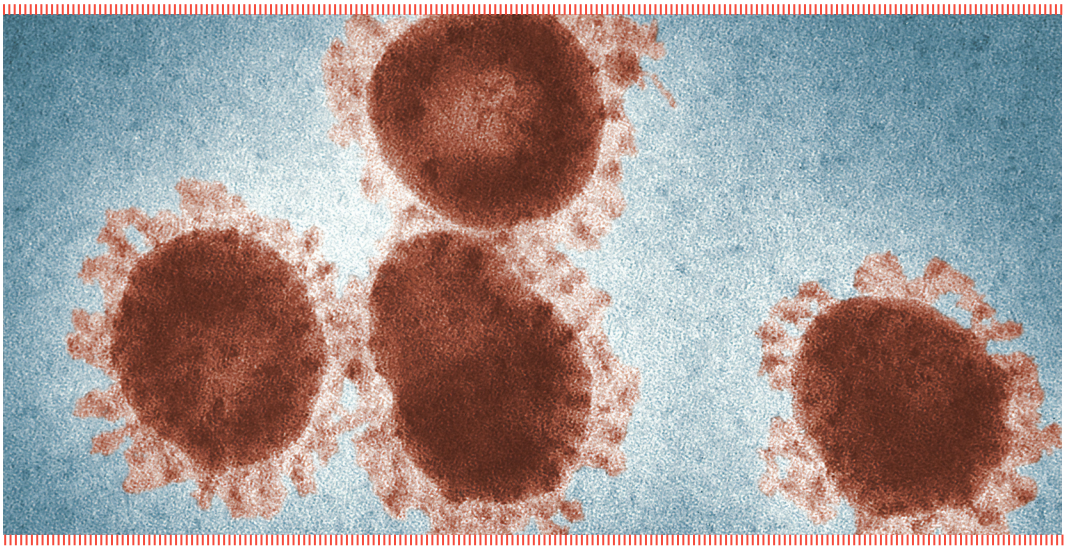
EUROPEAN LABOUR AND SOCIAL AFFAIRS

POLICY BRIEF

MARCH 2020

#COVID-19
#HEALTH

HEALTH A HIGHLY PERFECTIBLE ADDED VALUE FOR THE EU



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Introduction

Health policy is an exclusive competence of the Member States; the EU has only a supporting competence, essentially to provide coordination and cooperation actions. The conclusion of the Covid-19 crisis should be an opportunity to review existing arrangements and to consider the establishment of a genuine common European health policy which also encompasses industrial production. More than ever, citizens are asking Europe to protect them, in terms of health and in other areas.

The scattered closing of borders, varying levels of confinement, the refusal to distribute equipment to neighbours, the misappropriation of masks: at the outset of the Covid-19 pandemic, Member States reacted as they wished and showed a withdrawal into themselves contrary to the empathy and solidarity that could be expected from the members of a community. This attitude persists today – despite a number of genuine gestures of intra-European mutual aid – and is strongly felt by Italy, which has been hit hard by the health crisis.

National leaders have appeared ill-prepared, without emergency plans, lacking in equipment, and seemed to be slow to grasp the extent and seriousness of the situation. Yet it is the European Union, once again, that has been accused of failing to respond to the need to protect its citizens. These criticisms are all the more severe considering that the EU, let us not forget, has only meagre powers in the field of human health and is currently doing what it can to maximise the tools at its disposal, having also shown some hesitation in calibrating its true added value.

1 Europe's response: a review

In response to the Covid-19 pandemic, the European Commission in recent weeks has been stepping up health initiatives in line with the objectives reiterated on 26 March by the heads of state and government of the EU-27: limit the spread of the virus, make medical equipment available and promote research into a vaccine. It does this through the various instruments at its dis-

posal, which support cooperation between Member States, the rapid exchange of information, and the monitoring and coordination of preparedness and response measures. Some of these tools were put in place in response to the SARS and H1N1 epidemics and in some cases activated for the first time; others were introduced on an emergency basis in response to the challenges posed by this crisis.

1.1. Existing tools

1.1.1. European risk assessment tools

Established in 2004 in response to the SARS (Severe Acute Respiratory Syndrome) outbreak, **the European Centre for Disease Prevention and Control (ECDC)** (ECDC)[1] is an EU agency that aims to strengthen Europe's defences against infectious diseases and provides technical support for EU action to counter health threats. In the context of Covid-19, the Centre publishes daily epidemiological updates to inform the Commission and national health authorities of developments. Based in Stockholm, it helps to assess the situation on the ground and consider what further action could be taken. However, it has a very small staff of just under 300 people; far from the 9,000 or so employed by its US counterpart, the Centers for Disease Control and Prevention (CDC) in Atlanta.

EU action on health emergencies falls under **Decision No.1082/2013/EU of 22 October 2013**[2] on serious cross-border threats to health, adopted after the H1N1 flu epidemic. Under this Decision, the Commission works with Member States to coordinate three key mechanisms – the Early Warning and Response System, the Health Security Committee, its Permanent Working Group (the Health Security Committee Communicators' Network) – which support cooperation, rapid exchange of information, and monitoring and coordination of preparedness and response measures for Covid-19.

Hosted by the European Centre for Disease Prevention and Control, the **Early Warning and Response System for Communicable Diseases (EWRS)**[3] allows Member States to issue alerts on events with potential implications for the EU, and to combine their action. It is through this online platform, available 24 hours a day, that the Commission launched the first alert on the Covid-19 outbreak on 9 January. Since then, Member States have regularly shared messages, ensuring real-time information sharing.

Chaired by a Commission representative, **EU Health Security Committee (HSC)** was set up in 2001 at the request of EU Health Ministers. It is an informal advisory group on health security at the European level, responsible for strengthening coordination and sharing of good practice between Member States. In the context of Covid-19, the Commission meets with it regularly to discuss the epidemic and the preparedness and response measures in place, including: travel advice and measures at points of entry; medical countermeasures (personal protective equipment, antivirals, experimental treatments), and laboratory and diagnostic capabilities.

Created in 2016 after the Ebola crisis, **European Medical Corps**[4], composed of specialised doctors, nurses and two mobile laboratories, has not yet been activated; its deployment, complicated considerably by the situation, will depend on national capacities.

1. European Centre for Disease Prevention and Control
2. Decision on serious cross-border threats to health.
3. Early Warning and Response System for Communicable Diseases (EWRS)
4. The European Medical Corps enables quick medical assistance and public health expertise from all participating states to a health emergency.

1.1.2. European research and innovation instruments

In the framework of the **Horizon 2020 programme**[5], the Commission quickly raised new funding through two special calls for research project proposals which address needs resulting from the Covid-19 pandemic: 48.5 million was made available for 18 selected research projects, mainly for the development of vaccines, diagnostic tests and treatments, as well as for the improvement of monitoring systems.

The Commission also decided to strengthen **the Innovative Medicines Initiative (IMI)**[6], a public-private partnership between itself and the pharmaceutical industry. The total amount of funding for coronavirus research raised from the Horizon 2020 programme and from industry, through the IMI, is thus expected to reach €140 million.

Several EU-funded projects are already contributing to preparedness and response to the Covid-19 epidemic, such as *European Virus Archive Global (EVAg)* and the PREPARE project. Lastly, the Commission participates in Global Research Collaboration for Infectious Disease Preparedness (GloPID-R). Of note, the Investment Initiative[7] set up to respond to the Covid-19 epidemic will, among other things, channel funding to the health sector.

A European clinical trial, called «Discovery», coordinated in France by Inserm as part of the Reacting consortium[8], began on 22 March to test four experimental treatments for Covid-19. It will include 3,200 European patients from several countries (France, Belgium, the Netherlands, Luxembourg, the United Kingdom, Germany and Spain). This project will complement the data that will be collected during another international clinical trial conducted under the auspices of the WHO, called «Solidarity».

1.1.3 European supply measures

The 2013 Decision on serious cross-border threats to health provides for the joint procurement of vaccines, antivirals and other medical equipment. Approved in 2014 by the Commission, **the Joint Procurement Agreement**[9] is a voluntary mechanism for the joint procurement of medical «countermeasures» (any medicine, medical device or other good or service which addresses a serious health threat). The objective is to improve security of supply, while enabling the countries concerned to be in a strong position vis-à-vis the pharmaceutical industry to obtain fairer access and better prices.

Following the **joint procurement mechanism launched on 17 March**[10] (type 2 and 3 and surgical masks, gloves, glasses, face shields, protective suits), producers have submitted tenders covering, and in some cases exceeding, the quantities requested by the 25 participating Member States. The equipment should be available two weeks after the contracts with the bidders have been signed. In addition, a call for tenders for test kits was launched on 18 March with 19 Member States.

In order to guarantee the availability of personal protective equipment in Europe, the Commission took immediate action on 15 March requiring that exports of such equipment outside the EU be subject to **export authorisation by Member States**. Three days later it published guidelines on the implementation of these measures.

5. https://ec.europa.eu/programmes/horizon2020/h2020-sections
6. https://www.imi.europa.eu
7. On 13 March the Commission launched a coordinated European response to counter the economic impacts of Covid-19 which includes an Investment Initiative.
8. This European clinical trial, known as "Discovery", is being coordinated in France by INSERM as part of the Reacting consortium.
9. The 2009 H1N1 pandemic highlighted weaknesses in EU countries' access to and capacity to purchase vaccines and medicines in the context of a pandemic. In 2010, the European Council asked the Commission to start preparing a joint procurement mechanism for vaccines to deal with a future pandemic. Provisions for the joint procurement of medical countermeasures are included in Article 5 of Decision 1082/2013/EU. The joint procurement agreement was approved by the Commission on 10 April 2014.
10. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_523

1.2 Crisis management

1.2.2 Medical equipment requests

Italy, on 26 February, and Spain, on 16 March, requested, through the EU Civil Protection Mechanism[11], additional protective equipment, in particular medical masks. The Commission relayed the request to all Member States in order to mobilise offers of assistance. This initiative complements the Commission's coordination activities with Member States in the field of joint procurement of emergency equipment explained above.

On 19 March, the Commission decided to create the **first ever common European reserve - rescEU - of emergency medical equipment**[12], consisting of respirators, personal protective equipment such as reusable masks, vaccines, treatments and small laboratory equipment. This reserve will support Member States facing shortages of equipment to treat infected patients, but also to protect health professionals and slow the spread of the virus. Financed 100% by the Commission, which proposes to increase the total budget to €80 million, the reserve will be hosted by one or more Member States, which will be responsible for acquiring the equipment.

The distribution of the equipment will be managed by the **Emergency Response Coordination Centre (ERCC)**[13]. The ERCC is the heart of the EU's civil protection mechanism and coordinates the delivery of aid to countries affected by disasters (specialised equipment, expertise, civil protection teams). It ensures the rapid deployment of emergency aid and serves as a platform for coordination between all EU Member States and the six other participating states, the affected country and civil protection and humanitarian aid experts. It is operational 24 hours a day, 7 days a week.

At the beginning of the Covid-19 outbreak, the Commission also coordinated and co-financed the **provision of emergency medical equipment to China**[14] via the EU Civil Protection Mechanism. More than 56 tonnes of personal protective equipment (protective clothing, disinfectants, medical masks) were delivered from France, Germany, Italy, Latvia, Estonia, Austria, Czech Republic, Hungary and Slovenia.

1.2.3 Repatriation of European citizens

The Commission helps Member States coordinate **consular assistance and repatriation operations** for EU citizens worldwide. As soon as a Member State activates the EU Civil Protection Mechanism, the Commission's Emergency Response Coordination Centre coordinates all actions with the European Union External Action Service and Member State capitals. The Centre can co-finance up to 75% of transport costs.

More than 10,000 citizens have been repatriated so far to Europe through the EU Civil Protection Mechanism. Since the beginning of the outbreak, flights have been organised by many Member States, including France, Italy, Austria, Germany or Belgium, from China, Japan, the United States, Morocco, Tunisia, Egypt, the Dominican Republic, Colombia, Costa Rica, Panama, Cuba, Honduras, Mexico, Haiti, Georgia, Vietnam, the Philippines, Malaysia, Cape Verde, the Gambia, Senegal. Further fights are still planned.

11. The general objective of the EU Civil Protection Mechanism is to strengthen cooperation between the EU Member States and six participating States in the field of civil protection, with a view to improving disaster prevention, preparedness and response.
12. https://ec.europa.eu/commission/presscorner/detail/en/_20_476
13. The Emergency Response Coordination Centre (ERCC) is the heart of the EU Civil Protection Mechanism and coordinates the delivery of assistance to disaster stricken countries.
14. France, along with other European countries, sent medical equipment to Wuhan in the early days of the epidemic.

The Civil Protection Mechanism was also used to ensure the repatriation of European nationals on board the British cruise ship Diamond Princess and the American ship Grand Princess.

1.3 New tools created to fight Covid-19

1.3.1 European Scientific Committee

The European Commission established an **Advisory panel on Covid-19**[15] on 16 March. This panel is composed of seven experts (epidemiologists and virologists) from six Member States, acting in their personal capacity and independently.

Chaired by the Commission's President Ursula von der Leyen and co-chaired by the Commissioner for Health and Food Safety, Stella Kyriakides, it will intervene on various points: the formulation of response measures based on the different stages of the epidemic throughout the EU and the specific circumstances of each Member State; the identification and mitigation of significant gaps and inconsistencies in measures to contain the spread of Covid-19 including in the area of clinical management and treatment; the prioritisation of health care, civil protection and support measures to be organised or coordinated at EU level; recommendation of measures to address and mitigate the long-term consequences of the epidemic. For example, it examines measures to avoid overburdening hospitals through the use of online applications and consultations or the postponement of certain non-urgent surgical interventions.

The European Centre for Disease Prevention and Control, the Emergency Response Coordination Centre and the European Medicines Agency (EMA)[16] are participating as observers. Meetings are held twice a week by videoconference. The first meeting was held on 18 March.

1.3.2 Industrial issues

In order to meet the demand for medical equipment, the Commission has launched a call for the **conversion of companies**. Several of them responded favourably, in particular in the textile sector (conversion of production lines to mask manufacturing) or in the perfume and spirits sector (for the production of anti-bacterial gel). The automotive industry and its subcontractors are, for their part, examining the possibility of reconverting capacity to the production of ventilators. A number of start-ups have offered to contribute to this production, using 3D printing for medical purposes.

At the request of the Commissioner for Internal Market Thierry Breton, **the European Committee for Standardisation (CEN) and the European Committee for Electrotechnical Standardisation (CENELEC)**[17] announced on 23 March that they had, together with all their members, agreed to make available free of charge a number of European standards concerning the manufacture of medical devices and personal protective equipment (filter masks, surgical gloves, protective clothing). This exceptional decision, with immediate effect, will make it possible to diversify production centres and speed up their arrival on the market.

Since the beginning of the epidemic, the Commission has been working to ensure the free movement of basic necessities and medical equipment within the internal market. In order to ensure the supply of goods and components to shops and factories, it is therefore encouraging Member States to provide priority corridors («green lanes») for all goods-carrying vehicles at the most relevant internal border crossing points

15. The advisory panel on Covid-19 was established following a mandate from Member States.
16. The EMA is a EU agency established in 1995; its headquarters were transferred to Amsterdam following Brexit.
17. https://ec.europa.eu/commission/presscorner/detail/en/ip_20_502

as soon as possible. The aim is to limit the checkpoint process to 15 minutes, including any possible health checks and screenings.

On 16 March, the Commission offered €80 million to CureVac[18], a biopharmaceutical company based in Tübingen (Germany), to step up the development and production of a coronavirus vaccine in Europe. The support will be provided in the form of an EU guarantee covering an EIB loan – of the same amount, currently under review – under the InnovFin Infectious Diseases Finance Facility (Horizon 2020).

1.4 The response of the EU-27

The EU's Integrated political crisis response arrangement (IPCR)[19] contributes to a rapid and coordinated decision-making process at the EU political level in the event of major and complex crises. Through the IPCR, the Council Presidency coordinates the political response to the crisis by bringing together the EU institutions, the affected Member States and other key actors.

On 28 January 2020, the Croatian Presidency of the Council of the EU decided to activate the EU crisis response mechanism in «information sharing» mode (production of analytical reports and use of the web platform), in order to ensure that Member States and institutions reach a common understanding of the situation, in particular as regards the measures to be taken.

In view of the deteriorating situation and the different sectors affected (health, consular protection, civil protection, economy), the Presidency switched the IPCR to «full activation» mode on 2 March. This mode allows for the development of concrete coordinated measures to substantiate the EU response, in round tables moderated by the Presidency, with the participation of the Commission, the European External Action Service, the Cabinet of the President of the European Council, the affected Member States and relevant EU bodies and experts.

2 ▪ Inherent limitations to European action

2.1 Closely supervised action

The European Union can act to limit the spread of the virus, ensure the supply of medical equipment and promote research. But its scope for action remains extremely limited. Public health is an area that falls within the competence of Member States, not the European Union[20].

As political scientist Dominique Reynié emphasised in an interview with French daily Le Figaro on 22 March[21], «the current health crisis is therefore more a crisis of the European nation states. They have demanded to retain their full sovereignty in this matter. The result is spectacular: they all demonstrate their unpreparedness. The European Union was conceived by these states, but on the premise of cooperation rather than solidarity. The idea of Europe was denied access to *affectio societatis* by nation states that wanted to keep this link of recognition exclusively».

EU countries are largely responsible for the organisation and provision of health services and medical care. **EU health policy**

18. CureVac is a biopharmaceutical company based in Tübingen, Germany. It focuses on the development of vaccines for infectious diseases and drugs to treat cancer and rare diseases.
19. In 2013, the Council adopted the EU's integrated framework for a political response in crisis situations. In December 2018 it adopted an implementing decision codifying the IPCR framework by means of a legal act.
20. https://ec.europa.eu/health/policies/overview_en
21. According to the director of Fondapol (the Fondation pour l'innovation politique), this dramatic period calls for a clarification of the European project.

only complements national policies; it also aims to integrate health protection into all EU policies.

EU policies and actions in the field of public health aim to: protect and improve the health of EU citizens; support the modernisation of healthcare infrastructures; improve the efficiency of European healthcare systems. Related strategic issues are discussed by representatives of national authorities and the Commission in the Council's high-level Working Party on Public Health.

The Commission's role is to support Member State efforts through various means: legislative proposals, financial support, coordination and facilitation of the exchange of good practices between Member States and between experts, as well as activities to promote health.

The EU can adopt health-related **legislation** under Articles 168 (protection of public health), 114 (approximation of laws) and 153 (social policy) of the Treaty on the Functioning of the European Union. In particular, it has legislated in the following areas: patients' rights in cross-border healthcare, pharmaceuticals and medical devices, tobacco, organs, and serious cross-border threats to health (such as communicable diseases). The above-mentioned 2013 Decision was an important step towards improving health security in the EU and protecting citizens against a wide range of health threats.

In addition, the Commission promotes investment in health and provides financial support through different instruments – Programme of Community action in the field of health, Horizon 2020 research programme, Cohesion Fund, the European Fund for Strategic Investments. **EU action in the field of public health for 2016-2020**[22] focuses on incentives and cooperation around a few priority areas such as new global threats (such as antibiotic resistance) or the promotion of vaccination.

Europe is also regularly involved in boosting **cooperation between health professionals and experts**. Europe is also regularly involved in boosting cooperation between health professionals and experts. One of the most interesting examples are the 'European Reference Networks' (ERN)[23] for rare diseases, which allow hospitals across Europe to cooperate on research and patient care. Europe could use them as a model for action in other areas, such as pandemics. More generally, the extent of cooperation between hospitals, laboratories and fields through the Research Framework Programme can have a major impact at the global level. Joint work between the Commission and the OECD to collect the latest health data and publish it in regular reports could also initiate further action[24].

2.2 Ulterior motives

This situation is fraught with paradoxes. The areas of greatest interest to citizens are employment, health and education, yet these are precisely three areas in which the EU has no regulatory competence. It is true that the EU does not have the authority or, more importantly, the legitimacy to tell citizens or governments how to organise their health systems. These are societal issues that depend on cultural traditions, the history of countries and different health models, and on which it would be extremely difficult for the Commission to give instructions. Furthermore, the principle of subsidiarity must be respected, even if it could be imagined that it would apply differently in emergency situations.

22. https://ec.europa.eu/info/publications/strategic-plan-2016-2020-health-and-food-safety_en
23. The 24 ERNs launched in Vilnius in March 2017 are designed to bring together European experts on rare diseases.
24. The State of Health in the EU aims to make information and expertise on, and good practices for health systems easily accessible to policy-makers and health professionals.

However, this situation comes up against a twofold problem. On the one hand, citizens have been convinced that Europe matters to them, so it is difficult to tell them it has little to say on the subject of health. On the other hand, the existence of a single market and the high degree of interdependence between economies makes an overlap between European and national competences inevitable.

Most of what can, could or should be done on health at the European level is also justified on the basis of trade, free movement or the single market, for example to ensure that medicines circulate. The only area where the EU has really taken action in regulatory terms in the health field is the **cross-border area**, for example to allow the free movement of medicines and to ensure the mutual recognition of qualifications.

The EU suffers from another weakness: **the lack of *affectio societatis*, of a high sense of belonging** which would encourage natural solidarity, of making sacrifices for each other in a time of crisis such as this one. What is indisputable at national level, such as equal treatment for all citizens, is much less evident at European level. It is therefore difficult for a leader to ask his or her nationals to deprive themselves of equipment for the benefit of nationals of another Member State.

3 ▪ Lessons for the future

3.1 Advocating for a real Europe of health

The EU is now providing significant added value in the fight against the Covid-19 epidemic, but its capacity to act is severely limited by the meagre powers at its disposal. This crisis is a reminder that contagious diseases know no borders, and that pooling of efforts and expertise is a necessity.

«It is often only under the pressure of public health crises or when faced with a major risk to the health of populations that governments agree to delegate certain health powers to the Union,» reads a 2009 report on health by the Jacques Delors Institute[25]. One can imagine that the Covid-19 pandemic will force them to reconsider the situation.

In an interview with Agence Europe[26], Claire Dhéret, who heads the «Social Europe and Well-Being» programme at the European Policy Centre, believes that the Covid-19 health crisis highlights the shortcomings of the public health policies of the European Union Member States and in particular their lack of social investment, and stresses that the EU should also be more active in coordinating responses to this pandemic. The President of the EPP Group in the European Parliament, Manfred Weber, pleads in *L'Opinion*[27] for a «fully autonomous industrial health strategy», which would involve repatriating production units to European territory to reduce our reliance on China. Many politicians are calling for the creation of a true «Europe of health», following the example of LREM MEP Véronique Trillet-Lenoir[28].

In an op-ed published in Le Monde on 18 March[29], Alberto Alemanno, professor at HEC Paris and holder of the Jean Monnet Chair in European Law, recalled: «Despite the inherent limitations of the European Union, the health ministers of the EU-27 could - on a voluntary basis - decide to pool their sovereign powers to respond to the emergency. They could begin to coordinate their health response, adopting a common line on tes-

25. https://institutdelors.eu/publications/la-sante-un-enjeu-vital-pour-leurope/
26. https://agenceurope.eu/en/bulletin/article/12452/11
27. https://www.lopinion.fr/edition/international/coronavirus-penser-jour-d-apres-chronique-manfred-weber-214909
28. https://www.franceinter.fr/emissions/cafe-europe/cafe-europe-22-mars-2020
29. https://www.lemonde.fr/idees/article/2020/03/18/coronavirus-si-vous-pensez-que-l-union-n-en-fait-pas-assez-tournez-vous-plutot-vers-les-capitales-europeennes_6033571_3232.html

ting, containment, quarantine and social distancing." »

The Covid-19 crisis has already started to shift lines. The President of the European Council, Charles Michel, proposed to European leaders to set up a genuine European crisis centre and to strengthen European civil protection. «We need a stronger approach at the European level to manage crises», he said on Zevende Dag (VRT)[30]. During their videoconference on 26 March, the Heads of State and Government instructed the Commission to put forward proposals to strengthen the crisis management system.

3.2 A necessary political shift

Preparing for new crises will also require a **paradigm shift**. The EU, like Member States at their level, has so far not paid much attention or allocated many resources to all aspects of public health. Health has not been a high priority for the Juncker Commission, which is more concerned with subsidiarity and the division of competences. However, the real subject should be knowing who can be useful and at what level, as the Covid-19 crisis shows. The new Commission could mark a change under the leadership of Ursula von der Leyen, a doctor and former Health Minister[31].

Member States will also have to consider their own approach to the crisis. Admittedly, it might have been difficult for them to react more quickly to the appearance of Covid-19; even epidemiologists have been slow to realise the scale and speed of the crisis. But they should have anticipated, prepared health systems for the occurrence of such a pandemic, created strategic stockpiles of protective equipment (masks, gloves, glasses, etc.); many simulations, recommendations, guidelines – from the WHO and other organizations – had been stressing for years the importance of building up such reserves to deal with new pandemics such as SARS or avian influenza when the time came. The problem was not the (relatively low) cost of such measures, but a lack of anticipation and political will.

This pandemic could also serve as a reminder of the **importance of vaccines**, which are the most effective and cheapest health instrument. At a time when the international community is mobilising against Covid-19, the stakes are particularly high in Europe and especially in France, which is one of the most sceptical countries in the world on the subject.

3.3 The importance of a new governance

In a letter sent to Charles Michel on the eve of the European Council on 26 March, Emmanuel Macron and eight of his European counterparts stressed that the success of containment measures «will depend on the timing, scope and coordination of the health measures implemented by the various governments». The Covid-19 crisis exit strategy should therefore highlight the need for **European cooperation**; but changing long-term policy once the emergency is over will require real joint leadership.

Public authorities will also have to make an **effort to be transparent and convincing** if they want to convince citizens to put the collective before the individual; otherwise, calls for solidarity will always be met with strong suspicion. As for the EU, it will have to enhance its communication and explain clearly and promptly what it can and cannot do: on 25 March, the Elysée Palace had to point out that France and Germany had delivered more masks to Italy than China, contrary to what the latter's skilful use of images led people to believe. **A communication strategy is a key element in times of acute crisis**, and must be better coordinated.

30. Heads of state and government conducted their third videoconference on Covid-19 on 26 March.
31. On 4 February, Von der Leyen's Commission launched a public consultation on Europe's Beating Cancer Plan.

All these efforts will not be enough without better **global governance**, namely strengthening the powers and bodies of the World Health Organisation[32], which is now being criticised for its delay in sounding the alarm. And it is only by acting as a regional group that Europe, backed by the same arguments (the need for solidarity, the absence of borders for contagious diseases) will be able to have an influence in this area. Proof could then be provided that nationalist withdrawal, the *"take back control"* of the Brexiters, don't work.

Conclusion

In the best case scenario, this crisis, which is at once sanitary, economic, social and financial, could lead citizens to change their lifestyles, demonstrating that problems must be solved together. It could also be a test as to how to deal with **climate change**, a fight that the global pandemic should not overshadow; instead, it should encourage even more intensive preparation.

32. https://www.who.int/en/emergencies/diseases/novel-coronavirus-2019

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