Re-open EU containing essential and real-time information for a safe relaunch of free movement and tourism across Europe (European Commission, n.d.b), which remained one of its utmost

priorities. This platform aimed to help people plan their travel and holidays with information on borders, travel restrictions, public health and safety measures, and other practical information. This platform was part of the Commission's Tourism and Transport package launched on 13 May (European Commission, 2020cn). Launching this platform was another part of the effort towards the digitalisation of Europe and the freedom of movement within the Schengen space while safeguarding people's health within Europe.

On 17 June, the Commission presented the *EU Strategy for COVID-19 vaccines* (European Commission, n.d.b). The strategy aimed to ensure vaccine quality, safety, and efficacy, secure swift access to vaccines for MS and their populations while leading the global solidarity effort, and ensure equitable access to an affordable vaccine as early as possible. The strategy rested on two pillars: "securing the production of vaccines in the EU and thereby sufficient supplies for its Member States" (European Commission, 2020p, p. 2) and "adapting the EU's regulatory framework to the current urgency" (ibid.) and making the process of development, authorisation and availability more flexible, thus simultaneously enhancing the Commission's profile in the field of public health. The Commission proposed a joint EU approach in which it led a central procurement process and entered into agreements with individual vaccine producers on behalf of MS to support companies in the swift development and production of a vaccine. The ESuI would cover a significant part of the producers' costs in developing the vaccine through Advance Purchase Agreements (APAs), and the European Investment Bank (EIB) would also give additional support through loans. Once one of these companies produced a successful vaccine, MS would be able to acquire that vaccine directly from the producer on the basis of the conditions laid down in the APA and according to the population-based distribution key, which was meant to ensure cohesion among MS. The strategy was announced to be an EU approach for efficiency and solidarity. The document defined the selection criteria for vaccine candidates and described actions taken by the Commission to make the process faster and more flexible and ensure "sufficient and speedy supplies of a safe and effective vaccine" (European Commission, 2020p, p. 2). The Commission reiterated, once again, its commitment to the principle of universal, equitable, and affordable access to vaccines, arguing that "the EU will only be safe if the rest of the world is safe" (European Commission, 2020p, p.9). This statement can be interpreted as self-interested solidarity, in the sense that the EU's interest in helping the rest of the world was to ensure its own safety. The Commission also announced its contribution to the *COVID-19 Tools Accelerator* (ACT-A) – a framework of global collaboration to speed up the development and universal deployment of the tools, such as an immunisation strategy, required to fight the pandemic. The strategy for vaccines was an important document as part of

the goal of fighting the pandemic at a European and global level. The Commission claimed to be leading the global solidarity effort by helping achieve a universal, equitable and affordable vaccine, demonstrating how to act in a solidarity manner towards the global community. However, as in previous instances, it did not specify its understanding of the EU's approach towards solidarity.

On 18 June, the Commission announced the Mobility Package to which MS could apply for additional funding from the ESuI to transport essential goods, medical teams and patients (European Commission, 2020bd) in another effort to boost cohesion. On 24 June, a second flight to Sudan arrived through the EU Humanitarian Air Bridge under the Team Europe approach (European Commission, n.d.b). On 27 June, the EIB and the Commission pledged an additional amount of €4.9 billion on the global pledging summit organized under the Coronavirus Global Response pledging marathon and through the campaign *Global Goal: Unite For Our Future*, launched by the Commission and the international advocacy organisation *Global Citizen* (European Commission, n.d.b; European Commission, 2020am). Such efforts on behalf of the Commission reflect its aim to consolidate the EU as a global actor, and especially a leading global actor in fighting the pandemic.

On 2 July, a new assistance package was adopted to protect migrants, stabilise local communities and respond to Covid-19 in North Africa (European Commission, n.d.b). Such action came in line with the Joint Communication on the Global EU response to COVID-19 (8 April) (European Commission, 2020bu). On 6 July, the Commission and the EIB provided CureVac with a €75 million loan agreement to finance the development of a vaccine already underway and the expansion of manufacturing, which reflected the work of the Commission in pursuing an exit from the pandemic. The financing came from the Infectious Diseases Finance Facility of Horizon 2020, the EU's research and innovation programme for 2014-2020 (European Commission, 2020c).

On 15 July, the Commission issued the communication *Short-term EU health preparedness for COVID-19 outbreaks* envisioning strengthening preparedness by presenting a list of short-term actions based on lessons learned. The communication drew particular attention to the need to reduce the burden of the seasonal flu. It also underlined the need for coordination and the importance of exchanging information between MS (European Commission, 2020m). The Commission, in an effort to boost its leadership role beyond the EU, sought to "associate the Western Balkans, the Neighbourhood countries and other partner countries with the actions proposed" (European Commission, 2020m, p.1) and to coordinate with global actors to fight the pandemic and its consequences (which threatened the achievement of the SDGs) and find a

vaccine and treatments. This document pushed for more coordination and cooperation between MS and third countries in demonstrating how to go about it.

On 28 July, the Commission announced signing a contract with the pharmaceutical company Gilead to secure treatment doses of the so-called Remdesivir, the first medicine authorised at the EU level to treat COVID-19. This contract was financed by the Commission's ESuI. It was assured that this medicine would be fairly distributed at the EU level and that the Commission was preparing a joint procurement for further supplies of that medicine (European Commission, n.d.b). The contract and the joint procurement demonstrate the active role of the Commission in fighting the pandemic, and the statement regarding fair distribution demonstrates its efforts in maintaining cohesion within the EU. On 29 July, the Commission marked the forty-fifth flight and the delivery of more than 1,000 tonnes of medical aid through the EU Humanitarian Air Bridge (ibid.). On 31 July, the Commission concluded exploratory talks with the pharmaceutical company Sanofi-GSK regarding purchasing the company's vaccine once developed and proven safe and effective against the Coronavirus (European Commission, n.d.b). These talks were "intended to result in an Advance Purchase Agreement to be financed with the" ESuI (European Commission, 2020at).

On 7 August, the EU dispatched additional RescEU masks to Croatia, Montenegro and North Macedonia while continuously building up reserves (European Commission, n.d.b). On 11 August, the Commission announced the support for 23 new research projects on the Coronavirus to fight the pandemic and its impacts, with €128 million under Horizon 2020 financed by the Commission's pledge to the Coronavirus Global Response initiative (European Commission, 2020ao). On 13 August, the Commission concluded further exploratory talks with the pharmaceutical company Johnson & Johnson to purchase a potential vaccine against COVID-19 and concluded agreements with AstraZeneca based on the contractual framework with this pharmaceutical company (European Commission, 2020ba). A few days later, on 27 August, the Commission signed its first contract on behalf of MS with the latter company. The contract allowed MS to purchase 300 million doses of vaccines against the Coronavirus, with an option for a further 100 million doses. The Commission also announced it was continuing discussions envisioning similar agreements with other vaccine manufacturers such as Sanofi-GSK, Johnson & Johnson, CureVac, and Moderna. The contract was based on the APA and financed with the Commission's ESuI (European Commission, 2020bl). The signing of a contract for the purchase of vaccines and the joint procurement were vital achievements in the fight against the pandemic and in guaranteeing the cohesiveness of the EU during the pandemic.

On 31 August, the Commission confirmed the EU's participation in the COVID-19 Vaccine Global Access Facility (COVAX), a mechanism for equitable access to affordable Covid-19 vaccines everywhere and for everyone. This effort came as part of a Team Europe effort and Coronavirus Global Response's goals. The Commission announced a contribution of €400 million in guarantees to support COVAX (European Commission, n.d.b; European Commission, 2020ai). This was another vital commitment of the Commission in the global fight against the pandemic, which reflected its leadership in this fight and in coordinating MS' actions and fostering their mutual solidarity.

On 4 September, the Commission adopted a proposal for a *recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic* (European Commission, n.d.b), aiming to ensure that MS' travel restrictions are coordinated and communicated at the EU level. To tackle the "wide discrepancy between national criteria", the Commission proposed common criteria to be considered by MS when considering travel restrictions. To implement these common criteria, MS were asked to provide weekly data using a colour code. The Commission then proposed a common framework for measures to MS apply regarding travellers from areas considered of high risk without refusing the entrance of persons coming from other MS (European Commission, 2020cd). This proposal was an attempt on behalf of the Commission to halt the lack of coordination among MS regarding a crucial dimension of the fight against the pandemic.

On 9 September, the Commission concluded exploratory talks with the sixth pharmaceutical company to purchase potential vaccines against Covid-19, this time with BioNTech-Pfizer (European Commission, n.d.b). The following day, the Commission and the WHO co-hosted the first meeting of the High-Level Facilitation Council, which *de facto* launched the Facilitation Council. This Facilitation Council envisioned strengthening global collaboration to speed up the development and deployment of vaccines, tests, and treatments against COVID-19 through the global collaborative framework *Access to COVID-19 Tools Accelerator* (the ACT-A) (ibid.). As was the case in previous instances, this represents another effort to elevate the EU's global profile and the Commission's role in this process.

On 17 September, the Commission, through DG SANTE, launched *Recommendations for a common EU testing approach for COVID-19* (ibid.). The document aimed "to achieve an agreement on a coherent approach to COVID-19 testing across Europe" (Directorate-General for Health and Food Safety, 2020). Testing was considered an essential aspect of preparedness and response to COVID-19, a prerequisite to adequate contact tracing, and needed to avoid large-scale and generalised "stay at home" policies. In this sense, the Commission pushed for

coordination on testing strategies that would help mitigate the evolution of the pandemic and consequential measures that harm the freedom of movement within the EU. Therefore, these were actions undertaken by the Commission aiming to achieve coordination among MS in response to the pandemic and to protect the freedom of movement.

On 18 September, the Commission signed a contract with Sanofi-GSK to ensure that MS had access to up to 300 million doses of the pharmaceutical's potential vaccine against COVID-19 (European Commission, n.d.b). A few days later, on 8 October, the Commission concluded the third contract with a pharmaceutical company, Janssen Pharmaceutica NV (one of the Janssen Pharmaceutical Companies of Johnson & Johnson). The contract targeted the purchase of vaccines for 200 million people with the possibility of an additional purchase of vaccines for another 200 million people (ibid.). The Commission's support for this vaccine was based on the technology used, the company's experience and production capacity (European Commission, 2020bj).

On 15 October, the Commission issued the communication *Preparedness for COVID-19 vaccination strategies and vaccine deployment* (European Commission, n.d.b), preparing a common MS strategy regarding the COVID-19 vaccines. In this communication, the Commission set out key elements to be considered by MS when "identifying and addressing possible challenges and gaps for effective deployment and acceptance of a safe COVID-19 vaccine" (European Commission, 2020v, p.4). The communication addressed preparations that each MS needed to ensure, such as guaranteeing that vaccination services had the required resources and workforce; it also encouraged MS to consider providing the vaccines free of charge. The document also strongly emphasised the MS' need to build public trust in vaccines and provide a list of possible priority groups for the initial phase of vaccination (European Commission, 2020v). This document was important for enabling the Commission's coordinating of the MS in one of the more relevant dimensions towards the exit of the pandemic: vaccination.

On 19 October, the Commission set up the so-called 'gateway', an EU-wide system ensuring tracing and warning apps worked seamlessly across borders so that information could be exchanged between the different national apps. Summing up, this gateway aimed to ensure the interoperability of the national apps. MS could link their apps to this gateway server. Therefore, users would need to install only one app and still benefit from contact tracing and receive alerts when going abroad. Three MS linked their national apps to this service, and four others were announced to join the server the following week. MS, with the support of the Commission, agreed on a set of technical specifications for a safe exchange of information between national

apps and servers (European Commission, n.d.b, European Commission, 2020bc; European Commission, 2020bi). The Commission played an essential role in pushing for a pan-European framework of tracing and warning apps that were considered relevant for the fight against the spread of the virus while ensuring the protection of users' data. This effort aligned with the Commission's priority to make Europe more digital and prepared for the digital transition, protecting personal data.

On 28 October, the Commission issued a communication *on additional COVID-19 response measures* setting out steps to bring a European dimension to the efforts to combat the resurgence of infection, avoiding bigger human and economic consequences in the subsequent months. The communication followed the European Council's call for more coordination, which the Commission interpreted as mirroring "a strong wish amongst citizens for a strong EU role" (European Commission, 2020u, p. 1) – and a correspondingly strong role for the Commission itself. The Commission continued to call MS to provide data to the ECDC and the Commission and share information. Regarding vaccination, the communication announced that the Commission would put in place a common reporting framework to enable MS to work together and learn from each other. To secure essential supplies, in addition to joint procurements and strategic medical stockpiling, the communication stated that the Commission would "remain vigilant and react quickly to disproportionate unilateral restrictions on these or any other types of goods, which undermine the collective effort" (European Commission, 2020u, p. 6). The Commission authorised MS to temporarily suspend duties and Value Added tax (VAT) on imports of medical equipment to the EU. Regarding facilitating safe travel, the Commission worked with MS and agencies on a common approach to quarantine practices to respond to the variety of measures applied by MS; and developed a common EU digital Passenger Locator Form to help MS undertake risk assessments of arrivals and enable contact tracing. In the communication, the Commission proposed to extend the Green Lane approach to ensure that multi-modal transport works effectively and travel restrictions imposed by MS would not hamper the Single Market nor the freedom of movement of frontier workers and transport workers (European Commission, 2020u).

On the same day, the Commission also issued a *Recommendation on COVID-19 testing strategies, including the use of rapid antigen tests* aiming to establish a common approach on effective testing. The recommendation set out key elements to be considered for testing strategies, indicating priority groups, key points linked to testing capacities and resources, and considerations for the use of rapid antigen testing. The Commission announced the mobilisation of €100 million from the ESuI to purchase rapid antigen tests and distribute them to MS and

the launch of a joint procurement to ensure equitable access to these tests for MS (European Commission, n.d.b), thus ensuring a high degree of cohesion. The recommendation also stated that the Commission would work with MS to create a framework for mutual recognition of all types of tests (European Commission, 2020g). This document demonstrates a Commission that sought to accompany and adapt to the constant evolution of the pandemic, and new knowledge and devices, to safeguard people's health and the EU's fundamental freedoms.

On the same day, the Commission issued the communication *Guidance on persons exempted from the temporary restriction on non-essential travel to the EU as regards the implementation of Council Recommendation 2020/912 of 30 June 2020*. This document provided guidance on implementing the Council Recommendation and interpreting who is comprised in the categories of persons considered essential and exempted from restrictions (European Commission, 2020t). This document was an important effort to ensure coordination among MS by preventing different interpretations and applications of temporary travel restrictions to the EU.

Still, on 28 October, the Commission launched a proposal for a Council directive *amending Council Directive 2006/112/EC as regards temporary measures in relation to value added tax for COVID-19 vaccines and in vitro diagnostic medical devices in response to the COVID-19 pandemic* (European Commission, n.d.b). The proposal aimed to enable MS to put in place a temporary VAT exemption for vaccines and medical devices, including testing kits, as well as closely linked services to such vaccines and devices. This proposal was an initiative of the Commission to ease the legal constraints of MS during the fight against the pandemic. On 9 November, €92 million were announced to support the Sahel's response to the Coronavirus by Team Europe (European Commission, n.d.b), thus further reinforcing the EU's humanitarian role and visibility in Africa. On 11 November, the Commission approved a fourth contract with pharmaceutical companies to purchase BioNTech-Pfizer potential vaccines (ibid.).

On 11 November, the Commission launched the communication *Building a European Health Union: Reinforcing the EU's resilience for cross-border health threats*, announcing its intention to improve the crisis management framework. In that sense, the Commission proposed a European Health Union. This communication, accompanied by a set of proposals, envisioned strengthening the EU's health security framework – and the Commission's own role therein, as guarantor of the collective European interest – by addressing structural gaps, proposing upgrades and strengthening EU agencies and mechanisms by reinforcing their roles and capacities for better EU crisis preparedness and response. In that sense, the communication set out additional actions to be taken in the immediate future to increase resilience to all cross-

border health threats and ensure a high level of public health for European citizens. The communications warned that fragmentation of efforts in tackling the pandemic made MS collectively more vulnerable, which led to one of the lessons learned from the pandemic: the need for strengthened coordination at the EU level, especially in public health. In this context, this communication established the "first building blocks for a European Health Union" (European Commission, 2020s, p.3). The Health Union was announced to be built in line with the European Green Deal and aimed to protect the European way of living. This communication stated that solidarity "inspired the EU's response" during the evolution of the pandemic, pointing out the fact that MS turned from unilateral measures to solidarity, by receiving COVID-19 patients from neighbouring countries and sending healthcare professionals and medical equipment to regions in the most need. It also pointed out the mobilisation of unspent EU funds under the Cohesion policy through the CRII and the extension of the European Solidarity Fund (European Commission, 2020s). This document envisioning a stronger Health Union, demonstrated the Commission's effort for more integration, solidarity (taking care to exemplify acts of solidarity), and coordination while pushing for the attainment of the policy priorities of the von der Leyen Commission of a stronger Europe in the world, the European green Deal and promoting the European way of life, to which the efforts towards a European Health Union contribute.

The Commission's proposal for a regulation *on serious cross-border threats to health and repealing Decision No 1082/2013/EU*, issued on the same day, followed the idea that the COVID-19 pandemic exposed the weaknesses of the existing EU legal framework for health crisis preparedness and response. This framework was shown to be limited for EU-level coordination and solidarity and to have failed to ensure an optimal response at the EU level to the pandemic. Based on lessons learned, the proposal envisioned upgrading the EU framework for cross-border health threats by setting out a more robust, comprehensive, and structured Union-level approach for the EU to better prepare for and respond to future health crises. In addition to strengthening preparedness, this new framework proposed the reinforcement of surveillance and improvement of data reporting of health systems, thus reinforcing policy development in the public health sector at the EU level (European Commission, 2020ch). The proposal for a regulation *on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices*, as well as the proposal of the regulation *amending Regulation (EC) No 853/2004 establishing a European Centre for disease prevention and control* aimed to introduce changes to both agencies' mandates in order to improve their capacities to contribute to crisis preparedness and response.

The changes in these mandates stem from the idea that both agencies were "at the forefront of the EU's work to address COVID-19" (European Commission, 2020b, p.1), and that the pandemic exposed the need for their reinforcement to better protect EU citizens and to address cross-border health threats (European Commission, 2020ci; European Commission, 2020b). This set of proposals sought to put in place the aimed new and robust framework to enable the EU and its MS to better respond to future health crises in a coordinated and more effective way. The legal framework of the EU's Joint Procurement was also to be strengthened due to its key role in ensuring access to medical countermeasures and equipment, as well as preventing harmful internal competition. Such initiatives foster the development of health policies at the EU level and reinforce the Commission's power in its process.

On 12 November, it was announced that the EU would contribute an additional €100 million in grant funding to support the COVAX Facility (European Commission, n.d.b) . In that sense, the EU was one of the leading donors to the facility that aims to ensure vaccines against COVID-19, which contributes to the Commission's priority of building a stronger Europe in the world, and to the idea that Europe will not safe until the world be safe- a self-interested solidarity. On 13 November, the Commission's President welcomed COVID-19 scientific advisors from MS to the first meeting of the EU scientific advice platform on COVID-19 (ibid.), setting another relevant precedent for a coordinated EU response in future public health emergencies. On 17 November, the Commission concluded its fifth contract with a pharmaceutical company, CureVac, for the purchase of a potential vaccine (ibid.).

On 18 November, the Commission issued the recommendation *of 18.11.2020 on the use of rapid antigen tests for the diagnosis of SARS-CoV-2 infection* (European Commission, n.d.b), which incentivised MS to conduct rapid antigen tests in addition to RT-PCR tests, and create a framework for evaluation, approval, and mutual recognition of rapid tests (European Commission, 2020f). As stated in the document, this recommendation is another effort from the Commission to safeguard people's health and ensure the freedom of movement and the smooth functioning of the internal market, especially in times of limited testing capacities.

On 20 November, the EU mobilised €86.5 million to fight the pandemic and its consequences as part of Team Europe (European Commission, n.d.b). On 25 November, the Commission closed a contract with Moderna, and launched the communication *Pharmaceutical Strategy for Europe* (ibid.), proposing a new approach to ensure quality, safety, affordability, and innovative medicines to Europeans. In this sense, the strategy sought to mantain supply chains roubust and a well-performing single market for pharmaceuticals, to boost the sector's global competitiveness, develop the EU strategic autonomy, and "ensure a strong EU voice on

the global stage" (European Commission, 2020q, p.2). Beyond the reinforcement of the EU's global actorness, the strategy was also announced to be in line with the twin transition and part of the Commission's vision to build a stronger European Health Union, enshrined in the priority of *Promoting the European way of life*.

On 1 December, €20 million to support a preparedness and response capacity were announced to be sent to partners in the Association of Southeast Asian Nations (ASEAN) as part of the Team Europe programme (European Commission, n.d.b). As was the case with previous initiatives targeting Africa, this support also boosted the EU's global profile. The following day, the Commission issued the communication *Staying safe from COVID-19 during winter* (Ibid), in which set out recommended actions for MS to sustainably manage the pandemic over the winter period, especially during the festive end-of-year season. The document highlighted the importance of an approach based on close cooperation at the European level regarding containment measures and the negative consequences of isolated measures. In the document, the Commission gave special attention to measures restricting free movement that should be temporary, proportionate, and non-discriminatory and called for a common, coherent, and science-based approach. Finally, it also encouraged MS to support the efforts of the moment to develop a common EU digital Passenger Locator Form to ensure the safe travel within the EU (European Commission, 2020r). This initiative reflected, once more, the Commission's continuous effort to promote coordinated actions between MS and to protect the freedom of movement.

On 17 December, the Commission concluded exploratory talks with another pharmaceutical company producing a potential vaccine, Novavax (European Commission, n.d.b). On 18 December, the Commission issued a proposal for a Council *recommendation on a common framework for the use, validation and mutual recognition of COVID-19 rapid antigen tests in the EU* (ibid.). Rapid antigen tests were considered crucial in controlling and mitigating the pandemic, avoiding quarantine measures and restrictions on the free movement of persons, and strengthening countries' overall testing capacity. This communication revealed the continuity of the Commission's efforts to build a common approach leading to mutual recognition of rapid antigen tests and the maintenance of freedom of movement, which remained an absolute prerogative of the Commission (European Commission, 2020ce).

On that day, the Commission also signed a framework contract with Abbott and Roche to purchase over 20 million rapid antigen tests as part of the EU's strategy for COVID-19 testing (European Commission, n.d.b). On 21 December, the European Commission granted

conditional marketing authorisation for the BioNTech/Pfizer vaccine against COVID-19, the first COVID-19-authorised vaccine in the EU on the basis of EMA's positive assessment (ibid.).

On the following day, the Commission launched a recommendation *on a coordinated approach to travel and transport in response to the SARS-COV-2 variant observed in the United Kingdom* (UK) that aimed to ensure coordination among MS regarding the adoption of measures on travel restrictions in response to the new strain of the Coronavirus detected in the UK. The recommendation stated that MS should not refuse the entry of persons from the UK during the transition period that ended at the end of the month. After this period, according to the recommendation, MS should not proceed with a total ban of movement from the UK to the EU. In that sense, it presented a list of people that should be allowed to pass, envisioning the maintenance of essential travel and supply chains (European Commission, 2020h). This recommendation reflected the aim to make MS, and Schengen Associated Countries, take coordinated and coherent measures that would enable, as much as possible, the functioning of the space through the free movement of people and goods.

On 26 December, the MS received the first delivery of COVID-19 vaccines and started their administration on the following day. However, Germany, Hungary, and Slovakia began the vaccine administration on 27 December, a day before what was agreed among MS. On 28 December, the Commission adopted a package of €70 million for early access to the EU COVID-19 vaccines in the Western Balkans (European Commission, n.d.b), reinforcing the importance of its role in its immediate neighbourhood and the idea that Europe is not safe until the world be safe, especially its neighbours.

Chapter 4: Discussion

This chapter is dedicated to answering the research question, verifying or refuting the hypotheses, and confronting the literature review with the analysis.

4.1. Pushing for European solidarity and clarifying its meaning

The EU is based on an agreement for support and mutual assistance between the members of a group, as defined by John (2021) and Kaeding et al. (2022), since solidarity and mutual support are enshrined in the treaties signed by MS. For instance, European Solidarity met Sterno (2012) and Steinvorth's (2017) idea that solidarity entails helping others by sharing one's resources when MS received COVID-19 patients from other MS in their hospitals and sent medical staff teams and equipment to other MS. The COVID-19 outbreak also corresponds to Steinvorth (2017) and Grimmel and Giang's (2017) idea that this support comes in response to a "plight that none of the community's members is responsible for".

The EU is a political configuration with common goals and values, which are considered by Kotzur (2017) as components of solidarity. In the case of the COVID-19 pandemic, the common goals were to curb the spread of the virus and fight the pandemic, which required collective action in order to attain more effective results. The EU is also a societal and political organisation that meets Durkheim's (1997) *apud* John (2021) idea of organic solidarity. The EU's (and the Commission's) use of the concept of solidarity through language and actions is both fluid and organic, reflecting its complexity and multi-layered composition, which includes a diverse range of policy fields and an interdependent division of labour between many actors. The level of the MS and their asymmetric involvement in different policy areas, especially those where there is shared competence, adds an additional layer of complexity and exacerbates the degree of interdependence, which, in turn, affects solidarity. Having said that, and adding Habermas' (2006) *apud* John, (2021) affirmation that solidarity is a political act, it can also be confirmed that Mau's (2009) *apud* Knodt & Tews, (2017) concept of "self-interested solidarity" is compatible with European solidarity. An example of the existence of self-interested solidarity within the EU can be noticed in the Commission's emphasis on MS' interdependency when calling MS to end export restrictions and national stockpiling, asking them for solidarity in its communication *Guidelines on the optimal and rational supply of medicines to avoid shortages during the COVID-19 outbreak* (European Commission, 2020x). This self-interested solidarity can also be noticed at the international level when, in the *EU Strategy for COVID-19 vaccines*,

the Commission stated that “the EU will only be safe if the rest of the world is safe” (European Commission, 2020p, p. 9) when reiterating its commitment to make access to vaccines universal, equitable, and affordable.

Reciprocity, considered to be a component of solidarity by some authors, is enshrined in the EU treaties. Even though it is not made explicit, reciprocity is subtended when it is established that MS show solidarity among themselves and help a MS victim of a disaster.

The idea that solidarity entails redistribution is met in the EU by its Cohesion Policy, which materialises solidarity between MS and its regions. Money from this fund that had not been used was allocated to the response to the pandemic, maintaining and, to a certain degree, reinforcing its solidarity nature through adaptation.

The alleged lack of a clear definition of European solidarity is a complex issue that must be deconstructed into parts. Indeed, the EU's official documents referred in this dissertation make heterogeneous uses of the concept, as Grimmel (2017) noted. There is a multiplicity of levels in which European solidarity can be shown. According to the treaties, solidarity shall be promoted among MS and its regions; MS shall demonstrate solidarity by supporting the EU foreign and security policies; the principle of solidarity shall guide the Union's external actions; solidarity shall be offered by MS when other suffers from terrorist attacks and disasters (as specified in Art. 222 TFEU, which requires MS to mobilise all the available instruments to assist the MS victim of a disaster, in this sense, it determines how to act in a solidarity manner). According to the treaties, there are also various forms in which European solidarity can be shown. For instance, MS are asked to show solidarity by sharing resources with other MS (as specified in Art. 222 TFEU) or merely through supporting the Union's policies without specifying how. In this sense, the heterogeneous forms of solidarity across the different levels as written in the treaties constitute an obstacle to a unanimous understanding and rule-following of the concept- already weak and blurred. Such lack of a clear definition of European solidarity allows situations, as mentioned in the literature review, where MS excuse themselves to render solidarity or show their solidarity by “becoming solidarity in spirit alone”- as referred by Tavares (2012, p. 151).

However, Grimmel's (2017) statement that the EU has not been continuously exemplifying the practical significance of European Solidarity and its use is not accurate. According to the analysis of the Commission's role in the fight against the COVID-19 pandemic in 2020, the Commission undertook several actions that exemplified solidarity, pointed out actions to demonstrate what it is to act in a solidarity manner, and pushed for concrete solidarity actions. For instance, the Commission mentioned that Germany and Luxembourg offered hospital

treatment to Italian and French patients. In its communication *Guidelines on the optimal and rational supply of medicines to avoid shortages during the COVID-19 outbreak* (European Commission, 2020x), the Commission affirmed that it was expecting MS to act in a spirit of European solidarity when asking them to lift export bans and restrictions and avoid national stockpiling- by doing so, the Commission gave clear indications regarding how to act in a solidarity manner. Finally, in 2020, the Commission announced several actions to help non-European countries as well, exemplifying how to act in a European solidarity manner within the international scene.

To sum up, the statement that the EU makes heterogeneous uses of the concept of European Solidarity is validated, as is the statement that there is a conceptual blurriness that allows MS to exempt themselves from acting in a solidarity manner and make instrumental uses of the vague concept of European solidarity. However, it is difficult to validate the idea that the EU neglects the need to demonstrate what it means to act in a solidarity manner in the European context. On the one hand, the treaties do not specify what is expected from MS in order to show solidarity. Still, it is clear that in several moments in the fight against the COVID-19 pandemic in 2020, the Commission undertook and pointed out solidarity actions in order to demonstrate how it is to act in a solidarity manner and specified actions that MS should undertake in order to be solidary.

The Commission pushed for the replacement of a European perspective instead of a national one in the fight against the pandemic, meeting John's (2021, p. 177) statement that "solidarity is understood as a bond that makes up a 'we'", and Habermas's calls for supranationalisation, reinforcing the argument that the Commission pushed for more solidarity in the EU. For instance, in its communication *Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak* (European Commission, 2020aa), urging MS to treat critical frontier workers the same manner as national workers exercising the same occupations, as well as in its *Guidelines on the optimal and rational supply of medicines to avoid shortages during the COVID-19 outbreak* (European Commission, 2020x), calling on MS to lift their export bans and restrictions.

In light of the above, this dissertation verified its hypothesis: The European Commission used its leadership role to push for European Solidarity, trying to define the concept of European Solidarity through deeds.

It can also be said that the Commission succeeded in pushing for more solidarity among MS during the COVID-19 pandemic in 2020. For instance, after the initial logic of every country for itself, where MS acted unilaterally and in opposition to the solidarity spirit, this

tendency changed, as seen when MS sent personal protective equipment to Italy and received Italian patients in April. Another example of its success is that Germany and France lifted their export interdictions a few days after the Commission's communication *Guidelines on the optimal and rational supply of medicines to avoid shortages during the COVID-19 outbreak* (European Commission, 2020x) (Faille, 2021).

4.2. Pushing for coordination

The Commission's calls and attempts for coordination in its efforts to fight the COVID-19 pandemic in 2020 crossed several issues, such as the opening of external and internal borders, cross-border cooperation in healthcare related to the COVID-19 crisis, diagnostic tests, sending assistance, contact tracing and warning apps, sharing information, offering assistance to non-European countries, lifting national countermeasures, among others. These attempts were materialised in the several documents issued by the Commission proposing regulations, providing guidance and recommendations to MS and other authorities, and promoting and sharing good practices and information. Examples include the *Joint European Roadmap towards lifting COVID-19 containment measures* (European Commission and European Council, 2020), envisioning a coordinated approach for MS to lift these measures, and the numerous documents providing recommendations regarding a common EU testing approach for COVID-19 and mutual recognition of tests. The latter, for instance, aimed to curb situations that could jeopardise the freedom of movement within the Schengen area and the smooth functioning of the internal market. This was a delicate issue that the Commission had to deal with as guardian of the Treaties and guarantor of the core principles of the Union, including the freedom of movement of peoples and goods.

The Commission overtly assumed the task of "coordinating a common European response to the coronavirus outbreak" (European Commission, n.d.a) and early demonstrated it by acknowledging the need for coordination within the EU to effectively respond to the COVID-19 pandemic. For instance, in its proposal of 13 March (European Commission, 2020cf), the Commission referred to the outbreak as "a matter for the whole EU" and announced the launch of a Task Force to coordinate its work with MS. In addition, the Commission showed its disapproval of non-coordination and fragmented approaches by warning that these approaches hampered efforts to fight the pandemic.

The Commission was also in charge of coordinating the ECDC, the assistance offered via the EU Civil Protection Mechanism, the EU Humanitarian Air Bridge and the EWRS. The

Commission coordinated and co-fund the cross-border emergency transport of patients and medical personnel. Some tasks in this context were already foreseen in the legislation, and some others the Commission took on itself to ensure a better response to the pandemic.

4.3. The von der Leyen Commission's six priorities

Throughout the analysis of the actions undertaken by the Commission in response to the sanitary crisis caused by the COVID-19 pandemic, it is possible to confirm that those actions met five of the six policy priorities set out by the von der Leyen Commission (von der Leyen, 2019).

The initiatives regarding the contact tracing and warning mobile apps, the common Union toolbox, and corresponding efforts in relation to data protection, the web platform Re-open EU, and the digital EU Passenger Locator Form, were in line with the digital transition.

The actions announced in the *communication on Tackling COVID-19 disinformation* (European Commission and the High Representative of the EU, 2020) meet three priorities: Europe fit for the digital age, A new push for European Democracy, and A stronger Europe in the world since this communication announced the use of digital technology by launching a specific webpage addressing disinformation and misinformation regarding COVID-19. Fighting disinformation and misinformation is vital for the good functioning of democracy. The communication also announced to set in place public diplomacy in third countries and to address false narratives alleging lack of assistance from the EU to its partners, promoting the EU's role as a global actor.

Regarding the priority of A stronger Europe in the world, as well as complying with the principle of solidarity in the EU's external action, the Commission undertook several initiatives since the early stage of the COVID-19 pandemic. The most relevant initiatives boosting the EU's role as a strong and solidarity actor at the global level were the several efforts taken under the Commission's early commitment to be a leading actor in contributing to the development and distribution of a universal and affordable vaccine (accomplished through the Global EU response to COVID-19, Team Europe, Coronavirus Global Response, the EU's participation in the COVAX mechanism, the High-Level Facilitation Council and all the funds mobilised to support the development of vaccines). The Commission assisted non-European countries, especially the most vulnerable ones, by, for instance, co-financing the delivery of personal protective equipment to China in February 2020, mobilising money to help countries, refugees, and vulnerable persons in fighting the pandemic and setting up the EU Humanitarian Air

Bridge. In addition, in the communication *on the Global EU response to COVID-19* (European Commission, 2020bx) the global response was announced to be in line with the EU agenda regarding the twin transition and the SDGs.

Building a European Health Union reinforced the priority of Promoting the European way of life through specific initiatives regarding the Health Union, such as reinforcing the EMA and ECDC, the Pharmaceutical Strategy. The Health Union emerged from the EU's need to strengthen coordination and solidarity in public health, both at the EU and the international level, and envisioned supporting MS to achieve the UN SDGs related to health. As such, the Health Union can also be said to have met the priority of A stronger Europe in the world. Finally, it was also announced that the Health Union would be built in line with the European Green Deal, thus contributing to this priority as well.

In addition to being part of the Commission's vision to build a stronger European Health Union, and therefore, in line with the priority of Promoting the European way of life, the Pharmaceutical strategy is also in line with the aim of reinforcing the EU's role in the world, and with the twin transition.

In light of the above, the hypothesis that “the COVID-19-related action of the European Commission met its six policy priorities” is verified. Although the priority An economy that works for people was considered, it could not be validated in this dissertation since it only analysed the efforts addressing the sanitary dimension of the crisis caused by the COVID-19 pandemic.

4.4 The Commission's general action

The Commission carried out several actions to help MS fight the pandemic, giving them resources, guidance, and recommendations and coordinating their requests, offers, measures, etc. For instance, the Commission created the RescEU stockpile, financed it in almost its entirety, worked with MS to help them repatriate European citizens, and co-financed these operations.

The Commission also undertook several actions in the research scope by launching emergency requests for expressions of interest for research projects and mobilising money from funds to finance them to produce knowledge and understanding about the coronavirus, develop vaccines, treatments, and diagnostic tests, and improve public health preparedness and response, creating and managing initiatives and projects, and launching pledging initiatives. These efforts also entailed signing financial agreements, running exploratory talks, and signing

contracts for the purchase of vaccines with several pharmaceutical companies to foster the development and increase production of vaccines and secure MS' access to vaccine doses.

Joint procurement is linked to the aforementioned dimensions of the Commission's action (helping MS, research, and vaccines), which crucially contributed to the creation of the stockpile and access of MS to personal protective equipment and COVID-19, treatments, and vaccines. The Commission's efforts to ensure the availability of all kinds of needed resources to fight the pandemic, as well as its rational management and fair distribution, largely prevented harmful competition within the EU and, in that way, favoured conditions for the surge of solidarity among MS.

In the scope of protecting health, it can be said that all the analysis is under this scope.

The Commission took several actions to smooth the conditions within the EU and, therefore, to ease the fight against the pandemic. For instance, the Commission proposed postponing the date of the Medical Devices Regulation application due to the high demand for such devices and created the gateway to ensure the interoperability of national contact tracing and warning apps.

Several communications providing guidance, interpretations and recommendations were published by the Commission to ensure coordinated, adequate, effective, and solidarity responses from MS to the pandemic regarding border management. By doing so, the Commission aimed to protect the health of European citizens, ensure coordination within the Schengen Area and associated countries regarding movement and travel, both within this area and from third countries, and to protect the integrity of the Single Market and the maintenance of supply chains, as well as the freedom of movement.

4.5 Answering the research question

In light of the above, the research question can finally be answered. How did the European Commission mitigate the challenges of the Member States' responses to the Covid-19 pandemic and guarantee the coordination thereof through solidarity? The Commission sought to mitigate the challenges of the COVID-19 pandemic and the divergent MS' responses by pushing for solidarity and coordination through communications, proposals, guidelines, recommendations and guidance, in which also made warnings and calls. The Commission also undertook several actions demonstrating solidarity. The Commission also used EU' tools and resources, such as funds and mechanisms, to respond to the pandemic and help MS, and worked towards giving the EU a single voice in the international scene and negotiations with companies. The

Commission's response was led by its six policy priorities settled by the Commission's President Ursula von der Leyen in 2019 before when running for the presidency.

After the first weeks of unilateral, uncoordinated and selfish reactions to the COVID-19 pandemic, the MS' attitude changed, and more coordination and solidarity could be seen. The Commission claimed to have had success in its efforts. For instance, in its communication *Towards a phased and coordinated approach for restoring freedom of movement and lifting internal borders controls- COVID-19* (European Commission, 2020ah), the Commission claimed that its guidelines had mitigated the impacts of restrictions on the Single Market and free movement. And in its communication, *Building a European Health Union: Reinforcing the EU's resilience for cross-border health threats* (European Commission, 2020s) the Commission stated that "cooperation and coordination at EU level has increased and efforts across all sectors have been made" (ibid., p.2).

Conclusion

This dissertation aimed to assess the Commission's role regarding the challenges of the MS' responses to the COVID-19 pandemic, especially in regard to fostering solidarity and coordination among them.

This dissertation had four objectives. The first objective was to select all the relevant actions undertaken by the European Commission aiming to tackle the COVID-19 pandemic and to make the response of the MS more coordinated and solitary. This objective was the first to be fulfilled; as defined in the second chapter, Methodology and Research Design, the selection of these actions was largely based on the timeline published on the European Commission's website but also based on the research of documents (such as communications, proposals for regulations, recommendations, etc.) issued by the European Commission. The second objective was to analyse the actions undertaken and documents released by the European Commission in this context. This objective was also fulfilled, as it can be observed in the third chapter, the analysis of the Commission's actions in response to the COVID-19 pandemic. The third objective was to assess the European Commission's efforts aiming to tackle the sanitary crisis, coordinate the responses of the MS, and affirm its leadership, and the fourth objective was to verify if the Commission's six priorities were fulfilled during its response to the COVID-19 pandemic in 2020. These objectives were accomplished during the third chapter, dedicated to the analysis, and the fourth chapter, dedicated to the discussion.

According to Wittgenstein (1953), European solidarity can only be defined by frequent solidarity actions within the EU context. However, there is no rule-following regarding the concept of European solidarity; the concept is, therefore, weak and vague. In this sense, European Solidarity depends on MS' political intents and willingness to act in a solidarity manner, as observed during the first weeks of the COVID-19 crisis in Europe.

After the several crises that the EU has been passing through, the COVID-19 crisis exposed the EU to another challenge, after the several crises that it has been going through, uncovering flaws in the spirit of solidarity among MS and in the reasoning of MS as a collective actor (EU) instead of individual actors (mere separate Nation-States). The Commission assumed the task of coordinating a common European response to the pandemic, as confirmed during the analysis of its actions in the analysis chapter of this dissertation. In this sense, in 2020, the Commission pushed for a European perspective to fight the COVID-19 pandemic, and by doing so, pushing for more solidarity, coordination and cooperation among MS. The Commission played an active role in trying to mitigate individualistic approaches to the

pandemic from the MS. The efforts envisioning such mitigation took the form of discouraging MS from taking nationalistic approaches (through warnings), issuing recommendations and guidance for MS to follow in order to be coordinated and to cooperate, coordinating and financing solidarity actions taken by MS, both within and out of the EU, taking action to ease the conditions for MS to fight the pandemic (through proposals for regulations for instance), and stepping in to avoid harmful competition between MS for critical goods to fight the pandemic, by building the RescEU stock and the joint procurement of critical goods. Promoting the sharing of best practices is an example of how the Commission pushed for cooperation among MS.

In this sense, it was concluded that the Commission used its leadership role to push for European solidarity, coordination, and cooperation. In addition to that, the Commission, as a leader, shaped the agenda of the EU, through its proposals, for instance, it acted as a representative of the EU and gave it a single voice in the international scene and when negotiating and signing contracts with pharmaceutical companies.

It was also concluded that, in the fight against the COVID-19 pandemic in 2020, the European Commission continuously exemplified the practical significance of European Solidarity, meeting Wittgenstein's requirements to define a concept through frequent and concrete deeds. The Commission demonstrated what it means to act in a solidarity manner through its actions, pointed out and encouraged solidarity actions and called MS to act in such a manner issuing recommendations, guidelines and guidance that included concrete actions to be taken. In this sense, the hypothesis that the European Commission used its role of leadership to push for European solidarity, trying to show through deeds what European solidarity means, was validated.

However, this dissertation focused on the health dimension of the COVID-19 pandemic in 2020, the statement that the European Commission acts in the sense of defining European Solidarity cannot be extrapolated for other dimensions, periods of time of the COVID-19 crisis and policy areas. This dissertation also focused exclusively on the perspective of the European Commission and its published information. In this sense, this dissertation did not assess the success of the analysed Commission's efforts.

Since the bibliography regarding European solidarity used in this dissertation stated that the European Union neglects the need to define European solidarity, a statement refuted by this thesis, there is a gap in the literature and research that must be addressed.

It would also be interesting to research in order to assess what lessons did the EU learn from the previous crisis that were reflected in the COVID-19 crisis, mainly in regard to

European solidarity and coordination, considering the idea that the EU has been in a permanent crisis mode, but also in regards of EU's capacity to adapt and crisis management. Comparisons with the H1N1 crisis in 2009 and the current Monkeypox outbreak would also be interesting in order to identify learned lessons and developed tools that were used from one crisis to the other.

As with all crises, the COVID-19 pandemic can be seen as a window of opportunity and a catalyst for EU action. The Commission took advantage of such a window of opportunity to learn, change, and push for more integration, especially by proposing the European Health Union, and a new policy area to the EU level. The COVID-19 crisis can also be considered an opportunity for the EU to strengthen the concept of European solidarity and to acknowledge that it is a concept that remains to be consolidated, otherwise, the chaos of the beginning of the pandemic would not have been observed as it was.

In this dissertation, it was also concluded that the von der Leyen Commission's six policy priorities guided the its efforts undertaken in response to the pandemic, except for the one related to the economy that could not be assessed in this dissertation due to its focus on the health dimension, validating the other hypothesis. In this sense, the Commission's action was coherent with its initial guidelines and found in the COVID-19 pandemic a window of opportunity to promote its policy priorities, especially the twin transition (green and digital).

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