



## Press Release

Luxembourg, 18 January 2021

### The EU's initial response to COVID-19: learning lessons to improve European cooperation in public health

The European Court of Auditors (ECA) has reviewed the EU's initial response to the COVID-19 crisis and draws attention to certain challenges faced by the EU in its support for Member States' public health actions. These include setting an appropriate framework for cross-border health threats, facilitating provision of appropriate supplies in a crisis and supporting the development of vaccines.

The EU's public health competences are limited. It mainly supports the coordination of Member State actions (through the Health Security Committee), facilitates procurement of medical equipment (by creating joint procurement framework contracts), and gathers information/assesses risks (through the European Centre for Disease Prevention and Control - ECDC). Since the start of the COVID-19 pandemic, the EU took further action to address urgent issues, facilitating the supply of medical equipment and information exchange between Member States, as well as promoting testing, treatment and vaccine research. It allocated 3 % of its annual budget by 30 June 2020 to support public health related measures.

*"It was a challenge for the EU to rapidly complement the measures taken within its formal remit and support the public health response to the COVID-19 crisis," said Joëlle Elvinger, the ECA member responsible for the review. "It is too soon to audit ongoing actions or assess the impact of COVID-19 related public health EU initiatives, but these experiences can provide lessons for any future reform of the EU's competences in this field".*

In a [2016 audit report](#), the auditors had already flagged weaknesses in the use of the EU's 2013 legal framework for dealing with serious cross-border health threats. Some issues, such as preparedness planning have proved to be persistent.

It was challenging for the ECDC to manage the timeliness, quality and completeness of information received from Member States, and the different surveillance and testing strategies used by the Member States makes comparisons and assessments difficult. The ECDC has cautioned that considerable work still needs to be done to establish and strengthen robust population-based surveillance of COVID-19.

A key test for Member States in addressing the pandemic was ensuring the supply of sufficient

*The purpose of this press release is to convey the main messages of the European Court of Auditors' review. The full review is available at [eca.europa.eu](http://eca.europa.eu).*

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medical equipment. The European Commission took a range of measures to help Member States meet this challenge. These measures included introducing an export authorisation scheme, starting an EU-financed strategic stockpile of medical and personal protective equipment and setting up an online “matchmaking” tool for medical equipment purchases. The Commission also launched joint procurement framework contracts for medical equipment. However, the Member States procured the vast majority of their medical supplies through national procurement pathways.

The EU budget supported a range of actions including COVID-19 research and vaccine advance purchase agreements. By mid-2020, the EU specifically allocated €4.5 billion to public-health related measures and expanded the range of spending eligible for cohesion funding to cover COVID-19 related public health spending. The use of these funds was at an early stage at 30 June 2020.

€547 million from the EU budget were allocated by June 2020 for research on the development of COVID-19 tests, treatments and vaccines. In the first half of 2020, the Commission also allocated €1.5 billion to fund advance purchase agreements with a range of COVID-19 vaccine developers. To mitigate the inherent risk linked to vaccine development, the Commission’s strategy focused on investing in a range of vaccine technologies and companies. The strategy included funding research on vaccine hesitancy as well as fighting disinformation, which could harm the success of mass immunisation campaigns.

### **Background information**

Public health is primarily a national competence. The COVID-19 pandemic has tested the relatively limited powers assigned to the Union by the Treaty on the Functioning of the EU and the 2013 legal framework for cross-border health threats (Decision 1082/2013). This review does not intend to conclude on the outcomes and impact of the actions taken by June 2020, especially as at the time of writing these are still evolving.

The ECA recently published its [review of the EU economic response to the COVID-19 crisis](#); ECA’s 2021 work programme includes an audit on the health-related actions and vaccine procurement.

The ECA’s review No 01/2021 “*The EU’s initial contribution to the public health response to COVID-19*” is available on [eca.europa.eu](https://eca.europa.eu).

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