

**Opinion of the European Economic and Social Committee on ‘Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions — Drawing the early lessons from the COVID-19 pandemic’**

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| (for/against/abstentions) | 204/1/8  |

## **1. Conclusions and recommendations**

1.1. The EESC welcomes the move by the European Union and its institutions to continuously assess processes during the pandemic, both in terms of the unprecedented burden on health systems and the impact on the European Union as a whole.

1.2. The European Commission lists ten important lessons from the pandemic, but the EESC regrets that it only briefly mentions the ‘uneven impact of the crisis, with vulnerable groups and small and medium companies amongst the hardest hit’. Recommendations need to look critically at what has been done so far in all areas, what has worked well and what needs to be improved. We also need to look at how we can address the problems of notorious labour shortages, supply chain bottlenecks and rapidly rising energy prices, making it difficult to return to normal functioning societies and their economies.

1.3. The EESC notes that it is necessary to have tools and plans that can be quickly activated and implemented in the face of a crisis situation at EU level. The EESC commends the European Union’s plans to establish a framework for an EU pandemic state of emergency and standards for a crisis response. The EESC calls for a high degree of coordination and transparency in all procedures, especially when there is a need for swift action and decision-making by public administrations at European and Member State level.

1.4. COVID-19 has been a magnifier of existing unequal health patterns; vulnerable groups have been affected by unequal exposure to the virus. The EESC notes that programmes are needed to ensure access to preventive and rehabilitative care, even during a health crisis. Therefore emergency pandemic provisions in the future should be scaled in such a way as to affect the functioning of primary care to avoid greater loss of health in such situations in society.

1.5. The EESC believes that the EU should continue to respond to the crisis in a consistent and global manner, in particular through COVAX and the European Centre for Disease Prevention and Control (ECDC), as well as new candidate drugs and therapies, and to strengthen and support the global health security architecture. This includes strengthening the EU’s role in the World Health Organization.

1.6. The COVID-19 outbreak has highlighted the overarching nature of crisis situations and their impact on all sub-systems of the society. In this respect, making social policy systems suitable and more inclusive is especially important to help those who are marginalised and living in particularly distressed situations.

1.7. On the basis of several opinions <sup>(1)</sup> and the pillar of social rights, the EESC supports measures on EU and MS level fostering cooperation between health systems in respect of EU-values like dignity and fair competition and aiming at upward convergence of health and social systems.

1.8. During the pandemic, we saw the necessary expansion, on an unprecedented scale, of European and state activity to assist both individual businesses and individuals. The EESC underlines that it is important to move from emergency measures to productive investments for an inclusive and sustainable recovery in the medium and long term; also in order to avoid the danger that fiscal and monetary policies could be subject to high inflationary risks that may lead to a stagflation.

1.9. The EESC welcomes the European Commission's efforts to support national media literacy campaigns in cooperation with the European Digital Media Observatory (EDMO) and with the Media Literacy Expert Group, thus further contributing to the fight against disinformation including anti-vaccination disinformation that causes unfounded fears and serious harm.

1.10. The Committee is in favour of efforts to enhance international cooperation and build Europe's strength in international institutions. The EESC points out that any weakening of Europe's position and involvement in international organisations creates scope for other countries outside the EU to act in a way that is unfavourable to the values the European Union stands for.

## 2. General comments

2.1. In early 2020, the COVID-19 pandemic exposed some of the existing dysfunctions of the health sector, many states and EU institutions, as well as some economy sectors. All this further added to the severity of the crisis and social imbalance.

2.2. The Commission welcomes the move by the European Union and its institutions to continuously assess processes during the pandemic, both in terms of the unprecedented burden on health systems and the impact on the European Union as a whole. The Commission stresses that this past period should also be assessed as an emergency test of the democratic and unified operation of the EU.

2.3. The EESC acknowledges the enormous effort made by the various EU institutions coordinating vaccination aid, national institutions providing social protection and support programmes, and companies which have done all in their power to protect their employees and operations and which have risen to the challenge of achieving rapid normalisation in terms of employment and the supply of essential products. At the same time, we note that there is still much to be done to ensure full stability and balance in the labour market.

2.4. The EESC stresses that the first and main lesson that we have learnt is that, especially in the time of pandemics that are regional and/or supranational in nature, we need to work together on a European level to find joint tools not only to respond from the point of view of health, but also to manage the emergency and accompany the transition to a speedy but inclusive and sustainable recovery. The Committee underlines the positive approach of the European institutions in putting in place new and innovative financial tools agreed with a solidarity-based approach based on common interest.

2.5. The worst possible situation would be the outbreak of another crisis before the situation has fully stabilised. It is therefore a priority for the European Commission to take action today to build up the resilience of economic, social and health systems for the future. The EESC agrees with this strategy and the need to take a critical look at lessons learned and to strengthen crisis management in the European Union.

2.6. The European Commission lists ten important lessons from the pandemic, but only briefly mentions the 'uneven impact of the crisis, with vulnerable groups and small and medium companies amongst the hardest hit'. Recommendations need to look critically at what has been done so far, what has worked well and what needs to be improved.

2.7. As we emerge from the crisis, labour shortages in vitally important 'low skilled' occupations are also proving to be a major issue. The crisis also exposed our vulnerability to the fragmentation of global supply chains and the need to rethink industrial strategy in relation to the manufacture of essential products.

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<sup>(1)</sup> OJ C 13, 15.1.2016, p. 40, OJ C 14, 15.1.2020, p. 1.

### 3. Crisis management

3.1. The EESC commends the European Union's plans to establish a framework for an EU pandemic state of emergency and standards for crisis response. The EESC endorses the ongoing efforts to monitor, review and invest in crisis management. It also supports the Commission's plans to prepare an annual state of preparedness report.

3.2. The EESC notes that it is necessary to have tools and plans that can be quickly activated and implemented in the face of a crisis situation at EU level. The tools at national level should be complementary in nature, allowing countries to respond on a scale appropriate to the crisis situation diagnosed in their area.

3.3. The EESC underlines the importance of taking the principle of effective and primary needs-based solidarity seriously in global crisis situations.

3.4. The EESC points out that the institutions' initial responses were not always adequate, partly because of the lack of coordination among Member States. Despite initial criticism of the EU vaccination strategy, the benefits of a collective action have become more visible today. This experience must be used to improve the EU's response to future crises.

3.5. The EESC points out that it is necessary to establish common European standards for the collection and standardisation of statistical data — mainly in the area of health. It is also necessary to look at the statistical methodologies applied so far in each area. This is important for proper evidence-based decision making processes in the future.

The EESC notes that around the outbreak of the pandemic there were persistent shortcomings in professional and trusted advice and access to epidemic research. It is therefore necessary to coordinate and streamline professional epidemic expertise at EU level. The Committee supports the appointment of a European chief epidemiologist who, acting in an advisory capacity will assist the decision-making process at EU and national level.

### 4. Protecting health

4.1. COVID-19 has been a magnifier of existing unequal health patterns; vulnerable groups have been affected by an unequal exposure to the virus. Existing systems for rapid response like the Early Warning and Response System of the European Union (EWRS), Epidemic Intelligence Information System (EPIS) and the European Surveillance System (TESSy) need to be re-examined and their effectiveness strengthened. The system should be designed to support individuals with low-income jobs, people with pre-existing chronic illnesses or disabilities, those living in extreme poverty, and the elderly living in care homes. The EESC points out the need to invest in quality public health services, which, in line with Principle 16 of the EPSR, should be affordable, and accessible to all citizens, as well as supporting private health care in cases where this contributes to public health duties, which has a complementary role and was also crucial during the pandemic.

4.2. Upholding the conclusions of EESC Opinion on the EU4Health Programme <sup>(2)</sup>, the EESC is providing additional opinions on the initial conclusions we can draw from the COVID-19 crisis in the area of health.

4.3. During the pandemic, Member States have focused on emergency measures, often at the expense of preventive health care and rehabilitative care. The EESC notes that programmes are needed to ensure access to preventive and rehabilitative care, even during a health crisis. Therefore emergency pandemic provisions in the future should be scaled in such a way as to affect the functioning of primary care only to the minimum possible extent in order to avoid greater loss of health in such situations in society.

4.4. The Pharmaceutical Strategy for Europe, adopted in November 2020, aims at modernising the regulatory framework and supporting pharmaceutical research and technology. The EESC notes that the capacity of national health systems can be strengthened by the active inclusion of pharmacies open to the general public in the context of pharmaceutical care.

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<sup>(2)</sup> OJ C 429, 11.12.2020, p. 251.

4.5. The pandemic crisis has shown that there is a shortage of health workers. The EESC reiterates that particular attention should be paid to improving their working conditions, including wages, education, reskilling and updated training, access to childcare facilities, ensuring the highest possible safety standards as well as the possibility for all professions, including in the health sector, to live, move and work freely across the EU <sup>(3)</sup>. Since 76 % of health workers and 84 % of nurses in the EU are women, there is a need for gender transformative policies to address barriers to access to full-time employment, address the gender pay gap, promote retention in the sector and support access to professional development and leadership roles. Special procedures shall be developed to enable the rapid and safe recruitment of medical staff from countries outside the European Union in critical situations.

4.6. Regarding the EU Strategic Framework on health and safety at work 2021-2027, the EESC welcomes the strong recommendation of the European Commission towards Member States to recognise Covid-19 as an occupational disease, but emphasises the need for revising the recommendation to include all workers exposed to infection without adequate protection, including mobile and migrant workers, and seasonal workers in unsafe workplaces and unsanitary accommodation.

4.7. The EESC will closely follow the implementation of the European Health Union, and recommends taking into account the link between animal health and human health. This cooperation also highlights the fact that, due to the cross-border nature of pandemics, only uniform, well-coordinated action can be effective and successful, based on common recognition.

4.8. During the COVID-19 pandemic, there was a fragmented, uncoordinated approach to clinical trials in Europe. The EESC notes that a pan-European approach can make it possible to streamline clinical trial procedures and processes, particularly tests of new candidate drugs for effective and accessible therapeutics. A large-scale European platform for clinical trials can be a solution here.

4.9. According to scientific research data and attendance statistics in health care, the COVID-19 crisis may result in a significant increase in psychological risk, which may in turn also increase the development of psychosomatic diseases. This new morbidity phenomenon as well as the yet understudied effects of the long COVID syndrome must be taken into account in the health systems of all EU Member States.

4.10. Preventing, preparing for and responding to pandemics are priorities for Europe. The EESC believes that the EU should continue to respond to the crisis in a consistent and global manner, in particular through COVAX as well as new candidate drugs and therapies, and to strengthen and support the global health security architecture. This must also strengthen the EU's role in the World Health Organization. In this context, in order to respond to the urgent needs of developing countries in particular, the EESC asks the EC to lead an open debate at European level on a temporary TRIPS voluntary waiver, that would apply to COVID-19 vaccines, treatments and tests, in order to enable the ramping up global vaccine production and the lowering of costs to ensure access for people across the world.

4.11. With regard to the first experiences formulated in the EC communication on health, the EESC considers that there is a painful failure to state that the availability of interventions and services to deal with health stress is uneven, without the necessary focus on vulnerable groups; in many senses this has only been amplified by the COVID-19 crisis. Equal access to and availability of services should not only be an evaluation criterion, but could save lives.

## 5. Social and societal aspects

5.1. In 2021, we have seen inequalities between women and men deepen across Europe, particularly as a result of the alarming surge in cases of violence against women accompanying the COVID-19 pandemic. Lockdown and isolation measures have created an enabling environment for abusers' coercive control of victims and have led to incidents of physical, psychological and sexual violence against women and girls, with limited access to support services for victims; this has been referred to as a 'shadow pandemic'. The EESC calls on the European Commission to adopt a comprehensive framework to prevent and combat all forms of violence against women and girls from a feminist, gender-sensitive and intersectional perspective in order to make sure that in the event of a future health crisis a shadow pandemic is prevented.

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<sup>(3)</sup> OJ C 286, 16.7.2021, p. 109.

5.2. In its Resolution released on 9 June 2021 <sup>(4)</sup>, the Committee endorses that the current situation in Europe with the pandemic is increasing poverty and inequality, and resources should be channelled to where they are most needed in order to ensure quality employment, reduce poverty and exclusion and promote entrepreneurship.

5.3. The COVID-19 outbreak has highlighted the overarching nature of crisis situations and their impact on all sub-systems of society. In this respect, making social policy systems suitable and more inclusive is especially important to help those who are marginalised and living in particularly distressed situations.

5.4. The EESC also notes with regret that national administrations have insufficiently involved social business partners and civil society organisations and taken their inputs into account when drawing up their National Recovery and Resilience Plans (NRRPs). The EESC calls for the establishment of binding conditionality for consultation involving civil society organisations.

5.5. The Committee emphasises that a social, sustainable and competitive Europe should be a priority, while also considering possible new indicators for economic progress that go beyond GDP, for example quality of life, environmental sustainability, social cohesion, healthcare and the overall well-being of current and future generations.

5.6. The Committee urges the Commission to focus on fundamental rights, especially relating to socioeconomic wellbeing. Special attention should be given to the rights, dignity and welfare of people who might be exposed to societal exclusion and might experience any kind of discrimination during the COVID-19 pandemic and in the immediate aftermath of the crisis.

## 6. Economy & finance

6.1. During the pandemic, we saw the necessary expansion, on an unprecedented scale, of European and state activity to financially assist both individual businesses and individuals. The EESC underlines that it is important to move from emergency measures to productive investments for an inclusive and sustainable recovery in the medium and long term; also in order to avoid the danger that fiscal and monetary policies could be subject to high inflationary risks that may lead to stagflation.

6.2. The EESC notes that any new tax reforms, whether at EU or national level, should take account of the structure of national economies, the health of local businesses and, in particular, the situation of people who have found themselves in a difficult situation as a result of the crisis. In this context, we note the necessity to analyse the fiscal economic situation of companies and citizens affected by the sudden increase in energy prices.

6.3. The EESC agrees that new fiscal and expenditure rules should help Member States to invest in education, research, development, innovation, health and public infrastructure, in a real and effective investment in human capital, as well as the efficiency of governments, among others.

6.4. The EESC calls on the Commission to facilitate temporary measures taken by Member States to build full-time employment and support economic activity impacted by crisis situations with respect to competition policy principles on State aid, and to develop blueprints for public-private partnerships or similar solutions to limit the risks across society, including those affecting private actors in the extraordinary crisis situations.

## 7. Society and technology

7.1. The Committee draws attention to the emerging and widening education gap for citizens in the European Union. Younger generations have been deeply affected by measures taken to contain the pandemic. Neither the Member States nor the EU institutions are actively addressing this issue or the need for reforms in the education system. No systemic recovery or rescue plans have been put forward so far. The Committee, however, acknowledges that upskilling and reskilling will be key for people's education and development in the future, and digital tools are an essential part of any future educational model.

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<sup>(4)</sup> European Economic and Social Committee's contribution to the 2022 European Commission's work programme based on the work of the Ad hoc group on the EESC contribution to the European Commission's 2022 work programme (OJ C 341, 24.8.2021, p. 1).

7.2. Ensuring wide and solidarity-based access to digital services is also important for social cohesion. As the European Foundation for the Improvement of Living and Working Conditions (Eurofound) <sup>(5)</sup> rightly points out, the way towards more cohesive societies in Europe can be ensured through policies that focus on the economic and social integration of citizens and put more emphasis on digital skills.

7.3. The EESC welcomes the European Commission's efforts to support national media literacy campaigns in cooperation with the European Digital Media Observatory (EDMO) and with the Media Literacy Expert Group, thus further contributing to the fight against disinformation and strengthening societal resilience against fake content and anti-vaccination disinformation that causes unfounded fears and serious harm. The EESC also calls for strengthening the crisis information process, which is the best countermeasure against disinformation.

7.4. The COVID-19 pandemic highlights the importance of planning training in key medical areas such as intensive therapy, in order to deal with emergencies. It also brings to light the importance of skills portability among the EU Member States in emergency situations. Procedures for temporary transfers and mobility of medical staff among Member States should be eased, as should the procedures to allow the hiring of third-country medical staff in such situations.

## **8. International relations and democratic standards**

8.1. The EESC notes that the pandemic has hit societies and businesses all over the world and has exacerbated previously growing geopolitical rivalries.

8.2. The Committee is in favour of efforts to enhance international cooperation and build Europe's strength in international institutions. The EESC points out that any weakening of Europe's position and involvement in international organisations creates scope for other countries outside the EU to act in a way that is unfavourable to the values the European Union stands for; specifically, we must very carefully analyse all obstacles to maintaining the EU's core values and preserve the Single Market freedoms.

8.3. The EESC points out that the COVID-19 pandemic has often been used as an excuse to curtail rights and undermine democratic standards. Governments have also used the crisis to pursue their own short-sighted political interests. The EESC insists that regulatory decisions necessary to manage and overcome the pandemic must in no way affect respect for fundamental rights and democratic values.

8.4. The EESC strongly emphasises the need for responsible evidence-based policy-making and science-based facts, and the prioritising of actions to protect health and life. At the same time, during a pandemic or any other crisis, we must carefully respect — and not restrict — fundamental rights and democratic values.

8.5. With regard to the free movement of persons, goods, services and capital, the Committee reiterates the need to support the harmonisation of travel protocols for individuals and businesses in order to maintain a high level of trust and unified rules across the Union, in line with the principles of the Single Market. The rules must be clear, workable and as identical as possible across all countries.

Brussels, 8 December 2021.

*The President  
of the European Economic and Social Committee*  
Christa SCHWENG

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<sup>(5)</sup> Eurofound (2018), Social cohesion and well-being in Europe, Publications Office of the European Union, Luxembourg.