

Review No 01/2021 – The EU’s initial contribution to the public health response to COVID-19

Review

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FULL REPORT (OFFICIAL EU LANGUAGES) 

What we assessed and why

Our review provides an independent overview of the EU’s initial health response to the pandemic, covering the period from 3 January to 30 June 2020. We also identify challenges for the EU in supporting Member States’ public health actions. In the review, we do not draw conclusions on the outcomes and impact of actions taken by the European Commission or EU agencies, because this would have been premature at the time of writing.

The EU’s responsibilities in the area of public health are limited. The EU mainly supports the coordination of Member States’ actions (through the Health Security Committee¹, or HSC), facilitates the procurement of medical equipment (through the joint procurement framework), and gathers information and assesses risks (through the European Centre for Disease Prevention and Control, or ECDC). From the start of the COVID-19 pandemic, the EU took action to address urgent issues, facilitating the supply of medical equipment and the exchange of information between Member States, as well as promoting testing, treatment and vaccine research. By 30 June 2020, it had allocated 3 % of its annual budget to supporting public health-related measures.

Since we published our review, the Commission has proposed a number of public health initiatives, such as the creation of the European Health Emergency Preparedness and Response Authority (HERA), and the Council has proposed a new Regulation on an emergency framework for medical countermeasures.

In a 2016 audit report, we had already pointed out 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, had remained unresolved since then.

¹ The HSC is composed of representatives of the Commission and the World Health Organisation, as well as one representative from each Member State. It was established to foster the exchange of information between the Commission and the Member States.





What we found

The EU budget supported a wide range of actions. By June 2020, €547 million had been allocated 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 invested in a range of vaccine technologies and companies. It also funded research on vaccine hesitancy and fighting disinformation, which had the potential to harm the success of mass immunisation campaigns. By mid-2020, the EU had 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.

A key test for Member States in addressing the pandemic was ensuring an adequate supply of medical equipment. The Commission took a range of measures to help Member States meet this challenge. These included:

- introducing an export authorisation scheme to secure the supply of personal protective equipment (PPE) and medical equipment;
- starting an EU-financed strategic stockpile of medical equipment and PPE;
- setting up an online “matchmaking” tool for medical equipment purchases; and
- launching joint procurement framework contracts for medical equipment – even though, in the event, the Member States procured the vast majority of their medical supplies through domestic procurement pathways.

The ECDC collected and monitored COVID-19 data through the Early Warning and Response System and the European Surveillance System (TESSy), and provided rapid risk assessments to determine the potential scale of the health threat. It was difficult to manage the timeliness, quality and completeness of information received from Member States, not least because the Member States all used different national surveillance and testing strategies. The ECDC had warned in the past that considerable work still needed to be done to establish common surveillance mechanisms, and to strengthen the ones that already existed.

What we concluded

The scale and speed of the COVID-19 crisis presented an unprecedented challenge to authorities at EU and national level. It was a challenge for the EU to take additional action to support the response to the crisis. These challenges and experiences can provide lessons for any future reform of the EU’s responsibilities in:

- establishing an adequate framework to deal with cross-border health threats;
- jointly procuring PPE and medical equipment to increase the security of supply;
- supporting the development and ensuring the supply of tests, treatments and vaccines; and
- standardising the type and form of relevant information provided to feed into the ECDC’s monitoring, surveillance and information sharing.