

THE EUROPEAN UNION IN THE FACE OF THE COVID-19 PANDEMIC

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The health emergency caused by the worldwide spread of the coronavirus strain known as SARS-CoV-2 has caused numerous challenges for states and regional integration processes. The accelerated rhythm of contagion brought by the stage of globalization we live in has allowed the coronavirus to reach all regions of the globe in months, finding health systems unprepared in the face of the novelty and severity of the disease (COVID-19). Until February 2020, it was believed that developed countries would have no difficulty in dealing with the disease and that Europe, in particular, would be sufficiently ready for the challenge. Overconfidence and reluctance to follow the examples of fighting the disease in China and South Korea have proved disastrous (KIRKPATRICK; APUZZO; GEBREKIDAN, 2020). Supply chains were insufficient in the face of a shortage of protective equipment for health professionals, medicines, and tests to detect the disease. In March, the World Health Organization (WHO) declared that Europe had now become the epicenter of the pandemic (WHO, 2020).

Clumsy and individual measures were adopted by European states, further accentuating the divisions existing in the bloc and putting in check, once again, the European Union (EU) ability to face crises and promote solidarity among its members. This article will briefly describe these three items and how, despite the fragility of the initial responses, the EU has outlined a robust strategy for the post-pandemic scenario, centered on economic, political, health, and environmental cooperation.

It should be noted that the primary responsibility for health services lies with the EU Member-States, which in turn complement national policies to improve and modernize

them. Regarding the pandemic, the European Center for Disease Prevention and Control (ECDC) and the European Office of the World Health Organization began monitoring cases of COVID-19, noting the presence of the virus and the rapid increase in the number of contagions on the continent. The European Council issued the first guidelines for the prevention and sharing of information in March, the month in which the Integrated Policy Response Mechanism to Crisis Situations (IPCR), which makes proposals for the Council, was also fully activated.

Regarding long-term projects, mention should be made of the EU for Health program (EU4Health), which foresees an investment of 9.4 billion euros in the period between 2021 and 2027 to reinforce the bloc's preparedness in the event of new health threats. The program also provides funds for the creation of reserves of hospital supplies and registration of professionals for emergencies, in addition to ensuring access to health for the most vulnerable groups.

The sanitary crisis led to the activation of economic aid mechanisms that already existed in the EU, while the creation of new funds was discussed and awaited approval. The European Union Solidarity Fund (EUSF), created in 2002 and which has been used in more than 80 disasters in 24 countries, has been mobilized to support the most affected countries by financing public health expenses. Another important mechanism activated was the European Globalization Adjustment Fund (EGF), which supports workers who have lost their jobs due to the effects of globalization or crisis resulting from it. In the case of the pandemic crisis, around 179 million euros were made available in 2020 for dismissed and self-employed workers.

Regarding the 2020 budget, the European Council approved two important readjustments: immediately, an additional 3.1 billion euros were released for specific measures such as the production of tests, the construction of field hospitals, the transfer of patients between Member-States, and the repatriation of European citizens. On September 11th, another 6.2 billion euros were made available to reserve doses of the future vaccine and for the Corona Response Investment Initiatives programs (CRII and CRII+), which consist of packages of measures that allow the reuse of other funds for combating the pandemic and the easing bureaucratic procedures. CRII+ also receives extra resources from the Fund for European Aid to the Most Deprived (FEAD), which allows the immediate provision of aid for the purchase of food and protective materials.

On the future of the EU, the European Commission has created a recovery plan named Next Generation EU, which will inject an additional 750 billion euros into the budget from 2021 through 2027. It is important to indicate that this amount ought to be used for the recovery of the European economy and especially to strengthen the transition to an ecological and digital development model. This commitment is unprecedented not only for the values but for the absence of conditionalities in terms of economic or fiscal reforms for the beneficiary countries. However, as explained by Pisani-Ferri (2020), countries must submit projects that will be evaluated according to targets established by the EU (such as job creation potential, for example). If a country has its plan rejected, it must resubmit the project, but the deadlines for this have not yet been defined. And it remains to be seen what will occur when the objectives are not met. According to Pisani-Ferri (2020), the risk that bureaucracy will prevent the progress of projects is high and will be a new challenge for the EU.

In addition to the immediate economic aid initiatives to European states and citizens, and long-term economic recovery projects, the adoption of restrictions on the movement of people and goods is among the most politicized measures on the combat of the COVID-19 pandemic in the EU, both within the Member-States and the European institutions. In effect, these measures directly affect the fundamental freedoms that underpin the single market, the area of freedom, security and justice (AFSJ), and the Schengen area, which are based on the free movement of people, goods, services, and capital, and on the abolition of controls at internal borders. Therefore, questions are raised on which consequences of the pandemic crisis will be merely conjunctural, and which reveal structural fractures of the European integration project.

Shortly after Europe became the epicenter of the pandemic, EU Member-States, and Schengen countries adopted several measures to restrict intra-EU and intra-Schengen free movement. Among these measures, the following stand out: (i) the temporary reintroduction of control at internal borders; (ii) the adoption of restrictions or prohibitions on international passenger transportation; and (iii) intra-EU and intra-Schengen entry and exit bans (CARRERA; LUK, 2020). By the end of April, seventeen countries¹ in the EU+ space² had reintroduced temporary control at internal borders over people, under the justification of a threat to public order and/or to the internal security of the national territory, in accordance with chapter 2 of the Schengen Borders Code (SABBATI; DUMBRAVA, 2020).

The European Commission promptly issued a communication setting out “guidelines for border management measures”, the aim of which is to promote an integrated approach to border management in the context of the pandemic crisis to guarantee, first and foremost, the integrity of the single market (COMISSÃO EUROPEIA, 2020a). The document emphasizes that the temporary reintroduction of border control must be properly communicated to the Member-States and the European Commission and that any restrictions on free movement must be transparent, duly justified, proportionate and non-discriminatory. However, the guidelines contained in the communication are too broad and do not provide a practical plan on how to manage cross-border mobility restrictions in a coordinated manner within the Union.

Only in September, the Commission adopted a proposal for a Council recommendation that finally establishes common criteria for the use of any restrictive measures on free movement in the context of the pandemic, namely: (i) total number of new cases of COVID-19 notified per 100,000 people over a 14-day period; (ii) the percentage of positive tests in relation to all tests performed during a period of seven days; and (iii) the number of tests performed for every 100,000 people over a period of seven days (COMISSÃO EUROPEIA, 2020b). The proposal foresees that Member-States report these data weekly to the European Center for Disease Prevention and Control, in order to coordinate restrictions and monitor the situation of cross-border mobility at the regional level, and that all information be made available on the interactive map COVID-19 Situation Dashboard, by the ECDC, and on the Re-open EU platform.

At the beginning of October, four countries (Finland, Hungary, Denmark, and Norway) still maintained internal border controls in the context of the COVID-19 pandemic, and another four (Austria, France, Germany, and Sweden) had reintroduced controls for reasons other than the pandemic, namely terrorist threats and threats related to organized crime (EUROPEAN COMMISSION, [2020]).

In addition to internal controls, European countries have also established several restrictions and/or prohibitions on the entry of third-country nationals on international travel. By the end of March, twenty-four countries³ had instituted conditions for crossing external borders (CARRERA; LUK, 2020). At the same time, the European Council adopted, in agreement with the European Commission, a program of temporary

restrictions on non-essential travel from third countries to the EU+ area for a period of 30 days, which ended up extending until 30 June (COMISSÃO EUROPEIA, 2020c). In mid-June, the European Commission launched the Re-open EU platform, which seeks to centralize essential information that allows people to resume travel and tourism, such as the situation at the borders, the means of transport available, travel restrictions, among others (EUROPEAN COMMISSION, 2020). Thus, the tourism sector is among the most vulnerable and has suffered a major economic impact from the pandemic crisis and the restrictions imposed to contain the spread of the virus.

What we can note, therefore, is that in the context of a crisis, in which a threat is mobilized by national public discourse, internal borders become “protection walls” and the mechanism for restoring internal border control is activated. The result of this is a mosaic of restrictions, prohibitions and control measures from several states in the EU+ area, without an effective coordination policy, which ended up harming the traffic of people and the supply of the production chains in the single market.

Nowadays, the pandemic crisis of COVID-19 alarms once again the European institutions by provoking unilateral and uncoordinated reactions from the Member States. Although the European Union has adopted a series of long-term measures and projects in order to mitigate the consequences of the crisis, it is too early to say whether these will be sufficient to neutralize the negative impacts of the unilateral measures adopted by the Member States. Indeed, the high level of institutionalization has enabled the EU to withstand the shocks of recent crises, but not without highlighting the fractures that exist between Member-States on issues sensitive to the European regional integration project, which must be addressed for the EU's longevity and, especially, in order to face the constant challenges of the 21st century.

Notes

- ¹ Germany, Austria, Belgium, Denmark, Spain, Estonia, France, Finland, Hungary, Iceland, Italy, Lithuania, Norway, Poland, Portugal, Czech Republic and Switzerland.
- ² The “EU+ space” refers to all Member-States of the European Union, including those outside the Schengen area (Bulgaria, Croatia, Cyprus and Romania), as well as the four non-EU Schengen members (Iceland, Norway, Switzerland and Liechtenstein).
- ³ All the countries of the EU+ space, with the exception of Belgium, France, Ireland, Malta, the Netherlands and Portugal.

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