

Androniceanu, A. (2020). Major structural changes in the EU policies due to the problems and risks caused by COVID-19. *Administratie si Management Public*, 34, 137-149. DOI: 10.24818/amp/2020.34-08

## ***Major structural changes in the EU policies due to the problems and risks caused by COVID-19***

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**Abstract:** *The COVID-19 pandemic has a major effect on the world economy and the world's population. Statistics show worryingly, at the beginning of May there were almost 4 million diseases and almost 250,000 deaths in the world. More than 1 million diseases are registered in the USA, Italy, Great Britain, Spain, France, and Russia. This extremely difficult context has led us to make a comparative analysis of the measures that the governments of the states of the European Union have taken to manage it. Our paper analyses the cooperation between the European Union and the states in the context of the COVID-19 pandemic. The paper contains some recommendations for the governments of the Member States to solve the problems of their health systems and to relaunch the economy in the European space. The results of the research are useful and interesting for the governments of the EU member states, which should have a unitary and coherent strategy to avoid economic and social imbalances. The recommendations contained in this paper can be a reference and source of inspiration for the EU institutions to develop a coherent strategy for a rapid social and economic recovery.*

**Keywords:** EU policies, COVID 19, social impact, health, mortality.

**JEL:** I15; I18

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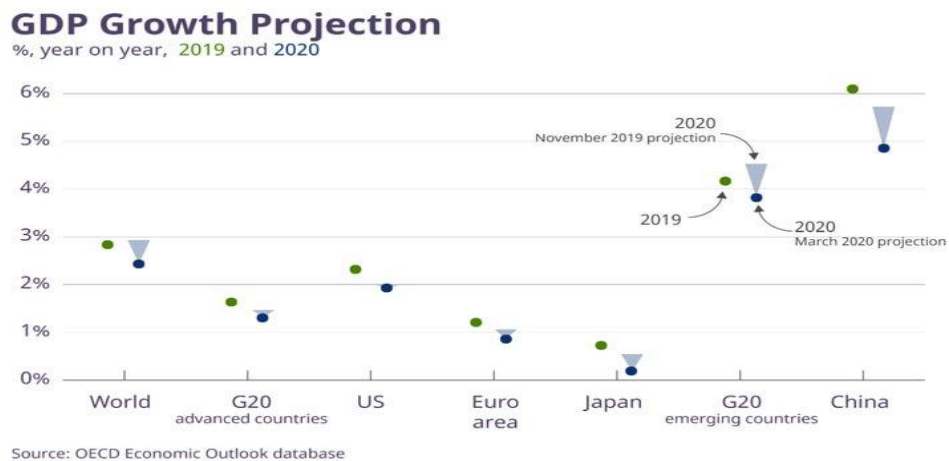
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## Introduction

For several years now, a possible global crisis has been being discussed more and more intensely, which would be followed by a long recession. Economists have pointed out in several cases that the level of government and corporate debt is becoming unsustainable, and the US-China trade war risks exacerbating these problems, but no one has been able to predict the adverse effects of the COVID-19 pandemic on the population and the world economy. Analysts (Cygler et al., 2018; Bencsik et al., 2019; Grossman, 2018; Lengyel et al., 2017; Mura et al., 2017; Olaniyi et al., 2019; Petcu, 2019; Peters, Besley, 2019; Popescu, G. H., Ciurlău, 2019; Raišienė et al., 2019; Rajiani et al., 2018; Sroka, Szanto, 2018; Trettin et al., 2019; Uslu, Akay, 2019; Veselitskaya et al., 2019; Zhuravleva et al., 2019; Ajaz Khan et al., 2019; Çelik, 2019; Duřová Spiřáková et al., 2017; Fila et al., 2015; Ključnikov et al., 2019; Kurowska-Pysz et al., 2018; Meyer, D.F. et al., 2017; Niño-Amézquita et al., 2017). still do not agree on whether the epidemic of the new coronavirus will lead to a collapse or just a temporary reset of the world economy, but we can expect at least two-quarters of economic downturn (Mura et al., 2019; Piotrowska, 2019; Popescu Ljungholm, 2019; Sasongko et al., 2019; Shpak et al., 2017; Sroka et al., 2014; Tvaronavičienė, Razminienė, 2017; Vandina et al., 2018; Reinhold et al., 2019). By the end of the third quarter of 2020, the global economic context will experience a major economic crisis. Figure 1 shows a graph containing a projection for 2020 of the gross domestic product worldwide.

**Figure 1. Projection of the GDP in 2020 in the context of the COVID 19**



(Source: OECD Economic Outlook Database, 2020)

The US Central Bank has already cut monetary policy interest rates in an attempt to discourage savings and encourage lending and consumption (Levkov, Palamidovska – Sterjadovska, 2019; Ključnikov, Popesko, 2017). At the same

time, the International Monetary Fund has prepared a \$ 50 billion package to help poorer countries cope with the crisis (Balica, 2019).

In Europe, Bruno Le Maire, the French finance minister, is the first senior official to say that a massive package of economic incentives is urgently needed to counter the effects of the pandemic.

China has even been in a position to provide financial incentives to airlines to resume flights.

Changes with major negative impacts occur in most areas that have so far generated profitability and consistent positive economic influences (Ranasinghe, 2019; Ślusarczyk, 2017; Sion, 2019; Sroka et al., 2014; Vejera et al., 2018). Some of the most affected are listed below.

A collateral victim of the epidemic is the oil price quotation. As a result of declining demand, especially from China, Saudi Arabia has tried to reach an agreement with Russia to reduce production, thus keeping prices at a level considered reasonable by large producers. However, Russia rejected this option. Declines in the prices of other raw materials are also expected as large consumers reduce their imports.

Airlines around the world could lose \$ 113 billion in sales in 2020, according to IATA (International Air Transport Association). The production and distribution chains of electronic components and products are severely affected and there are concerns about reconfiguring them to reduce dependence on China as a global hub.

The top 10 pharmaceutical companies had a total turnover of \$ 455 billion in 2019, but it will drop dramatically in 2020. Although some drug companies may benefit from the COVID-19 epidemic, the reality is that even this industry will suffer altogether.

In this time of acute crisis, saving lives is of the utmost importance. That is why the European Commission has increased its involvement by proposing the establishment of a EUR 100 billion solidarity instrument, called SURE, which will help workers keep their income and support businesses to stay active. The Commission has decided to redirect all available structural funds to support projects in the fight against the new coronavirus. The coronavirus pandemic has led both the European institutions and the governments of the Member States to adapt quickly and to demonstrate their internal capacity for coordination and cooperation in this new context and they demonstrated good solidarity (Meyer, N., Meyer, D.F., 2016; Mirică (Dumitrescu), 2019; Mura, Kajzar, 2019)

The Commission has taken steps to give the Member States the freedom to manage their healthcare systems, businesses and workers. The Commission has worked to maintain the operation of hospitals, the continued operation of factories and the supply of store shelves (Mura, Orlikova, 2016; Poór et al., 2018; Popescu, G. H. et al. 2018; Peters, Besley, 2019; Sroka, 2011; Dobrovič et al., 2019; Chreneková et al., 2016; Civelek et al, 2019).

In this study, we present and analyse some of the most important measures that the European Commission has taken to help Member States solve some of the problems generated by COVID 19.

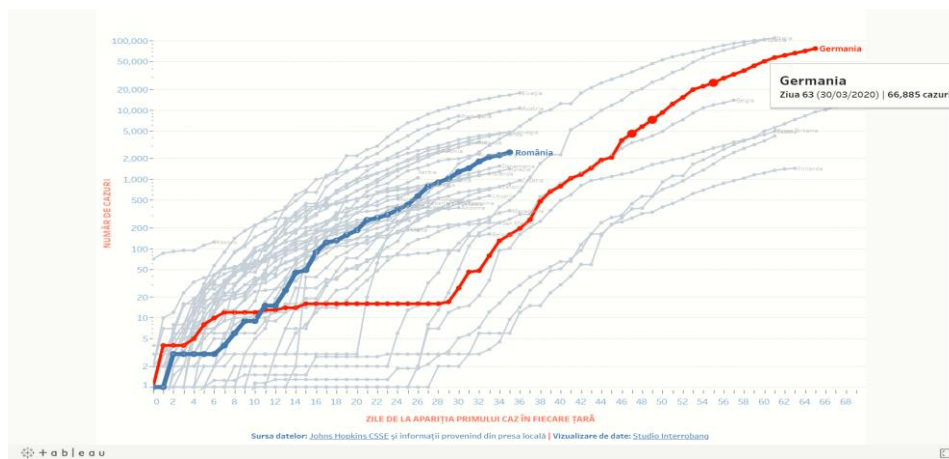
## 1. Literature review

According to the World Health Organization (WHO), coronaviruses are a large family of viruses (Winter et al., 2019). In humans, it causes respiratory infections. The latest coronavirus is generating infections that can be transmitted from one person to another (Kot, Syaharuddin, 2020). The new virus and the disease caused by it were not known before the infections of the inhabitants of Wuhan, China, in December 2019.

WHO is evaluating ongoing research into how COVID-19 is spread. The risk of COVID-19 infection from someone who has no symptoms is very low. Many people with COVID-19 have only mild symptoms. WHO evaluates ongoing research on the transmission period of COVID-19 and continues to share the updated results. The elderly and those with pre-existing medical conditions (such as high blood pressure, heart disease or diabetes) appear to develop a serious form of the disease more often than the other categories (Rueda Garrido, 2019; Simionescu et al., 2019; Bargh, 2019; Bernardi, 2019; Challoner et al., 2019; Chistobaev et al., 2018; Jaoul-Grammare, 2019)

Figure 2 shows the evolution of COVID-19 at the end of April 2020, when worldwide there were a total of over 3.4 million cases of COVID 19, of which over 1.1 million in Europe.

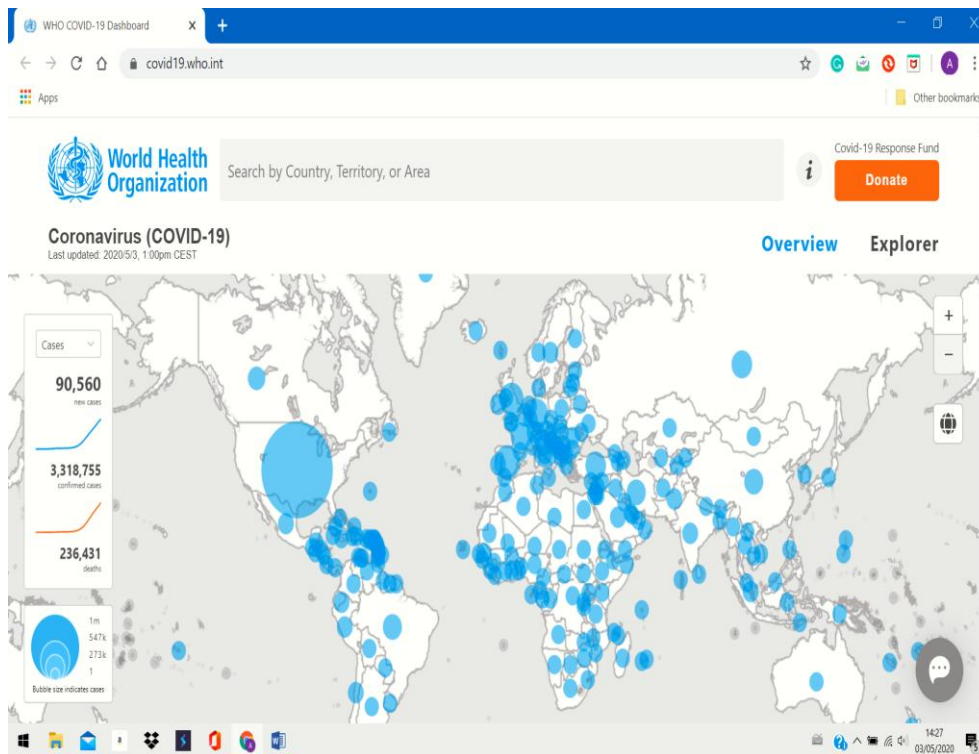
Figure 2. The Evolution of COVID-19 at the end of April 2020



(Source: World Health Organization, 2020a)

By mid-2020, there was no vaccine or specific antiviral drug to prevent or treat COVID-19. Those affected should take care to relieve symptoms. People with serious illnesses are hospitalized (Blázquez-Fernández et al., 2017; Dapas et al., 2019; Kot et al., 2017; Dumitrescu et al., 2014; Zavadil et al., 2020). Most patients recover from the care they receive in the early stages (Malaspina et al., 2019). An overview of the situation of COVID 19 illnesses between April and May 2020 is presented in Figure 3.

Figure 3. Statistics about the COVID-19 impact on the population



(Source: World Health Organization, 2020b)

A list of vaccine projects compiled by the World Health Organization (WHO) mentions three Chinese projects that reached the clinical trials phase on April 23, 2020: those started by CanSino and Sinovac, but also a project coordinated by the Institute of Biological Products in Beijing and the Wuhan Institute of Virology. The project, coordinated by CanSino, listed on the Hong Kong Stock Exchange, has reached an even more advanced stage, that of phase 2 and phase 3 clinical trials. Phase 2 and phase 3 studies, carried out on a larger scale, aim to evaluate the effectiveness, before the eventual obtaining of the trade authorization from the health authorities. A major problem is the duration of vaccine development, their large-scale production and the start of mass vaccination of the world's population. A period of at least 12-18 months has often been mentioned by health organizations, including the WHO, and major pharmaceutical laboratories for a vaccine to protect against COVID 19. Some experts, such as the British vaccine specialist Sarah Gilbert, a professor at Oxford University who are participating with Vaccitech in a series of studies. Frederic Tangy, a vaccine specialist at the Pasteur Institute in Paris, is also working on three different vaccine projects. He believes it is possible to develop an effective vaccine by the end of 2020.

## **2. Collaborative policies in the European community during the COVID-19 pandemic**

In the context determined by the COVID 19 pandemic, a major change of strategy took place in Europe, through which punctual collaborative programs were developed. Through them, the EU states helped each other in managing the problems caused by the pandemic. Some representative examples of collaborative policies in the European Union are presented below.

Austria has taken patients from Italy and France to be treated in intensive care in Austrian hospitals. Austria sent mobile containers to Greece, which the authorities can use as shelters or healthcare facilities in migrant camps. In Germany, cities and states across the country are using their intensive care units to treat about 250 critically ill citizens from France and Italy.

In Greece, 500 EU-co-funded mobile medical units were tested citizens at home. Luxembourg has taken over French patients from Mulhouse (France) to be treated in intensive care. Another two helicopters from Luxembourg were integrated into the French emergency medical service. They transported to Hamburg and Dresden (Germany) patients who needed intensive care treatment.

A team of doctors from Romania and Norway was arrived to Bergamo, under the guidance of the EU Emergency Response Coordination Centre. Within RescEU, a team of doctors and nurses from Romania worked at the Lecco hospital in Italy. Hungary sent more than 1,520,000 masks to several countries. More than 200,000 gloves and other equipment were also delivered to Croatia, Slovenia, Romania, Slovakia, Serbia and Ukraine.

## **3. The EU's main objectives and instruments for supporting the Member States in the context of the COVID 19 pandemic crisis**

The European institutions are fighting the spread of coronavirus and providing assistance to the Member States that need equipment and support. In the long term, the European Union is working to reduce the social and economic impact of the crisis. Below are 10 steps the EU has taken to fight COVID 19. In this context, the European Union has set a set of objectives together with the appropriate tools to achieve them. Some of the most important are presented and explained in this section of the paper. They are the following: (1) Prevention; (2) Delivery of medical equipment; (3) Research promotion; (4) Ensuring the EU recovery; (5) Repatriation of EU citizens; (6) European solidarity; (7) Helping the economy; (8) Supporting to the workers and protecting their jobs; (9) Protecting the environment; (10) Redirect all cohesion policy funds to combat the emergency.

In order to support these objectives, several programs have been identified and operationalized by the European Commission. For example, a special program to maintain jobs and businesses has been created to support the business environment: the SURE initiative. It was necessary to reduce the shock. For this

purpose, the maintenance of jobs and the functioning of enterprises have been supported. The SURE initiative is the Commission's response in this regard: the new instrument will provide loans of up to EUR 100 billion to countries. The companies can temporarily reduce the working time of the employees or to completely interrupt the activity, the state offering income support for the hours not worked. Self-employed workers will receive income replacement assistance for the current emergency. Another very necessary and useful tool is the European Aid Fund for the most disadvantaged people.

A specific tool has been created to support fishermen and farmers in agriculture. Europe's agriculture and fisheries play a key role in providing food that many European citizens eat. These sectors are severely affected. The EU decided to provide help to (1) fishermen; (2) farmers; (3) producer organizations. The Commission has announced that it will soon propose support for the implementation of the common agricultural policy.

In order to protect the economy and the population of the Member States by all available means, the Commission has decided to use all uncommitted funds from the three cohesion policy funds for supporting the public health crisis. Moreover, the co-financing requirements were eliminated as the Member States are already using all the means at their disposal to combat the crisis.

The Commission has created a special instrument for emergency support, given that the European Union has never in its history faced such a large-scale health crisis or such a rapid spread. The first priority was to manage the public health crisis and the second area of interest was to ensure intensified efforts to test the population for the detection of the COVID 19 disease. The Commission shall make every effort to ensure the provision of protective equipment and respiratory support. Despite sustained production efforts by industry, Member States continue to face insufficient protective equipment and respiratory support in some areas. Member States are also facing a lack of sufficient treatment centres and would benefit from moving patients to more resource-intensive areas and sending medical staff to the most affected areas. The EU recently set out to use all remaining funds available from the EU budget for this year to help meet the needs of European health systems.

#### **4. The main EU measures to reduce the risks in the context of COVID-19**

The main measures approved by the EU to support states are:

(1) Corona Response Investment Initiative intends to mobilize EUR 37 billion of available EU funds for the countries most severely affected by the coronavirus pandemic.

(2) Extension of the EU Solidarity Fund to cover public health emergencies. Through this fund, the Commission will make up to EUR 800 million available to European countries by 2020.

(3) Temporary suspension of EU rules on slots at Community airports. Throughout the summer, from March 29 to October 24, 2020, the "use or lose" rule will be dropped.

(4) Several tests, support for doctors and nurses, for which the European Parliament approved EU aid of EUR 3.08 billion. EU funds must directly support the health systems of EU Member States in their fight against the coronavirus pandemic.

(5) Funding for emergency support of EUR 3.08 billion from the EU budget will be channelled mainly through the Emergency Support Instrument (EUR 2.7 billion) and through the rescEU (EUR 380 million). The package includes additional funding for repatriation flights (EUR 45 million) under the EU Civil Protection Mechanism to reunite stranded families in third countries, to provide more resources for prevention and monitorization (EUR 3.6 million), but also to help Greece cope with increasing migration pressures (EUR 350 million) and support post-earthquake reconstruction (EUR 100 million) in Albania.

## **5. Conclusions**

The way the EU has acted in the European context caused by COVID 19 has contributed to increasing public confidence in the Union's ability to manage the pandemic. Our analysis shows that there are still many measures needed and expected by European citizens and the business environment in the Member States. In our view, the EU should continue to consider strengthening the capacity of Member States to manage this pandemic, as well as those that may continue to exist. It could create tools to help states increase their hospitalization capacity so that all patients have a chance to receive health care in decent conditions. It could also support states to develop their capacity to produce equipment and materials necessary for medical staff and citizens in pandemic conditions, so that they eliminate the dependence on imports of protective materials for health professionals and the population. The Commission should continue to create tools to support advanced research in the production of medicines, to eliminate dependence on imports of raw materials for the production of medicines needed by hospitals. Our research has shown that EU support is still needed to ensure quarantine conditions for citizens in quarantine in the event of a pandemic. The Commission could support and coordinate the concerted action of EU Member States to reduce the effects of the pandemic, produce a vaccine and ensure that states return to an economically and financially balanced state.

## **Author Contribution**

The author listed have made a substantial, direct and intellectual contribution to the work, and approved it for publication.



### **Conflict of Interest Statement**

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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