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P9_TA(2022)0069

Setting up a special committee on COVID-19 pandemic: lessons learned and recommendations for the future

European Parliament decision of 10 March 2022 on setting up a special committee on COVID-19 pandemic: lessons learned and recommendations for the future, its responsibilities, numerical strength and term of office (2022/2584(RSO))

(2022/C 347/27)

The European Parliament,

— having regard to the proposal from the Conference of Presidents,

— having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences ([1]),

— having regard to its resolution of 19 June 2020 on the situation in the Schengen area following the COVID-19 outbreak ([2]),

— having regard to its resolution of 19 June 2020 on European protection of cross-border and seasonal workers in the context of the COVID-19 crisis ([3]),

— having regard to its resolution of 10 July 2020 on the EU's public health strategy post-COVID-19 ([4]),

— having regard to its resolution of 17 September 2020 on 'COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market' ([5]),

— having regard to its resolution of 13 November 2020 on the impact of COVID-19 measures on democracy, the rule of law and fundamental rights ([6]),

— having regard to its resolution of 10 June 2021 on meeting the global COVID-19 challenge: effects of the waiver of the WTO TRIPS Agreement on COVID-19 vaccines, treatment, equipment and increasing production and manufacturing capacity in developing countries ([7]),

— having regard to its resolution of 21 October 2021 on EU transparency in the development, purchase and distribution of COVID-19 vaccines ([8]),

— having regard to the Commission's set of proposals on European Health Union of 11 November 2020 and its proposal for a regulation on serious cross-border threats to health (COM(2020)0727),

— having regard to Rule 207 of its Rules of Procedure,

A. whereas the spread of COVID-19 has tragically cost the lives of millions of people in Europe and the world, caused irreparable damage and confined over a billion people to their homes;

B. whereas many actions have been taken at EU-level, including through the EU Vaccine Strategy and coordination of a common European response;

([1]) OJ C 316, 6.8.2021, p. 2.
([2]) OJ C 362, 8.9.2021, p. 77.
([3]) OJ C 362, 8.9.2021, p. 82.
([4]) OJ C 371, 15.9.2021, p. 102.
([5]) OJ C 385, 22.9.2021, p. 159.
([6]) OJ C 415, 13.10.2021, p. 36.
([7]) OJ C 67, 8.2.2022, p. 64.
([8]) Texts adopted, P9_TA(2021)0435.

C. whereas Team Europe is one of the lead contributors to COVAX, the global initiative to ensure fair and equitable access to COVID-19 vaccines;

D. whereas, in view of the great amount of funding addressing the consequences of the COVID-19 pandemic, transparency and accountability of public spending are important;

E. whereas COVID-19 has disproportionately affected women, youth, persons with disability and vulnerable groups and has increased global inequalities;

1. Decides to set up a special committee on 'COVID-19 pandemic: lessons learned and recommendations for the future', tasked with looking into how the European response to the pandemic and the lessons learned can contribute to future action in the following areas:

Health

(a) the response of the EU, its institutions and agencies, to the pandemic, building on the Health Union package to strengthen the EU's crisis prevention, preparedness and response to cross-border health threats;

(b) the level of coordination and solidarity among Member States and the readiness of health systems to deal with the pandemic and future cross-border health threats;

(c) the health impact of the pandemic, including on the continuity of healthcare and prevention, screening, diagnosis, treatment and monitoring of non-communicable diseases, mental health, 'long Covid', and sexual and reproductive health and rights;

(d) the impact on healthcare provision of staff shortages and the availability of medicines and medical devices, including protective equipment, and the impact of the pandemic on care services, care-home residents, workers, informal carers and their dependants;

(e) the impact of the pandemic on the rise of digital health, telemedicine and teleconsultation, remote monitoring, connected devices, digital health platforms and health apps;

(f) the EU COVID-19 vaccine strategy and how it was able to ensure the delivery of safe and effective vaccines, including the negotiation of Advanced Purchase Agreements and Joint Purchase Agreements, the transparency and enforcement of contracts and licensing agreements, and vaccine production, storage and distribution, as well as the issue of legal liability and the role of the pharmaceutical industry in the above-mentioned elements, as well as in technology transfer, in aspects of patent protection and in lobbying transparency;

(g) cooperation on science-based and coordinated risk-management measures, including the advisory panel on COVID-19;

(h) the role and mandate of the European Health Emergency preparedness and Response Authority (HERA), the European Medicines Agency (EMA) and European Centre for Disease Prevention and Control (ECDC), and the COVID-19 Therapeutics Strategy in the development of accessible and affordable products;

(i) vaccine hesitancy and the spread of misinformation in fighting the pandemic and additional EU measures to tackle these phenomena in the future;

(j) the inter-linkage of animal health and human health, notably in relation to zoonotic diseases, following a 'One Health' approach;

A coordinated approach with respect for democracy and fundamental rights

(k) the necessity and proportionality of Member States' border closures and other restrictions on the free movement of persons and the internal market and how to avoid unnecessary restrictions in the future, through, inter alia, developing a joint approach to travel measures;

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(l) the impact on the individual and fundamental rights of vulnerable groups and on inequality in general;

(m) the different approaches to the development and implementation of technological tools in the fight against COVID-19, such as contact tracing apps and the EU Digital Covid Certificate;

(n) the use of different data sets by Member States, and the lessons to be learned concerning the use of the same data and criteria, especially the role of the data sets provided by the ECDC;

(o) democratic oversight of the pandemic response, including the inclusion of the European Parliament and parliaments in the Member States in decision-making and transparency, taking into account the work of the Covid Contact Group;

Societal and economic impact

(p) the impact on the organisation of work, teleworking and the future of work and the consequences of the pandemic on poverty, inequality and social exclusion, and the impact of the pandemic on the social protection systems;

(q) solutions to overcome obstacles in the use of digital technologies and increase up-skilling and re-skilling of workers;

(r) the impact on gender equality, including on those at risk of gender violence and domestic abuse and the attention given to integrating the gender perspective in the management of the crisis, in the response to future cross-border health threats;

(s) the impact of the pandemic on education and training and the development of children and young people;

(t) measures to ensure health-related EU strategic autonomy and the resilience of supply chains, including for critical pharmaceutical and medical products and other essential goods, and to support and adapt EU health-related research policies to tackle the current crisis and preventing its resurgence, as an important part of a strong EU industrial policy;

(u) the impact on those sectors hardest hit by the pandemic, such as culture, hospitality, tourism and transport and the speed and adequacy of the EU response;

EU and the World

(v) the EU's management and coordination role, among the Member States, in relation to the international aspects of the pandemic, including within the framework of the World Health Organisation (WHO), the World Trade Organisation (WTO) and other multilateral initiatives such as COVAX, and a possible international treaty on pandemics, revision of the International Health Regulations (IHR) and the need for a harmonised approach towards travellers to the EU from third countries;

(w) the approach to vaccine diplomacy and to what extent it contributes to global solidarity, universal and equitable access to essential medical products and vaccines, and the notion that 'nobody is safe until everybody is safe';

(x) the role of the EU and its Member States in addressing the inadequate supply and inequitable access to COVID-19 vaccines and medical products worldwide, by addressing their affordability and availability, supply-chain bottlenecks, trade-related barriers, infrastructure and ensuring supply chain transparency and providing expertise and technical know-how;

2. Stresses that the recommendations of the special committee should be followed up by Parliament's standing committees;

3. Decides that the powers, staff and available resources of Parliament's standing committees with responsibility for matters concerning the adoption, monitoring and implementation of Union legislation relating to the areas of responsibility of the special committee will not be affected and thus remain unchanged; stresses the need to ensure good cooperation and information flow between the special committee and the relevant standing committees;

4. Decides that, whenever the special committee's work includes the hearing of evidence of a confidential nature, testimonies involving personal data, or exchanges of views or hearings with authorities and bodies on confidential information, its meetings shall be held in camera; decides further that witnesses and experts shall have the right to make a statement or provide testimony in camera;

5. Decides that the agendas, the list of people invited to public meetings, the list of those who attend them and the minutes of such meetings shall be made public;

6. Decides that confidential documents that have been received by the special committee shall be assessed in accordance with the procedure set out in Rule 221 of its Rules of Procedure; decides further that such information shall be used exclusively for the purposes of drawing up the final report of the special committee;

7. Decides that the special committee shall have 38 members;

8. Decides that the term of office of the special committee shall be 12 months, at the end of which it shall present a report to Parliament containing, as appropriate, recommendations as to actions or initiatives to be taken.