



Master Thesis

International Public Management and Public Policy

## **An Expanding Union during the Covid-19 Outbreak:**

**A Result from Supranational Entrepreneurship  
or out of National Interest?**

A case study of the Covid-19 outbreak and EU initiatives

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## **Abstract**

The World Health Organization declared the Covid-19 outbreak a ‘pandemic’ on March 11, 2020. The European Union faced an unprecedented, transboundary health crisis, which affected society and businesses alike. The aim of this study is to gain a better understanding of the European initiatives that have been launched to contain the Covid-19 outbreak and bolster the European integration project. For this purpose, the study will investigate three European-led initiatives (Pandemic Crisis Support, Advance Purchase Agreements and the Digital Covid Certificate) and determine which European integration theory (Neofunctionalism or Liberal-intergovernmentalism) is better equipped at explaining the development of three initiatives. This study will take a qualitative case study approach, applying a mixed-method design composed of an analysis of code frequency and an in-depth congruence analysis. The data for this study will be derived from 30 official (Regulation, Decisions, Communication, etc.) and non-official (speeches, statements, reviews, expert opinions) documents. Based on the findings neofunctionalism seems to be the best at explaining development of CM initiatives during the Covid-19 outbreak. Across all initiatives there seems to be a stronger congruence between the empirical situation and the neofunctionalist propositions. The main limitation of this study was that the selected documents were primarily EU-centric, and lacked details regarding individual MS’ interests, positions or actions. Future research should address this limitation, to complement and validate findings of this study.

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On a more serious note, I would like to dedicate this humble thesis to all teachers, students and their family that have suffered emotionally or physically during the Covid-19 outbreak. The past two years have been characterized by pain, uncertainty, anger and confusion. Writing this thesis has helped me to gain more understanding of how European leaders have dealt with the outbreak. This in part has resolved part of that pain and confusion. I believe that actively seeking to understand that what pains you, is the only way to bridge the gaps of our ever dividing societies.

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## List of Abbreviations

<b>APAs</b>	Advance Purchase Agreement(s)
<b>BBC</b>	British Broadcasting Corporation
<b>C</b>	Communication (in context of formal EU documentation)
<b>CM</b>	Crisis management
<b>CNN</b>	Cable News Network
<b>DCC</b>	European Digital Covid Certificate
<b>ECB</b>	European Central Bank
<b>ECCL</b>	Enhanced Conditions Credit Line
<b>ECDC</b>	European Center for Disease Prevention and Control
<b>EIB</b>	European Investment Bank
<b>ESCS</b>	European Community of Steel and Coal
<b>ESM</b>	European Stability Mechanism
<b>EU</b>	European Union
<b>HR/VP</b>	High Representative for Foreign Affairs and Security Policy
<b>L</b>	Liberal-Intergovernmentalism (in context of theoretical propositions)
<b>MS</b>	Member State(s)
<b>N</b>	Neofunctionalism (in context of theoretical propositions)
<b>N</b>	Not Observed (in context of Table 5)
<b>O</b>	Observed (in context of Table 5)
<b>P</b>	Partially Observed (in context of Table 5)
<b>PCS</b>	Pandemic Crisis Support
<b>SARS-2</b>	Severe acute respiratory syndrome coronavirus 2
<b>WHO</b>	World Health Organization

## **Chapter 1 | Introduction**

On March 11, 2020, the world watched anxiously as Dr Tedros Adhanom Ghebreyesus of the World Health Organization (WHO) officially declared the outbreak of Covid-19 virus a pandemic during an widely anticipated Virtual Press Conference (Saglietto et al., 2020). Only nine days later the outbreak had truly hit Europe as Italy registered the second-largest number of confirmed cases after China. In a frantic attempt to contain the Covid-19 outbreak, the leaders of the European Union (EU) implemented drastic measures ranging from closing businesses to lockdowns of the internal borders (International Monetary Fund, 2021). There were concerns amongst experts and academics that social and economic ramifications of the Covid-19 outbreak could endanger and reverse the European integration project (Lavallée, 2021; Salvati, 2021). Despite these concerns, the Commission persistently supported the Member States (MS) by coordinating their efforts and pushing for European initiatives (Luo, 2021; Schramm, 2022). These initiatives were mainly designed to rapidly enhance the Union's capacity to deal with the health crisis, however often also contributed to the European integration project. Initiatives aimed at centralizing procurement of medical resources, standardizing health practices and harmonizing health policy de facto constitute integration.

### **1.1 | Research Objective**

The aim of this study is to gain a better understanding of the European initiatives that have been launched to contain the Covid-19 outbreak and bolster the European integration project. Historically integration in the field of crisis management (CM) has been incremental and mostly in reaction to the incidence of the crisis. In this thesis three European initiatives will be analyzed in-depth to reveal the underlying motivators and drivers. For this purpose, the study will rely on the two most prominent streams of European integration theories: Neofunctionalism and Liberal-intergovernmentalism. Ultimately this study seeks to answer the following research question: 'Which European integration theory (Neofunctionalism or Liberal-intergovernmentalism) is better equipped at explaining the development of three initiatives (Pandemic Crisis Support/Advance Purchase



Agreements/Digital Covid Certificate) that have contributed to Europe's CM crisis management and European integration?'

## **1.2 | Research Approach**

This study will take a qualitative case study approach, applying a mixed-method design composed of an analysis of code frequency and a process of in-depth open coding. The goal of the design is to empirically observe the motivators and drivers at the core of three European initiatives (PCS/APAs/DCC) that simultaneously have improved the Union's CM and bolstered European integration. The empirical data will be derived from EU documentation. The empirical evidence will be used for a comparative theoretical test to establish which European integration theory - Neofunctionalism and Inter-governmental - best explains the case study at hand.

## **1.3 | Academic and Social Relevance**

The academic literature is rich regarding both 'crisis management' (Coombs, 2012; Bundy et al., 2017) and 'European integration' (Haas, 1958; Moravcsik, 1998). However, there are few studies that have combined these fields. The Covid-19 outbreak in Europe presents an opportunity to gain new insights into the mechanisms of integration in the face of unprecedented regional challenges. This study will hopefully be an addition to this novel academic discourse by combining the academic fields of 'crisis management' and 'European integration' and applying a unique qualitative textual analysis.

Furthermore, gaining a deeper understanding of the mechanism through which integration transpires during times of crises, benefits our overall knowledge regarding the political functioning of the EU. This study could potentially contribute to the knowledge of national and international officials regarding the motivators and drivers of European initiatives during the Covid-19 outbreak and adapt their political approach in the future accordingly. Future research, also combining the fields of 'crisis management' and 'European integration' can hopefully confirm this study's findings or expand the knowledge on European political decision-making during crises otherwise.

## 1.4 | Thesis Outline

This thesis will commence with a literature review that introduces the reader to the broad literature on ‘crisis management’ and the Union’s current approach to CM (chapter 2). After having established this foundation, both ‘neofunctionalism’ and ‘liberal-intergovernmentalism’ as prominent European integration theories will be introduced to the reader (chapter 3). Furthermore, in this chapter empirically testable propositions will be proposed that have been derived from the theories. The following chapter will be dedicated to explaining the methodological approach to operationalizing and testing the propositions (chapter 4). The empirical observations, used to ultimately test the propositions, will be discussed and presented in context of three different European initiatives (chapter 5). Finally, the discussion will compare the findings across the initiatives in an attempt to answer the research question (chapter 6). The conclusion will discuss limitations to this study and recommend ways to improve its design (chapter 7).

## **Chapter 2 | Literature Review**

European integration has been the focal point of a plethora of academic studies that have investigated the various mechanisms of integration across a multitude of settings. The Covid-19 outbreak has presented an opportunity to study European integration in an entirely novel discipline: crisis management. Before this study will proceed to investigate how European integration has progressed during the Covid-19 outbreak, it is necessary to have a basic understanding of the relevant academic discourse. First, this chapter will introduce the notion of a ‘crisis’ and discuss the most fundamental premises of CM. Second, the closely related concepts of ‘capacity’ and ‘competency’ will be defined, which this paper will use interchangeably. Following this, the paper continues by examining how the Maastricht, Amsterdam and Lisbon Treaty have institutionalized CM capacities and competencies in the Union. Finally, an overview will be provided of recent studies that discuss how the Union’s capacities.competencies have changed during Covid-19.

### **2.1 | Crisis Time: Uncertainty, Loomingness and Socially Embedded**

It is necessary to establish what one understands to be a ‘crisis’ prior to defining CM. ‘Crisis’ originates from the ancient Greek word ‘krisis’, which translated means ‘decision’ or ‘decisive point’ (Zamoun & Gorpe, 2018). From this a crisis can be understood as an event that requires some sort of a response from an organizational leader to either deal with a crisis or mitigate its potential consequences. However, this definition is incomplete and it remains ambiguous what characteristics would classify an event as a ‘small incident’ or ‘full-scale crisis’. Bundy et al. (2017) propose four primary characteristics to identify crises: (1) By their very nature crises are sources of uncertainty, disruption and abrupt change; (2) To organizations and its stakeholders crises are harmful and threatening; (3) Crises are essentially behavioral phenomenon, implying they are to considerable extent socially constructed rather than depersonalized factors of an objective environment; and (4) Crises are not distinct, singular events, but rather embedded in larger and more complex societal processes.

Bundy et al. (2017) emphasize that crises tend to affect socially constructed environments. However, natural disasters arguably are changes in the objective environment, but similarly to crises require a response of organizational leaders. This begs the question: do natural disasters not classify as crises? Zamoum and Gorpe (2018) clarify this by making the subtle distinction between disasters and crises. This distinction is paramount however, for it impacts significantly how management of disasters and crises respectively are defined. Consequences from natural disasters tend to be less compromising and more prompt, whilst threats in crises relate to the socially constructed environment encompassing long-term public welfare, financial stability and reputation of political institutions (Zamoum & Gorpe, 2018). Hence, disaster management requires a response through swift coordination of societal structures and networks to deal with the disaster's immediate dangers. This is in contrast with CM, which focuses more on dealing with uncertainty, mitigating risk and preserving an organization's stability (Bundy et al, 2017; Zamoun & Gorpe, 2018). Crises are by nature more looming, and organizational leaders are required to engage in risk calculation and mitigation. This difference in connotation does not imply that crises and disasters are mutually exclusive. Disasters can transition into crises, and organizational leaders have to adjust their response accordingly.

### ***2.1.1 / The Covid-19 Outbreak: Disaster or Crisis?***

Does the Covid-19 outbreak then classify as a natural disaster or as a crisis? In the early stages, the outbreak most resembled the characteristics of a natural disaster, but transitioned into becoming a crisis for the majority of its existence. The novelty, severity and pace of transmission of the coronavirus forced healthcare services, public servants and scientists to respond swiftly and adequately (Milmo, 2020). Europe faced a massive challenge as it was branded the global epicenter of the outbreak by late March 2020, only four months after the first patient was tested positive in China, Wuhan. In the summer of 2020, the Covid-19 outbreak shifted from being merely a natural disaster to being a looming crisis widely affecting European society and businesses. Revisiting the criteria as laid down by Bundy et al. (2017) further confirms the idea that Covid-19 outbreak is a crisis rather than disaster. Firstly, for its entire duration the Covid-19 outbreak was marked by uncertainty and rapidly changing conditions. Unexpected resurgences in Covid-19 cases forced MS to reimpose lockdowns at

multiple occasions, disrupting social life and domestic and international markets (Philippe et al., 2021). Secondly, the effects of intervention measures were so widely felt that on every tier of European society stakeholders were concerned for its ramifications (Euromoney, 2020). For instance, banks were faced with the dilemma to fund humanitarian efforts by the government or guarantee loans to struggling businesses. Thirdly, an integral aspect of European leader's CM strategy during the Covid-19 outbreak was targeted at shaping citizen's perception and behavior (Boussaguet, Faucher & Freudlsperger, 2021). Rhetoric utilized by European leaders was aimed at creating a sense of unity and framing was used to create the sense of urgency to abide by intervention measures. Finally, the Covid-19 outbreak has made glaringly clear how vulnerable societies and sectors are with high levels of interdependence (Spieske, Gebhart, Kopyto & Birkel, 2022). The most salient example is the failure of critical medical supply procurement due to logistical restrictions, which significantly worsened conditions in hospitals all across Europe.

## **2.2 | Moving towards a Definition for Crisis Management**

Across the different studies and reviews there are various different perspectives to what the concept of CM entails (Bundy et al, 2017; Zamoum & Gorpe, 2018). Each interpretation has its own implications for how organizational leaders approach and attempt to solve crises. In the following section, this issue is approached by discussing a systematic review of CM literature by Bundy et al. (2017) which presents an overview of what the multi-dimensional construct of CM entails. Following the exploration of CM and its various aspects, a definitional consensus will be presented fitting the scope of this paper.

### ***2.2.1. / Plurality of Crisis Management***

In academic discourse CM is used as an umbrella term for various practices such as decision-making, risk calculation, communication strategies and many other management processes. In essence, the management of crises is a proactive process in which organizational leaders seek to mitigate potential consequences of these crises. It being described as a 'proactive' process is paramount, because essentially CM revolves around making the right decisions at the right time

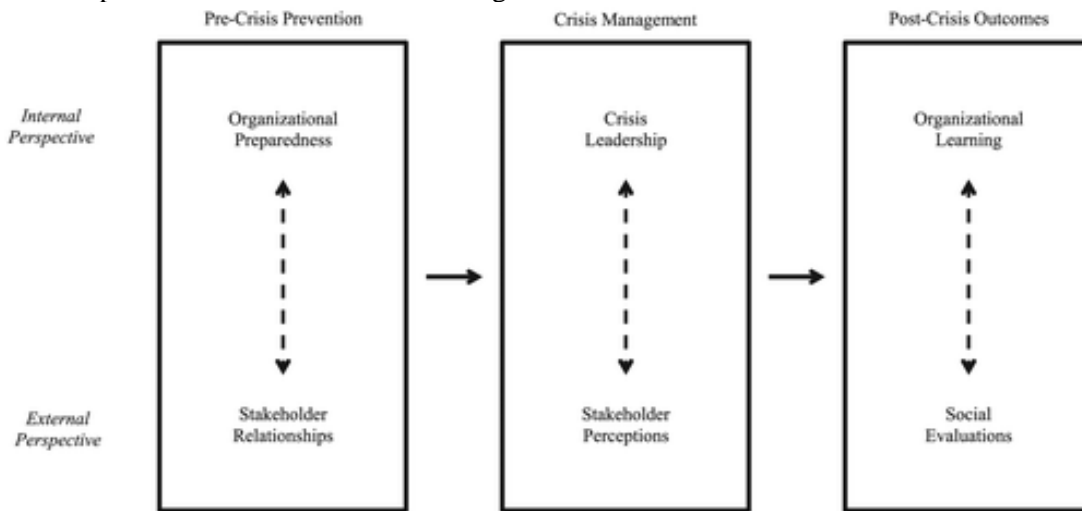
(Center & Jackson, 2002; Zamoum & Gorpe, 2018). However, strategies across crises employed by organizational leaders are rarely of similar substance and differ significantly depending on the crisis. Consider the Financial Crisis of 2009 and its effect on the Union's economy. For a large part, the Commission's approach to this crisis was focused on resolving solvency issues of European banks together with the European Central Bank (Pisani-Ferry, Sapir & Cédric, 2010). This aspect of the Commission's strategy can be classified as 'technical' and requires expert opinion and economic theory related to fiscal and monetary policy. However, there simultaneously is also a communicative aspect to the Commission's strategy. This communicative aspect to stakeholders and citizens was as important as developing technical policy, since the Financial Crisis resulted in severe loss of institutional trust across the European citizens. Accordingly, the Commission has developed new frameworks for European banks to operate within in a more transparent and sustainable way (Pisani-Ferry, Sapir & Cédric, 2010). This aspect of the strategy requires expertise on communication technology and theory. This is exemplifying only a small fraction of the pluriformity of CM. Strategies formulated under CM rarely are one-dimensional, single-purpose practices. Rather CM for organizational leaders typically implies multi-dimensional approaches that involve knowledge and expertise of various disciplines.

### ***2.2.2 / A Conceptual Framework for CM***

The timing at which organizational leaders make decisions in CM during crises, consequently shapes the goals and means of it (Coombs, 2012; Bundy et al., 2017). For instance, early stages of crisis require organizational leaders to assess, identify and prevent risks, whilst later stages require aftercare, evaluation and learning processes. The systematic review by Bundy et al. (2017) identified that CM literature categorizes between three distinct phases of CM (see Figure 1). The first phase is referred to as the pre-crisis stage or pre-crisis prevention. The pre-crisis stage encompasses practices such as signal detection, prevention and crisis preparedness (Coombs, 2012). Signal detection refers to the mechanisms in place to recognize when a crisis is emerging. When a crisis is detected, organizational leaders have the possibility to prevent more impactful consequences by immediately dealing with root causes of the crisis. An integral component of prevention is managing perceptions

and expectations of stakeholders through open and transparent communication and by including them in the intellectualisation process of identifying and mitigating risks prior to a crisis (Kahn, Barton & Fellows, 2013; Coombs, 2015). Crisis preparedness refers to the preparation an organization has in place in the case of a crisis (Bigley & Roberts, 2001).

**Figure 1.**  
A Conceptual Framework for Crisis Management



*Note.* Derived from Bundy, Pfarrer, Short, & Coombs (2017). Crises and crisis management: integration, interpretation, and research development. *Journal of Management*, 43(6), 1661–1692.

The pre-crisis stage can unexpectedly and rapidly progress to the second phase: the crisis-stage or crisis-management. Although the border between the pre-crisis and crisis-stage at times are ambiguous, the latter phase specifically entails the direct handling of a crisis. Taking the lead of an organization during a crisis often is compared to the logic applied in the field of engineering: “identify and fix problems in inputs and operations that lead to ineffective outputs.” (Kahn, Barton & Fellows, 2013, p. 377). Organizational leaders that have a prominent role in CM are referred to as ‘crisis handlers’ and play two distinct roles: crisis containment and crisis recognition (James, Wooten & Dushek, 2011; Coombs, 2012). Crisis containment refers to all managerial activities that are geared towards identifying the roots of a crisis and mitigating harmful effects thereof. Recognition of the crisis is the communicating and framing of available information regarding the crisis with stakeholders (Coombs, 2007). Especially the way crises are framed determines to which extent stakeholders will attribute blame to the organization (Weiner, 1986; Bundy & Pfarrer, 2015;

Zavyalova, Pfarrer, Reger & Hubbard, 2016). Swift, accurate and consistent communication strategies ultimately are aimed at positively influencing stakeholder perceptions of crises to maintain public trust (Lin, Zhao, Ismail & Carley, 2006; James & Wooten, 2010; Zamoum & Gorpe, 2018).

The post-crisis stage or post-crisis outcomes refers to an evaluative phase in which organizational leaders reflect on how the crisis has impacted society and the way it was handled (Coombs, 2012). Usually crises are followed by processes of learning in order to ultimately improve an institution's future crisis preparedness. 'Learning' in the aftermath of a crisis is described as a deliberate process - that takes place at every layer of an organization - of reflecting on the crisis and improving future organizational CM capacity (Wilson, Goodman & Cronin, 2007; Lampel, Shamsie & Shapira, 2009). In the post-crisis phase organizational leaders also tend to engage in response strategies aimed at repairing public trust amongst stakeholders. Response strategies typically can be categorized as 'accommodative' - aimed at taking full responsibility for the crisis - or 'defensive' - aimed at deflecting any responsibility (Tomlinson & Mryer, 2009; Gillespie, Dietz & Lockety, 2014). The most effective response strategies adapt themselves to the post-crisis perceptions of the stakeholders (Mishina, Block & Mannor, 2012).

### ***2.2.3 / Reaching Definitional Consensus***

The systematic review by Bundy et al. (2017) highlighted the various dimensions and phases that constitute the umbrella concept of CM. The myriad of dimensions makes operationalizing a single definition for CM, that encapsulates all these aspects, a complex task (Jaques, 2009). One of the earliest cited definitions was proposed by Pearson and Clair (1998, p. 61): "Organizational crisis management is the systematic attempt by organizational members with external stakeholders to avert crises and to effectively manage those that do occur". This conceptualisation is clear, accurate and normatively applicable. Furthermore, it emphasized that there is an internal ('organizational members') and external ('stakeholders') dimension to CM, It also emphasizes a temporal dimension to CM by referring to it as a 'systematic attempt' implying there is a continuous cycle of identification, mitigating and learning from crises. Although the definition is quite complete for the purpose of this study, another definition proposed by Darling, Hannu and Raimo (1996, p. 15) can add



some depth to the definition: “Crisis management is a series of functions or processes to identify, study and forecast crisis issues, and set forth specific ways that would enable an organization to prevent or cope with a crisis”. The strengths of the latter definition is in its emphasis on the ‘series of functions or processes’ that constitute CM. It is indicative of the pragmatic dimension of CM and that in essence any effort to become organizationally prepared for a crisis constitutes to CM. For the purpose of this paper, these two definitions in unison form the basis for a common meaning for CM.

## **2.3 | Crisis Management Capacities in the Union**

The majority of the discussed literature reserves an exclusive role for the ‘organizational leader’ or ‘crisis handler’ to lead an organization through times of crises, whilst attending to stakeholders and minimizing damage (Darling, Hannu and Raimo, 1996; Pearson & Clair, 1998). However, in the context of the Union it is near to impossible to appoint the role of ‘crisis handler’ exclusively to a single actor. The rise of multilateralism, the continued pursuit of European integration and transpiring of several transboundary crises (e.g. Financial Crisis, Migration Crisis) have resulted in an intricate institutional configuration of CM capacities (Pisani-Ferry, Sapir & Cédric, 2010; Peters, 2011; Attinà, 2016). In the following section, the definition for ‘capacity’ and ‘competency’ in the context of CM will be laid out. This will be followed by discussing how the Lisbon Treaty has shaped the contemporary configuration of capacities and competencies across the MS and European institutions. This section will conclude by discussing how the Covid-19 outbreak has affected capacity-development.

### ***2.3.1 | Capacity and Competency***

The management of crises in the Union is complex, because essentially it is a bureaucratic entity held together by coordinating, planning and implementation through bilateral and multilateral ties (Gebhard, 2013). These bilateral and multilateral ties are institutionalized through Treaties that explicitly stipulate which actor can do what within the Union. Since this study is interested in investigating the question ‘*who does what*’ in the context of public health CM, a crucial distinction has to be made between two concepts: (1) capacity and (2) competency. In European integration

literature the notions of ‘competency’ and ‘capacity’ are often used interchangeably, although there is a subtle difference. ‘Capacity’ refers to the overall ability of an actor to perform its institutional responsibilities (Đurić, 2014; Edmunds, Juncos & Algar-Faria, 2018). There are many variables that influence the capacity of an actor, including knowledge, skills, institutional infrastructure, procedures, rules, material equipment and technology (Edmunds, Juncos & Algar-Faria, 2018). In the context of the Union, Boin, Busuioc and Groeneleer (2014) distinguish between two types of capacities in the Union: generic and sectoral. Generic capacity refers to overarching, general ability to coordinate communication and decision-making across the European institutions and MS. Whereas generic capacity relates to the Union as a whole, sectoral capacity is limited to the boundaries of a specific sector (e.g. agriculture, mining or fishing industry). In the context of CM, ‘capacity’ encapsulates a range of strategic activities during crises such as detecting warning signals, sense-making, decision-making, coordinating, meaning-making, communicating and demonstrating accountability (Backman & Rhinard, 2018). Hutmacher (1997) then explains that ‘competency’ is the direct result of existing ‘capacities’. He defines ‘competency’ as “the general capability based on knowledge, experience, values or disposition” (Hutmacher, 1997, p. 45). Hence, an actor in crisis time can be considered ‘competent’ when he possesses the knowledge and expertise to *know how to act* and has the mandate and tools to *be able to act*. In the Union ‘competencies’ are typically institutionalized in Treaties and other legislation, whereas ‘capacities’ are often inherent to an actors’ organization and not explicitly mentioned in Treaties. In chapter 5 various ‘capacities’ and ‘competencies’ are analyzed in answering the research question. Although these concepts are conceptually distinct, both concepts will be used in analysis because of their interchangeable nature: capacities predict to what extent an actor is competent, and formalized competencies predict which capacities an actor has at its disposal.

### ***2.3.2 / Contemporary Public Health Capacity in the Union***

The development of capacities in the Union is often labeled as incremental, fragmented and non-linear. Most scholars agree that capacity-development is mostly driven by the incidence of transboundary crises, and that it is hampered by the persistent reluctance by MS to diffuse their competencies to higher bodies (Boin & Rhinard, 2008; Pisani-Ferry, Sapir & Cédric, 2010; Peters,

2011; Attinà, 2016). The Maastricht Treaty, Amsterdam Treaty and second the Lisbon Treaty marked decisive steps towards more supranational capacity-development, regardless of the reluctance of MS to delegate CM capacities (Boin & Rhinard, 2008). The expansion of public health CM capacities were most notable for the Commission, the High Representative of the Union for Foreign Affairs and Security Policy (HR/VP) and the Council of Foreign Affairs (Boun & Rhinard, 2008).

The Treaty of Maastricht, Article 129(1), introduced the Union's fundamental commitment to "prevention of diseases" by means of "promoting research into their causes and transmission". The Commission has since initiated a range of Regulations, Directives and Decisions to enhance the Union's ability to deal with public health crises. In the Treaty of Amsterdam Article 129(1) was expanded so that the MS are required to coordinate policies and programmes in liaison with the Commission. Although the Commission enjoys the right of initiative to promote such coordination, the Council and Parliament act as co-legislators that can exert influence on policy proposals. The most notable achievements by the Commission in terms of developing generic capacities of public health CM have enhanced the Union's ability to detect, make sense, coordinate, make meaning and communicate during crises. Firstly, in Decision 2000/96/EC and 20002/253/EC a list of communicable diseases to be surveilled and standardized case definitions were respectively established to promote inter-MS sense-making, communication and meaning-making. Secondly, the European Center for Disease Prevention and Control (ECDC) was set up following the SARS outbreak of 2002 to further centralize network coordination and communication (European Center for Disease Prevention and Control, 2021).

The rectification of the Lisbon Treaty was an attempt to enhance the Union's generic capacity to deal with crises on a European level. Firstly, the position of High Representative of the Union for Foreign Affairs and Security Policy (HR/VP) was revamped to further integrate CM capacities to European level. The Lisbon Treaty granted the HR/VP legislative powers and a seat in both the Commission and Council of Foreign Affairs in an effort to bring together various instruments and actors whilst remaining legitimacy (Pirozzi, 2013). Secondly, the European External Action Service (EEAS) was established as an semi-independent body with the responsibility to formulate CM joint-action structures for the HR/VP, Commission, Council of Foreign Affairs and the MS (Pirozzi, 2013).

Thirdly, a rapid alert system named ARGUS was established to facilitate swift communication between MS and European actors during crises. Although the Lisbon Treaty solidified the Union's generic capacity to deal with health crises, Backman and Rhinard (2018) concluded that most developments in European CM relate to sectoral capacities. Since the 1990s the Union has set up 35 specialized agencies and various sectoral networks to ensure early awareness and effective responses in the case of a sector-specific crisis - such as the European Food Safety Authority.

Despite the Maastricht Treaty and Lisbon Treaty being a decisive step towards a more supranational approach to CM, MS still remain the most prominent actors. This stems from one of the Union's governing principles: subsidiarity. By intention of this principle it is implied that responding to a crisis happening in a sovereign territory is mainly the responsibility of that respective MS's government, not the Union. Not until the crisis is labeled 'transboundary' - in other words a crisis "with the potential to cross geographic and functional boundaries, jumping from one system to another" - the Union can be called upon for its capacity to manage the crisis (Boin & Rhinard, 2008, p. 4). The Commission typically engages in harmonizing national practices and developing interoperability through training and awareness programs (Boin, Busuioc & Groenleer, 2014).

### ***2.3.3 / Covid-19 Outbreak and Developing Capacities***

There have been studies recently that focused on the Covid-19 outbreak in the European Union and how CM capacities have developed accordingly. On the one hand, few of these studies emphasize the Union's internal struggles amongst the MS and other European institutions, consequently leading to less than effective CM responses to the Covid-19 crisis (Lavallée, 2021; Salvati, 2021). This criticism was generally aimed towards the Commission's incapacity to procure and distribute critical medical resources in order to combat the virus outbreak. Furthermore, the Commission's attempt to coordinate all MS strategies (the Joint Roadmap initiative) had failed to take full effect. Critique even went so far that the European integration project possibly was being questioned in its totality. On the other hand, other studies highlight that the Union has proven capable of adapting to the emerging challenges during the Covid-19 outbreak, despite the complex, multi-level governance structure (Luo, 2021; Schramm, 2022). This adaptability was demonstrated in various

political efforts to develop capacities for MS or European institutions to become better equipped to deal with transboundary health crises (Korteweg, 2021). Often these efforts were initiated by the Commission and were aimed at expanding CM capacities at a supranational level in the following areas: (1) coordinating and liberating financial and fiscal policy to achieve economic stability, (2) developing a coordinated health union and (3) empowering the Union's strategic autonomy to be able to globally extract critical medical resources (Korteweg, 2021; Van Middelaar, 2021). Although there is a dissensus in the literature regarding the question whether the Covid-19 outbreak hampered or propelled European integration, there seems to be an agreement on the main driver of the Commission's efforts to develop supranational capacities: a general alignment of individual MS's interests in favor of integration of CM capacities (Lavallée, 2021; Salvati, 2021). Although the conclusions are plausible, it lacks the consideration of alternative theories that can explain the development in CM capacities. In chapter 3 'neofunctionalism' and 'liberal intergovernmentalism' are introduced as two competing theories for explaining European integration. In chapter 5 the CM capacities that have developed during the Covid-19 outbreak will be tested according to these two theories.

### **Chapter 3 | Theoretical Framework**

'Integration' as can be observed in Europe can best be described as a process "whereby political actors in several, distinct national settings are persuaded to shift their loyalties, expectation and political activities towards a new center" (Haas, 1958, p. 16). This chapter will explain two prominent theories that explain drivers of European integration to facilitate the understanding of developing CM capacities during Covid-19: neofunctionalism and liberal intergovernmentalism. The selection of theories will be justified, afterwhich the core concepts of these theories will be discussed. Finally, this chapter will conclude by proposing a number of propositions which will be empirically tested in chapter 5 in order to establish which theory holds more leverage in explaining developments in the CM capacities.

### **3.1 | Selection of Theories**

In explaining European integration processes Hix and Hoyland (2011) propose two dominant theories that each have different explanations and make different predictions regarding integration. The first theory is supranationalism, which stems from the grand theory of neofunctionalism, which prescribes that the prominence of nation-states in international politics has been continuously shifting to non-state actors such as interests groups and European supranational institutions (Haas, 1958). The second theory is intergovernmentalism, also referred to as liberal-intergovernmentalism, which explains that the nation-state remains the most prominent actor in international politics and hence integration only progresses when it is in the nation-state's own interest (Moravcsik, 1998). The Covid-19 outbreak has shown to speed up, transform and reiterate processes of integration when it comes to the development of the Union's capacities to deal with transboundary crises (Korteweg, 2021; Van Middelaar, 2021). The most recent studies on Covid-19's effect on capacity-developments suggest that the main drivers of these changes are MS rather than non-state actors. However, these studies include only a single theory and lack a competing theory. This study seeks to fill this gap by applying the two opposing grand theories of European integration to capacity-developments during Covid-19. The justification of selecting these theories is further reinforced by the prominence of European non-state actors (e.g. Commission) in the political discourse surrounding the Covid-19 outbreak. In chapter 5 the exact roles played by the state and non-state actors will be further analyzed and the two theories, each with their respective predictions, will be empirically tested.

### **3.2 | Theories**

#### ***3.2.1 | Neofunctionalism***

One of Europe's most prominent scholars of integration theory was Ernst Haas, who developed 'neofunctionalism' as response to its flawed predecessor 'functionalism' (Haas, 1958; Niemann & Schmitter, 2009). Neofunctionalist theory, unlike functionalist, reserves a specific role for supranational actors as independently behaving bodies with their inherent motives. The acknowledgement that there are independent non-state actors, allows for a new conception of

collective identification processes - one that goes beyond the border of the nation-state (Risse, 2005). Following this logic, integration becomes a shift from national to supranational identity-making or what Haas refers to as 'shifting allegiances' (Haas, 1958). From Haas' work three main mechanisms of integration can be distilled, which will be explained in the following section: (1) functional spillover, (2) transfer of allegiance and (3) technocratic automaticity.

In Haas' (1958) explanation of integration, 'functional spillover' is mentioned as one of the prominent driving forces. Functional spillover is the process in which a specific activity with an explicit goal, instigates new activities in ultimate pursuit of the initial objective. In this context 'activity' can best be understood as the development of supranational competencies or capacities, that promote the process of European integration (Scholten & Scholten, 2017). Important to emphasize is that functional spillover is geared at maximizing the outcome value of the initial integration. Haas' (1958) case study on the European Community of Steel and Coal (ECSC) exemplified this. The integration of the steel and coal sectors - through standardizing European process standards and establishing European overseeing authorities - led to the subsequent integration of transport sectors. The subsequent integration in the transport sector was driven by the need to maximize the value of integrating the coal and steel sector by enhancing the transfer of raw materials across MS. This phenomenon of integration in one sector and subsequently in another is a prime example of functional spillover. Lindberg (1963) emphasizes that integration by functional spillover is an incremental process, hence identifying the phenomenon is a complex task. Niemann and Ioannou (2015) provide three indicators of functional spillover that facilitates identifying it: (I) There is a clear and salient objective for the initial integration activity; (II) There is a functional interdependence and clear relation between activity A (initial integration) and activity B (subsequent integration); (III) Post the initial integration, there is a clear need for further integration to fulfill the objectives of the first; (IV) The perception of whether further integration is required, is collectively shaped and steered by key actors (state or non-state).

The 'transfer of allegiances' refers to another type of spillover, which Niemann and Schmitter (2009) refer to as 'political spillover'. Before explaining the transfer of 'allegiances', it must be reiterated that neofunctionalism does not recognize the supremacy of nation-states in international

politics as liberal-intergovernmentalism assumes (Haas, 1958). Instead neofunctionalism assumes that any state or non-state actor acts in a rational and self-interested way. This assumption contradicts the idea of supremacy by nation-states, because it implies any actor - whether it be a domestic government, political party, elitist group, corporate interest group or non-governmental organization - will align their behavior to their preferences. This opens up the idea that European actors on the international political stage do not necessarily represent the preferences of their respective MS. On the contrary, they act according to their dynamic preferences as an autonomous and independent body. Haas' (1958) case study on the ECSC exemplifies how a transfer of allegiances contributes to integration. When the coal and steel sectors were integrated and new supranational capacities were created, there was a surge in international trade of coal, steel and raw materials (Haas, 1958). This resulted in a growing domestic demand by corporate interests groups for more supranational rules and regulations. Following this logic, integration is the accumulation of supranational competences and capacities in a specific sector followed by the aggregation of 'allegiances' of various state and non-state actors (Haas, 1958). 'Allegiance' does not refer to the traditional notion of loyalty, but rather to the inherent and fundamental preference of an actor to either exert its influence on a domestic or supranational level (Scholten & Scholten, 2016). Hence, integration can be seen as the shift from domestic to supranational allegiance, resulting in accumulating legitimacy of supranational regulation.

'Technical automaticity' is the last mechanism Haas (1958) refers to in explaining European integration, which is also referred to as 'cultivated spillover' (Niemann & Schmitter, 2009). This idea of integration is grounded in the assumption that any actor - including supranational institutions - are rational and self-interested (Haas, 1958). From this follows that European institutions are not merely mediators of national interests, but in fact autonomously seek to further integration as a means to promote their own interests (Haas, 1958; Scholten & Scholten, 2016). Hence, a supranational institution - typically the Commission - that was initially established to serve the MS with its technical expertise in one specific area will likely seek to expand its authority over other areas as well. This pursuit of expanding supranational capacities is referred to as 'supranational entrepreneurship' and includes any action by a supranational actor that increases its authority. Typical instances of supranational entrepreneurship are developing exclusive, technical skills regarding policy proposals,



creating package-deals to satisfy different stakeholders and increasing its knowledge foundation by interacting with stakeholders (Niemann & Schmitter, 2009).

### ***3.2.2 / Liberal-intergovernmentalism***

Another prominent integration scholar was Andrew Moravcsik (1998; 2006) and he developed ‘liberal-intergovernmentalism’ as a response to ‘neofunctionalism’. His most substantive criticism towards neofunctionalist theory is that supranational entrepreneurs and different types of spillover are much less influential in shaping an ever closing Union than is preached by Haas (Moravcsik, 2006). Instead Moravcsik reserves a much larger role for individual, rationally-behaving MS in shaping European institution-building and the integration process. The primacy and rationality of European state actors is the fundament of liberal-intergovernmentalist theory. From this perspective, integration can best be understood as “a series of rational choices made by national leaders” (Moravcsik, 1998, p. 18). The literature on integration generally mentions two stages that determine the outcome of rational-choice making processes, which will be explained in the next section: (1) national preference formation and (2) inter-state bargaining.

Liberal-intergovernmentalism builds on top of rational choice theory in that MS are rational actors that pursue their respective national interests (Moravcsik, 1998). This implies that integration is pursued when this is perceived to be in the interest of that nation-state. The question then arises *how* are national interests formed, and *when* will these interests be pro-integration? According to liberal-intergovernmentalist theory, national preference formation is a turbulent and dynamic process of domestic political mobilization (Moravcsik, 1993; Kleine & Pollack, 2018). Political mobilization here implies gaining the support of social groups and dealing with obstacles to integration by the national government. Because social groups are also considered rational actors, they too will support integration only when the benefits of integration are concentrated and the costs are diffuse (Kleine & Pollack, 2018). In other words, national preferences are formed by the government’s ability to mobilize domestic, social groups. Moravcsik (1998) mentions two key categories of interests that drive preference formation in favor of integration. The first category is ‘economic interests’ and predicts a change in national preferences when economic conditions are changing either domestically

or internationally. Hence, when integration is likely to be followed by economic gains, domestic economic officials, economic interests groups and political actors will support integration - and vice versa. The second category is 'geopolitical interests', which relate to the territorial integrity and public safety of the MS. In other words, geopolitical interests typically revolve around retaining sovereignty, resilience and autonomy over its own borders and manifest themselves in MS' foreign policy. Geopolitical interests respond to emerging geopolitical problems (e.g. war, viral outbreak, etc.) and available solutions, which ultimately shape national preferences regarding integration. If integration poses the threat to worsen geopolitical conditions, national preferences will be likely adverse towards integration - and vice versa. Although both sets of interests similarly affect national preference formation, there are subtle differences. Firstly, national preference formation driven by 'economic' interests tend to involve more stakeholders than 'geopolitical' interests. Secondly, the dynamic nature of the domestic and international market predicts that 'economic' interests can vary over time more frequently than 'geopolitical' interests.

When a MS reaches an explicit preference regarding an issue, it generally conflicts with the preferences from other MS. Liberal-intergovernmentalism rejects the idea that supranational actors have to act as mediators of the conflicting national interests, and instead stipulates that MS have to cooperate to reach international consensus (Moravcsik, 1997; 1998). Cooperation typically takes the form of a process called inter-state bargaining. The distributional outcome of the bargaining is determined by the relative bargaining power of the MS (Niemann & Schmitter, 2009). Bargaining power of a MS can best be understood through the asymmetrical interdependence between MS during bargaining (Moravcsik, 1998). MS that are the least concerned whether a specific inter-state agreement is struck and/or are the least invested in that policy issue, typically hold the most relative bargaining power. MS that are heavily invested in reaching an agreement and/or are concerned about that policy issue, most likely will make more concessions and side-payments to avoid non-cooperation.

### 3.3 | Theoretical Propositions

It is evident that neofunctionalism and liberal-intergovernmentalism are inherently distinct in their respective theoretical underpinnings and understanding of European integration. Whereas the first theory reserves a prime role for supranational actors in driving European integration, the latter proposes it is the MS that pushes for integration (Haas, 1958; Moravcsik, 1998). Neofunctionalism emphasizes functional spillover, transfer of allegiances and supranational entrepreneurship, whilst liberal intergovernmentalism emphasizes national preference formation and inter-state bargaining. These are amongst others the key differences between the theories, as discussed in the previous sections. These theoretical differences lead to varying expectations of what actors drove integration during the Covid-19 outbreak. In Table 1 these varying expectations have been formulated into six propositions (three for each theory) that will be empirically tested in this study.

**Table 1.**  
Propositions derived from Neofunctionalism and Liberal-intergovernmentalism

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<b>Neofunctionalism</b>	
N1	The proposal and implementation of CM <i>initiatives</i> launched during the Covid-19 outbreak are mainly driven by supranational actors.
N1.1	<b>Functional spillover:</b> The CM initiatives are presented as logically and functionally contingent with previously or parallelly established initiatives/policies/strategic objectives by supranational actors.
N1.2	<b>Transfer of domestic allegiance to supranational level:</b> The CM initiatives are presented as constituting to previously established supranational competency/capacity.
N1.3	<b>Supranational entrepreneurship:</b> The CM initiatives are presented as enhancing the current competency/capacity of supranational actors.

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## **Liberal-intergovernmentalism**

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L1 The proposal and implementation of CM *initiatives* are mainly driven by MS and domestic actors.

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L1.1 **National economic interests:** The CM initiatives are presented as being in the interest of the domestic economy and economic policy.

L1.2 **National geopolitical interests:** The CM initiatives are presented as being in the interest of domestic border control (in regards to reducing Covid-19 transmission domestically).

L1.3 **Inter-state bargaining:** The CM initiatives are presented as a consensus/balance of the interest of MS (or other domestic actors).

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*Note.* 'Initiative' refers to European projects/instruments/tools that have been proposed and implemented during the Covid-19 outbreak to enhance the Union's CM capacity. The propositions have been adapted mainly from Haas, E.B. (1958). *The Uniting of Europe: Political, Social and Economic Forces, 1950-1957* and from Moravcsik, A. (1998). *The Choice for Europe: Social Purpose and State Power from Messina to Maastricht*.

## **Chapter 4 | Research Design**

This study is an intrinsic case study of Covid-19 pandemic with the purpose of studying and explaining the development of the Union's capacity regarding public health CM. Qualitative case studies - also referred to as small-N studies - are suitable at generating in-depth understanding of complex social phenomena (Yin, 2009). Since this paper's purpose is to present an in-depth understanding of a complex social phenomenon, namely integration in the Union's public health CM capacities, a case study design is appropriate. In the remainder of this chapter a comprehensive account of this thesis' research design will be provided. First, the Covid-19 outbreak in Europe as a case study will be introduced, with special emphasis on which CM capacities have consequently been developed. Second, congruence analysis as a research method for case studies is introduced and justified within the context of this study, after which the operationalisation for measurement is explained. Finally, the data collection process is presented, followed by a reflection on the validity and reliability of this study.

## 4.1 | Case Description

Following the surge of the novel SARS-CoV-2 virus, otherwise known as the Covid-19 virus, Europe faced an unprecedented health crisis that prompted MS to implement radical interventions such as case isolation, closure of educational institutions, restricting social gatherings, social distancing and lockdowns (International Monetary Fund, 2021). The outbreak originated in Wuhan, China when the first official Covid-19 case was diagnosed on December 31, 2019 (Reuters, 2020). On March 11, 2020, the WHO declared the outbreak a ‘pandemic’ and soon after Italy was the first European country to face a rapid increase of Covid-19 cases (European Council, 2022). The outbreak had spread throughout Europe, with several waves of high infection and death cases. By February 3, 2022, the WHO signaled that Europe was moving to the end of the crisis due to the vaccination programs and the relatively mild nature of the latest Omicron variant of the Covid-19 virus (BBC News, 2022). The MS consequently lifted all interventions, further reinforcing the idea that for now the crisis had ended. The general trajectory of the Covid-19 outbreak is presented in Table 2 and has been categorized according to its crisis stage.

**Table 2.**  
Trajectory of the Covid-19 outbreak in Europe

	<b>Pre-crisis</b>	<b>Crisis</b>	<b>Post-crisis</b>
<b>Period of time</b>	December, 2019 - March, 2020	March, 2020 - February, 2022	February, 2022 - today
<b>Key event</b>	First case diagnosed in Italy	Europe ‘epicenter’ of outbreak	MS lifting interventions

*Note.* Synthesized from various press releases and news articles: BBC News, 2022; European Council, 2022; IMF, 2021; Reuters, 2020.

In the trajectory of the Covid-19 outbreak, multiple challenges have been thrown at the Union’s crisis preparedness and CM capacities. The European institutions and the MS have responded

by developing new European policy to enhance the Union’s ability to deal with the current and future crises. This study distinguishes between supranational actors, including the Commission, Parliament and the European Central Bank (ECB), and (inter)governmental actors, including the Council, the European Stability Mechanism (ESM), domestic ministers and governments (Goebels, 2013).

Korteweg (2021) derived three key strategic objectives in this newly generated policy: (1) financial and fiscal stability (2) developing a health union and (3) empowering the Union’s strategic autonomy in medical resource extraction. There are a number of European initiatives that contribute to these objectives, initiated by supranational actors such as the Commission or the ECB (Korteweg, 2021; Salvati, 2021). This study has selected one initiative per strategic objective, which by its nature contributes to the Union’s CM capacity and the European integration process. The selected initiatives are presented in Table 3 and have been chosen because of its controversy or its potential impact on European integration. The reason to include three initiatives in this case study instead of a singular one, is to maintain a broad scope on the various Covid-related policy initiatives - which ultimately enhances the validity of this study’s outcome. How these initiatives contribute to the Union’s CM capacity and European integration will be discussed in more detail in chapter 5, after which they are tested according to the two theories mentioned in chapter 3.

**Table 3.**  
Three initiatives per strategic objective in Europe during the Covid-19 outbreak

<b>Strategic objective</b>	<b>Initiative</b>	<b>Time of implementation</b>
Financial and fiscal stability	Pandemic Crisis Support (PCS)	May, 2020
Enhance the Union’s strategic autonomy	Advance Purchase Agreements (APAs)	June, 2020
Develop a health Union	EU Digital Covid Certificate (DCC)	July, 2021

Note. Adapted from Korteweg (2021) and Becker & Gehring (2022).

## **4.2 | Methodology: Congruence Analysis**

Having established the initiatives aimed to strengthen the Union's CM capacities, this study now seeks to investigate these initiatives and how they promote integration. For this purpose, a textual analysis in the form of content and document analysis is selected. According to Yin (2009), documentation is one of the main sources of empirical evidence for a case study. Blatter and Haverland (2014) mention multiple approaches that are fitting for a case study design and the analysis of documentation - including causal-process tracing, co-variational and congruence analysis approach. In this study a congruence analysis will be most appropriate, since its purpose is to empirically weigh the relevance of two opposing theories of European integration: neofunctionalism and liberal-intergovernmentalism. A typical congruence analysis commences with the selection of theories and is followed by the selection of the case (Blatter & Haverland, 2014). This is because empirical analysis should contribute theoretical leverage to a broader, academic discourse regarding those theories and not vice versa. Important to note is that this study has started with selecting the case, namely Covid-19 and capacity developments within the Union, and only after it has selected the two European integration theories. This is because, unlike a typical congruence analysis, this study seeks to understand the case through these abstract theories. Although there is a minor asymmetry between Blatter and Haverland's (2014) notion of congruence analysis and the application thereof in this paper, the approach to the actual empirical analysis remains identical.

## **4.3 | Data Measurement**

In order to achieve this study's objective and answer the research question, the theoretically derived propositions in chapter 3 will be empirically tested. The theoretical leverage of this test is derived by means of coding various EU documents. The coding process will be conducted in two separate stages, combining (1) quantitative and (2) qualitative coding. It is important to note that the first stage is only meant to provide context to the reader, as to what are the main motivators underlying to the three initiatives (PCS/APAs/DCC). The empirical evidence most valuable to this thesis will mainly be derived during the second stage of coding. The approach of the first phase of

coding corresponds to what Gioia et al. (2012) describes as the ‘second stage’ of coding. It entails inductively generating codes in an open and flexible manner, without establishing codes ex-ante. The objective of the first phase of coding is to establish *what* the motivators are of the three initiatives and *how many* times those motivators are mentioned. The more frequent a motivator is directly or indirectly mentioned, the more significant the motivator is to its respective initiative. Codes that have been inductively identified will be presented in tables in chapter 5.

The second phase of coding is unlike other traditional coding approaches, in that codes will not be quantified in order to achieve theoretical leverage (Gioia, Corley & Hamilton, 2012). Because this study considers three inherently different initiatives (PCS/APAs/DCC), it is a complex task to formulate specific and clearly defined codes that are equally applicable across all initiatives. To avoid this threat to the internal validity and reliability, this study follows the coding approach as described by Blatter and Haverland (2012). They argue the researcher conducting a congruence analysis “should think more like a detective and less like a statistician” (Blatter & Haverland, 2012, p. 166). First, the researcher establishes some basic anchoring indicators that are deduced from the theory. Second, the researcher analyzes documents and determines step-by-step whether text excerpts classify as empirical observation of those indicators. Hence, having an open mind and being transparent about interpretation of codes is of extreme relevance. The anchoring indicators of this study are presented in Table 4 and have been categorized in two themes corresponding to the theories described in chapter 3: neofunctionalism and liberal-intergovernmentalism. During the analysis codes that contribute to confirming or disconfirming the propositions are registered with the help of the coding software ATLAS.ti. To sum up, the first stage of coding is meant to provide further background and context to the three initiatives as to what are the main motivators. The second stage is of more significance to this study and here theoretical leverage is not derived from the frequency of codes. Rather codes are interpreted individually or as a group (categorized by initiative) as to what extent they correspond to neofunctionalist or liberal intergovernmentalist theory. The indicators presented in Table 4 function as operationalisation of the theoretical propositions, and clarify to the researcher and reader what kind of codes are of relevance to this study.



**Table 4.**  
Operationalisation of the Theoretical Propositions

<b>Neofunctionalism</b>	
Propositions	Indicators
N1.1	<ul style="list-style-type: none"> <li>Previously or parallelly established initiatives/policies/strategic objectives are explicitly mentioned as functionally related to the CM initiative</li> </ul>
N1.2	<ul style="list-style-type: none"> <li>Supranational and/or transnational actors (Commission, Parliament, ECB, interests groups) present the CM initiative (PCS/APAs/DCC) as (already) being a supranational competency/capacity.</li> </ul>
N1.3	<ul style="list-style-type: none"> <li>Supranational actors (Commission, Parliament, ECB) are proactively involved in initiating, designing and/or executing the CM initiative (PCS/APAs/DCC).</li> </ul>
N1.3	<ul style="list-style-type: none"> <li>Supranational actors (Commission, Parliament, ECB) express the need for expanding existing supranational capacity/competency.</li> </ul>
<b>Liberal-intergovernmentalism</b>	
Propositions	Indicators
L1.1	<ul style="list-style-type: none"> <li>The (potential) economic benefits/costs of the CM initiative (PCS/APAs/DCC) are explicitly mentioned.</li> </ul>
L1.2	<ul style="list-style-type: none"> <li>The (potential) benefits/costs of the CM initiative (PCS/APAs/DCC) regarding domestic border control (in regards to the transmission of Covid-19) is explicitly mentioned.</li> </ul>
L1.1/1.2	<ul style="list-style-type: none"> <li>Domestic actors (Council/ministers/governments/ESM) are proactively involved in initiating, designing and/or executing the CM initiative (PCS/APAs/DCC).</li> </ul>
L1.3	<ul style="list-style-type: none"> <li>Mentioned side-payments, concessions, cooperation and issue-linkage between MS insinuates inter-state bargaining.</li> </ul>

*Note.* Derived and adapted from Haas, E.B. (1958). *The Uniting of Europe: Political, Social and Economic Forces, 1950-1957* and from Moravcsik, A. (1998). *The Choice for Europe: Social Purpose and State Power from Messina to Maastricht*.

#### **4.4 | Data Collection**

The data that this study will analyze are mainly derived from official (Regulation, Decisions, Communication, etc.) and non-official (speeches, statements, reviews, expert opinions) documents. In total this study will analyze 30 documents (10 documents per initiative) which are included in Appendixes I until III. The data will mainly be derived from open source databases from the European Commission, Parliament and Council. The first prerequisite for documents to be selected is that they are published, funded or endorsed on the European level. Having a more homogeneous, European-centric collection of documents, ultimately enhances the generalizability of this study's outcome. The second criteria for selecting a document is whether it discusses in some form the underlying motivations or driver of the initiatives (PCS/APAs/DCC). This study is mainly interested in the justifications and motivations of these initiatives and whether they can best be explained according to neofunctionalist or liberal-intergovernmentalist theory. On a more critical note, Yin (2009) warns of a potential weakness in analyzing specifically government documentation. There is the danger that EU institutions deliberately do not publish or manipulate published documents.

#### **4.5 | Validity**

Since this thesis applies congruence analysis marginally different from Blatter and Haverland's (2014) ideal type, it is necessary to reflect upon two types of validity: internal and external validity. The internal validity of a study is the degree to which theoretical concepts in fact represent what has been measured and whether the measured concept in reality is the cause of the social phenomenon (Bryman, 2016). A common challenge to internal validity in congruence analysis relates to epistemological relativism. This refers to the phenomenon that researchers are biased by the initial theoretical framework and are more inclined to observe empirical findings that verify these theories - in other words 'confirmation bias'. This is tackled in this design through two controls: vertical and horizontal (Blatter & Haverland, 2014). A vertical control is achieved by establishing ex ante theoretical propositions, so that the observations ex-post cannot inversely influence the propositions and create a self-fulfilling bias. A horizontal control is achieved by including more than

one theory that can explain the development of CM capacities in the Union. This makes it that if indeed congruence is observed amongst propositions, it is possible to make more empirically leveraged conclusions regarding which theory - neofunctionalism or liberal intergovernmentalism - is better equipped at explaining the case than the other. Another factor that affects the internal validity is the selection of initiatives. This study analyzes three inherently different initiatives: PCS relates to fiscal policy; APAs relates to joint procurement procedure; DCC relates to border control measures. Hence, the theories of neofunctionalism and liberal-intergovernmentalism are applied in three different contexts. Being able to compare the empirical findings across the initiatives, provides insight to the robustness of the theories.

External validity refers to the generalizability of the study's findings (Blatter & Haverland, 2014). Since case studies typically are aimed at enhancing the in-depth understanding of a specific case, namely Covid-19 and CM capacities in the Union, it can be assumed that the findings will have a low degree of generalizability. This study has attempted to enhance the external validity by analyzing documents only published, funded or endorsed at the European level. This way inter-MS differences are circumvented and empirical outcomes are more homogeneous and methodologically comparable. Also, this study analyzes three instead of one Covid-related policy initiative. This allows for the study's outcomes to be more broadly applicable, and reduces the risk for narrow conclusions and confirmation bias. Including inherently different initiatives, lessens the chance of overemphasizing findings in one specific initiative and potentially allows for more meaningful and universal conclusion. The findings of this congruence analysis will ultimately contribute to the academic discourse on which theory can best explain capacity-building and integration in Europe. Therefore the generalizability is of lesser importance to this study, since the scientific relevance of this study remains significant.

## 4.6 | Reliability

Bryman (2016) explains that the reliability of a study refers to the degree to which the study can be repeated and is consistent in construct measurements. First of all, documentation has been selected from open-access and stable government sources, so that the other researchers can access the documents in the future as well. However, because interpretation plays a decisive role in this study this inherently poses a challenge to reliability. Different researchers can interpret and code documents in fundamentally different ways, potentially altering the conclusions at which researchers arrive. This study aims to solve this problem by formulating *ex ante* indicators that offer guidance to the coding process (see Table 4). Furthermore, this study strives to be as transparent as possible in its interpretation of codes. This is achieved in two ways. First, interpretations of codes during the analysis in chapter 5 are extensively elucidated. Second, memo's that the researcher produces during the analysis will be shared in the Appendixes. This allows insight into the researchers interpretation of documentation.

## **Chapter 5 | Results**

The following chapter will present an overview of the empirical evidence on three different European initiatives obtained during analysis: the Pandemic Crisis Support (PCS), the Advance Purchase Agreements (APAs) and the EU Digital Covid Certificate (DCC). The outcomes of the analysis will be discussed separately per initiatives, whilst tables and figures will be used to support the argument. The empirical data will be presented in three distinct sections: (1) Firstly, the initiatives will be introduced and contextualized as to *how* the initiative contributes to the Union's CM capacity and the European integration project by relying mainly on secondary sources; (2) Secondly, the underlying motivations and drivers of the initiatives will be presented that have been empirically observed through a open coding approach; (3) Thirdly, the main body of this chapter will be dedicated to verifying the propositions laid out in chapter 3 by means of empirically observing the indicators. In the next chapter the empirical findings across the three initiatives will be compared in an attempt to answer the research question.

### **5.1 | Pandemic Crisis Support**

#### ***5.1.1 | Background***

The PCS is a temporary financial instrument that the ESM can employ to mitigate the direct financial aftermath of Covid-19 outbreak, based on the already existing Enhanced Conditions Credit Line (ECCL) (European Stability Mechanism, 2022). The PCS directly enhances the Union's sectoral capacity during the Covid-19 outbreak, specifically the capacity of the health sectors. For a prolonged period of time European healthcare systems were under immense logistical and financial pressure to be able to deal with the first wave of the Covid-19 (CNN, 2022). The PCS is an emergency instrument for MS to be able to cover its direct and indirect healthcare costs, when it is financially constrained. Hence, it contributes to the Union's strategic ability to 'prevent' and 'contain' harmful pressure posed by the crisis, as prescribed by James et al. (2011). When a MS has to emburse unexpected and out-of-necessity costs following an unanticipated regional outbreak, the PCS functions as a financial safety net and can be utilized as an emergency instrument as part of CM (European Stability Mechanism,

2022). The Union's capacity to support financially strained health care systems does contribute to its overall CM capacity.

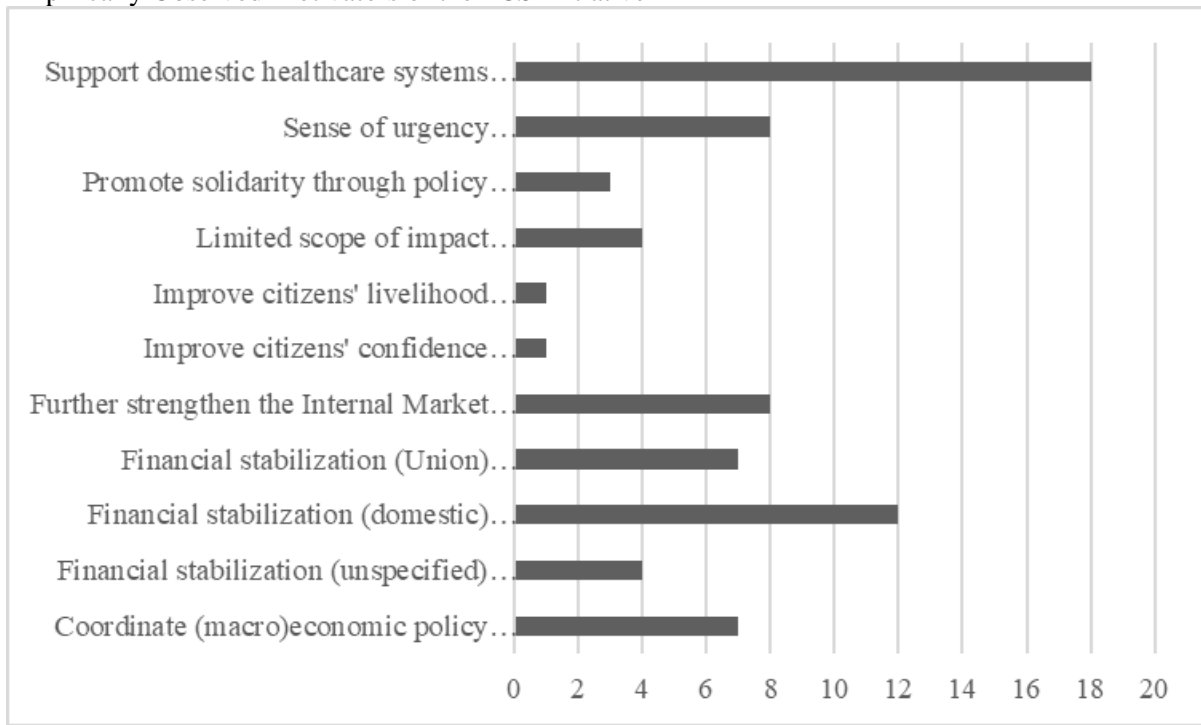
At first glance, it might not be obvious how the PCS bolsters European integration. However, the PCS signifies a departure from a traditional European macroeconomic doctrine based on cyclical stabilization towards a new doctrine that prioritizes principles of redistribution (Dermine, 2020). The traditional Union's fiscal policy can be characterized as a balancing act between Northern credit-lending MS and Southern credit-taking MS (Beckman & Gehring, 2020). On the one hand, Southern MS are in need of credit to maintain and develop the welfare state up to European standards. On the other hand, Northern MS persistent credits are extended backed up by tight discipline mechanisms (e.g. surveillance measures, structural adjustment programmes, etc.). The ESM as a credit-lending institution is historically well known for enforcing tight discipline mechanisms in the form of drastic structural adjustment programmes (Leson, 2021). However, the PCS is a clear deviation from this tight discipline doctrine towards a doctrine based on solidarity, evident from the few eligibility criteria and low rates. The ESM presented the PCS along two other fiscal measures - SURE lending instrument and Pandemic Guaranteed Fund - initiated by respectively the Commission and the European Investment Bank (EIB). All three initiatives have elements of fiscal relaxation and favorable rates to ensure all MS (regardless of its fiscal history) can recover economically in a symmetric way. Hence, future fiscal integration might move from a mere regulation approach to a more redistribution approach.

### ***5.1.2 / The Motivators***

During the open coding of the PCS documents a total of 11 different motivators have been distinguished from a total of 73 codes (See Figure 2). Because the absolute number of codes is relatively low, this section will focus primarily on the relative frequency of codes to discern the main motivators of PCS. The low number of codes can partly be explained by the fact that many documents discuss not only the PCS, but also the before mentioned fiscal measures by the Commission (SURE) and the EIB (Pan-European Guaranteed Fund). Ultimately, this has resulted in fewer direct or indirect motivators for the PCS being mentioned throughout the documents. Despite the fewer number of

codes, the empirical observations in this section suggest the descriptive data from the previous section is accurate in contextualizing the most prominent motivators of the PCS.

**Figure 2.**  
Empirically Observed Motivators of the PCS Initiative



*Note.* Codes obtained in an open coding process from 10 EU documents, which are referenced under Appendix I.

The most prominent motivator for initiating the PCS is ‘financial stabilization’. In total this code has been counted 23 times (31.5% of all codes within PCS). This is in line with the findings from the previous section, and reinforces the idea that PCS has been employed as an instrument to recover financially from the negative externalities of the Covid-19 outbreak. ‘Financial stabilization’ has been mentioned in two different contexts and also with no specific context. Out of these 23 times ‘financial stabilization’ was mentioned: 12 times in context of ‘domestic’ markets (16.4% of all codes within PCS); 7 times in context of the ‘Union’ or in other words the Internal Market (9.6%); 4 times in ‘unspecified’ context (5.5% of all codes within PCS). This suggests that the PCS is mainly developed to support MS’ recovery from the unanticipated costs in fighting the pandemic. Although to a lesser extent, the PCS also seems to be implemented for the sake of the Internal Market as a

whole. Facilitating the recovery of economically interdependent MS, directly supports the recovery of the Union as a whole as highlighted by the quotation below:

“Financial assistance by the ESM to the benefit of its members, in particular under precautionary arrangements, would contribute to instilling confidence, would help to stabilize financial markets and would reduce risks to the financial stability of the euro area as a whole and of the euro area Member States.” (Economic Governance Support Unit, 2020, p.3)

The second most cited motivator for PCS is the ‘support for domestic healthcare systems’ that was mentioned 19 times (24.7% of all PCS codes). It is unsurprising this code is prominent, because one of the few conditions for MS to receive the credit line is the guarantee that it must be used for “domestic financing of direct and indirect healthcare, cure and prevention-related costs due to the COVID-19 crisis” (European Stability Mechanism, 2020, p. 2). The remaining indicators will not be discussed for the sake of brevity and the relatively lower frequency.

### ***5.1.3 / Drivers of integration***

#### *5.1.3.1. / Neofunctionalism*

**N1.1 | Functional spillover:** From the previous sections it has become clear that the PCS has been established primarily to counteract the domestic healthcare costs and facilitate the financial stabilization of the Internal Market (European Stability Mechanism, 2022). The purpose of this section is to establish whether the initiation of the PCS is a result of a parallelly or previously established European initiatives, policy or strategic objectives. The specific approach to identify this phenomenon in the empirical situation is to identify the presence of an urgent original policy goal, a (perceived) functional interdependence between the successive initiatives and the expressed needs for further integration (Niemann & Ioanniy, 2015).

As Commissioner of Economy, Paola Gentiloni, forecasted during the Eurogroup meeting of May 8, 2020, the Covid-19 outbreak would induce “a deep but uneven recession... followed by an



incomplete and, again, uneven recovery” (Gentiloni, 2020, p.1). The PCS has been established “in light of this specific challenge, as a relevant safeguard for euro area MS” (European Council, 2020b, p.3). It allows MS that have been disproportionately hit by the outbreak, to access emergency funds in order to absorb the disproportionate healthcare-related costs (relative to other MS). Hence, the policy goal underlying the establishment of the PCS is “to lay the ground for a robust recovery” across all MS (Michels, 2021, p.2). Commissioner Gentiloni also stated that parallel to the implementation of the PCS it is “working on the next step of our common crisis response, a revised proposal for our multiannual financial framework together with a... recovery plan” (Gentiloni, 2020, p.2). This suggests that the Commission does not regard the PCS as an individual economic measure, but rather a necessary and functionally interdependent component of a comprehensive effort to financially stabilize the Union. The Commission’s recovery plan consists of “three safety nets that lessen the financial burden for member states” (Strauch, 2020, p.1). These safety nets function in unison and overlap as “short, medium and long-term initiatives” that are “necessary to deal with health emergency needs, to support economic activity and to prepare ground for the recovery” (European Council, 2020b, p.1). The initiatives that were launched parallel to the PCS are: (1) the Commission’s SURE initiative which is a €100 billion lending instrument to support job security and (2) the EIB’s pan-European guarantee fund encompassing a €200 billion loaning system for European companies.

To sum up, there is clear evidence of an overarching policy goal of stabilizing and recovering the European economy in a robust and symmetric way. Furthermore, it is clear the PCS has been launched as a short-term component of a broader recovery plan and is functionally interdependent with other initiatives such as the SURE and the pan-European guarantee fund. Evidence for the expressed need of further integration remains inconclusive. The PCS has been exclusively discussed within the context of the outbreak, suggesting that when the immediate danger of the outbreak passes the need for the PCS would consequently diminish.

**N1.2 | Transfer of domestic allegiance to supranational level:** The PCS is legally grounded in the Treaty of the ESM in Article 13(3) and 14(2) and therefore can be considered to be part of public international law governing all MS (European Stability Mechanism, 2020). This section seeks

to establish to what extent the establishment of the PCS can be considered as being within the existing boundaries of supranational competency or was recently delegated by the MS. In other words, to what extent is the PCS presented as a direct extension of previously established supranational competency by supranational and transnational actors (the Commission, Parliament and transnational interests groups).

Following the analysis, there was no clear evidence for the PCS being an direct extension of supranational competence or the active involvement of transnational interests groups. This can be explained in the first place because the ESM's implementation of the PCS is per definition not a supranational competency. The ESM's Board of Governors - consisting of 19 ministers of finance - is an intergovernmental institution that has the sole decision-making mandate to implement initiatives such as the PCS (European Stability Mechanism, 2022). The structure of the PCS is the outcome of "the collective, political endorsement by all ESM Members" - hence formally not by supranational or transnational actors (European Stability Mechanism, 2020, p.1). Also, the PCS was presented as an adaptation of the already existing ECCL that allowed sovereign MS access to an emergency credit line with exceptionally favorable rates (Dombrovskis, 2020). Furthermore, the legal framework for the applying and utilizing the PCS is laid out in the Treaty of the ESM, specifically Article 13/14 and the Guideline on Precautionary Financial Assistance - which is intergovernmental legislation (European Council, 2020a). Although there is no evidence for transnational interests groups pushing the PCS initiative, there is a clear indication that the Commission was actively involved in establishing the PCS. However, the evidence is inconclusive as to whether the Commission sought to enlarge its supranational competency vis-a-vis the ESM. Hence, no transfer of supranational allegiance is observed.

**N1.3 | Supranational entrepreneurship:** Although the ESM - an intergovernmental institution - bears the institutional responsibility for governing the PCS instrument, it was not the only actor involved in pushing forward this initiative (European Stability Mechanism, 2020). The purpose of this section is to establish which supranational actors (Commission and Parliament) either were proactively involved in initiating, designing and executing the PCS or have explicitly expressed the

need to expand the supranational capacity to organize initiatives like the PCS. Indicators for supranational entrepreneurship is proactive promotion of the initiative by a supranational institution, a supranational actor providing package deals to MS and superior institutional knowledge or expertise vis-a-vis the MS.

On April 9, 2020, the ministers of finance gathered for the Eurogroup meeting to discuss the Covid-19 outbreak and specifically the economic ramifications thereof on the European society and economy. During this meeting the Eurogroup agreed on an comprehensive economic response encompassing “three important safety nets for workers, businesses and sovereigns” (European Council, 2020a, p.1). European leaders collectively endorsed the proposal for this emergency credit line during the European Council meeting on April 23, 2020 (European Council, 2020a). This is exemplified in the letter from Charles Michel, the President of the European Council, stating “the agreement of the Eurogroup is a significant breakthrough” (Michel, 2021, p.1). After the endorsement by the Heads of State, ESM’s Board of Governors (consisting of ministers of finance og 19 MS) approved the proposal on May 15, 2020. In an exceptionally short period of time (approximately a month) the proposal for PCS has been approved and the ESM could commence implementation of the instrument. There is no evidence suggesting the Commission has played a significant proactive role in the process of initiating the PCS. On the contrary, the Commission has delegated away some of its capacity to monitor MS’ healthcare expenditure to ensure a quicker and smoother roll-out. In a letter from the Executive Vice-President of the Commission, Valdis Dombrovskis, it was voiced that “given the very specific and limited scope of the Pandemic Crisis Support and under the circumstances of the Covid-19 crisis” the Commission would relax monitoring and reporting requirements to a bare minimum and limited only to healthcare-related expenditure (Dombrovskis, 2020, p.2).

To sum up, the proposal for the PCS proposal was initiated by domestic actors and approved without significant interference of supranational actors. On top of that, the Commission willingly diminished its special surveillance capacities regarding the PCS credit line to allow MS the most favorable lending conditions. Although the Commision has ultimately facilitated the implementation of the PCS, the evidence remains inconclusive as to whether it constitutes supranational entrepreneurship.

### 5.1.3.2. / *Liberal-Intergovernmentalism*

**L1.1 | National economic interests:** The PCS is presented as an emergency credit line with exceptional favorable rates and eligibility criteria (European Stability Mechanism, 2022). The purpose of the following section is to investigate to what extent the initiation of the PCS has been influenced by the outlook on positive lending conditions. Furthermore, the role of domestic actors will be discussed as advocates of MS' national economic interests.

From the previous section follows that it was primarily the ESM's Board of Governors (19 ministers of finance) that initiated the establishment of the PCS on April 9, 2020 (European Council, 2020). The formal statement by the Eurogroup specified that the intention of the PCS is "to support domestic financing of direct and indirect healthcare, cure and prevention-related costs due to the Covid-19 crisis" and "to closely monitor the economic situation [of MS] and prepare the ground for a robust recovery" (European Council, 2020a, p.1). This statement holds two underlying economic motivations: (1) short-term recovery of domestic economies and (2) long-term robust recovery for the Internal Market as a whole. Regarding the first, Chief economist of the ESM Rolf Strauch highlighted there is a need for short-term emergency instruments because "EU Member States were forced to spend huge amounts... But not every country is capable of mobilizing the same scale of resources" (Strauch, 2020, p.1). Regarding the second, Commissioner Gentiloni emphasized during the Eurogroup meeting on May 8, 2020 that there is "a real risk of worsening divergence which could undermine the Single Market and the euro area" if the economic recovery of MS would not transpire symmetrically (Gentiloni, 2020, p.2). From this follows that the PCS aims to support MS and consequently the Single Market as a whole.

In conclusion, it is evident from the proactive involvement of domestic actors that the PCS is mainly driven by national economic interests for short-term insurance to finance domestic healthcare systems. It must be noted however, there is an underlying motivation for a symmetric economic recovery of the Internal Market as a whole. Although the latter objective does not purely relate to national economic interests (rather transnational interests), there is sufficient evidence to partially assume the establishment of the PCS was driven by national economic interests.

**L1.2 | National geopolitical interests:** This section is meant to determine to what extent the PCS has been presented as being in the interest of domestic border control (in regards to reducing the Covid-19 transmission). The PCS is predominantly discussed as an economic instrument. There is no direct evidence observed from the documents that support PCS is linked to national geopolitical interests. ESM chief economist Strauch mentioned that “we must protect our economies” which in turn “has helped us navigate through crises more effectively” (2020, p.2). It highlights the link between PCS economically bolstering national health systems and consequently being better equipped at dealing with the Covid-19 crisis domestically. However, this indirect evidence is mainly argumentative and therefore it can be concluded there is no evidence for this proposition.

**L1.3 | Inter-state bargaining:** The PCS has been approved by the Eurogroup and by the Council - both are intergovernmental institutions wherein representatives of the MS have to reach a consensus (European Central Bank, 2011; European Stability Mechanism, 2022). The objective of this section is to establish to what extent the PCS is a result of inter-state bargaining by identifying coalitions, side-payments, strong preferences and concessions. The analysis yielded no direct evidence indicating that bargaining between states has significantly shaped the PCS. This is reinforced by a think tank’s report to the European Parliament stating there was “broad support to make a PCS safeguard available” (Economic Governance Unit, 2020, p.1). However, there is evidence that features of the PCS have been catered towards specific needs of MS. The ESM as a credit-lending institution is notorious for its stringent conditionality regarding credits in the form of structural adjustment programs and intrusive monitoring mechanisms. The PCS departs from this reputation as there are fewer eligibility and conditionalities attached to the credit (Economic Governance Unit, 2020). Although the relaxed conditions are not direct evidence for bargaining, it signifies to some extent concessions made by the ESM and Commission overseeing the credit line in favor of financially struggling MS.

## 5.2 | Advance Purchase Agreements

### 5.2.1 | *Background*

The APAs are specialized contracts between the Union and manufacturer that specify the number of vaccine doses, the timeframe of delivery and quality criteria of the vaccines (EU Monitor, 2021). The arrangements are rather unique, because vaccine procurement predominantly was a domestic competence (Becker & Gehring, 2022). The APA is a contractual instrument that has generated a degree of certainty in the Union's vaccine procurement approach. It thus enhances the sectoral capacity to reliably organize and coordinate vaccination efforts in the MS. Especially the Union's strategic ability to 'prevent' and 'contain' the Covid-19 outbreak benefit from the APAs, as prescribed by James et al. (2011). Because most of the vaccination procurement was centralized in the form of APAs, the MS were reliably informed on how many and at what time vaccines would be distributed (Becker & Gehring, 2022). It allows MS to foresee possible shortages or to plan out the vaccination roll-out domestically. Finally, experts regard vaccines as one of the most cost-effective tools to diminish transmission of infectious diseases (Siciliani et al., 2020). Wide-spread application of Covid-19 vaccines reduces the likelihood Covid-19 causes severe illness and hampers its transmission from person to person. Therefore an effective and reliable European vaccination procurement mechanism bolsters the Union's overall CM capacity.

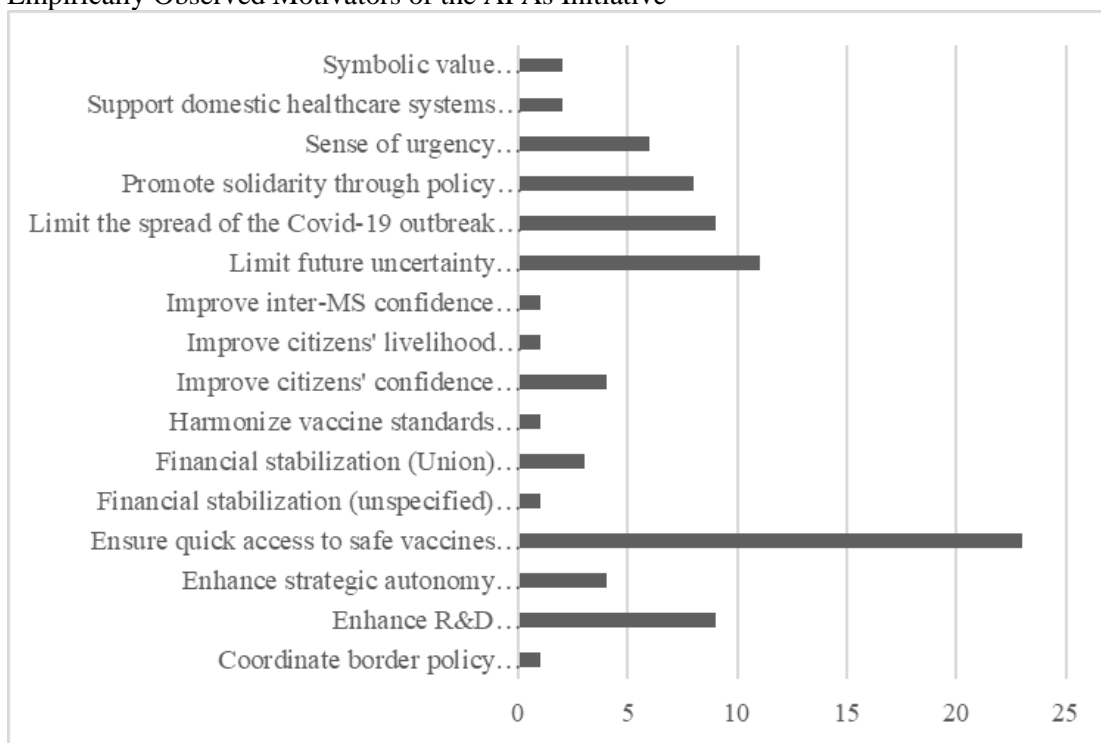
Prior to the Covid-19 outbreak it was primarily intergovernmental agreements that governed the procurement of vaccines and pooling of national resources (European Commission, 2020b). Such an arrangement was in place for France, Germany, Italy and the Netherlands which was intended to efficiently distribute procured vaccines. The APAs replaced this arrangement and signified the (temporary) supranationalization of vaccine procurement for the duration of the Covid-19 outbreak (Becker & Gehring, 2022). Whilst the MS predominantly retain competence over domestic health policy, the competence over vaccine procurement has shifted towards the Commission. It is the Commission that can solely negotiate APAs (speed of delivery, quantity, quality standards, etc.) biopharmaceutical manufacturers, and therefore the MS have de facto delegated their negotiation mandate to the Commission (Becker & Gehring, 2022). To ensure the Commission represents the

MS' interests, several oversight arrangements have been made including a board of senior officials and an experts team representing the MS. It remains unclear whether APAs will remain the dominant mode of vaccine procurement post-Covid-19 in other potential pandemics, but it is not unlikely that centralized procurement methods will recur in the future.

### 5.2.2 / *The Motivators*

Because of the contractual nature of an instrument like the APAs, many of the documents contained detailed description of technical details regarding the content and context of the formal agreement between the Commission and pharmaceutical companies. This has partly resulted in fewer empirically observable motivators, and more substance regarding the exact procedure and standards of the joint vaccine procurement process. In total 86 codes were identified corresponding to 16 different motivators (See Figure 3). Not all motivators will be discussed, due to their relatively low frequency. This is not because the other codes are not relevant, but because this section aims to establish the most prominent motivators of the APAs based on its relative frequency.

**Figure 3.**  
Empirically Observed Motivators of the APAs Initiative



*Note.* Codes obtained in an open coding process from 10 EU documents, which are referenced under Appendix II.

As the previous section already prescribed, the main purpose for engaging into contractual agreements with pharmaceutical companies regarding the procurement of vaccines is to ensure ‘equitable and affordable access [to vaccines] for all in the EU’ (European Commission, 2021c). This is also reflected in the observed codes as the motivator ‘ensure quick access to safe vaccines’ has been cited 23 times (26.7% of all codes within APAs). Hence, the APAs are tools employed by the Commission to contractually bind pharmaceutical companies to the amount, speed and quality of vaccines. Furthermore, by its very nature contracts have the effect of creating certainty in reciprocal agreements. The Commission has initiated the APAs to generate a level of predictability for the MS, so that national vaccine strategies can be adjusted according to the quantity and speed of vaccine procurement as laid out in these APAs. This also is reflected in the codes as the motivator ‘limit future uncertainty’ was mentioned 11 times (12.8% of all codes within APAs). Finally, another prominently cited motivator for the APAs is to ‘limit the spread of the Covid-19 outbreak’. This is in line with the idea that the “deployment of safe and effective vaccines against COVID- 19 remains an essential element in the management of an eventual solution to the public health crisis”, as rearticulated in the EU Vaccine Strategy (Communication 2020/680, p.3).

### ***5.2.3 / Drivers of integration***

#### *5.2.3.1. / Neofunctionalism*

**N1.1 | Functional spillover:** Based on the previous section, it can be assumed that the intent of the APAs is to generate certainty by contractualization and centralizing Covid-19 vaccine procurement (Becker & Gehring, 2022). The purpose of this section is to establish whether the centralization of vaccine procurement is functionally contingent with a parallelly or previously established European initiatives, policy or strategic objectives. The specific approach to identify this phenomenon in the empirical situation is to identify the presence of an urgent original policy goal, a (perceived) functional interdependence between the successive initiatives and the expressed needs for further integration (Niemann & Ioanniy, 2015).



The policy goal that the APAs fulfill is clearly stated in Communication by the Directorate-General for Health and Food Safety, namely “to ensure that the population in the European Union will be able to access an efficacious vaccine ... in sufficient quantities and at a fair price, but also in safe conditions” (SANTE 2020/C3/087, p.2). This passage describes an overarching policy framework, the EU Vaccine Strategy, in which the APAs play a functionally integral role within an overarching policy framework. The Commission launched the EU Vaccine Strategy on June 17, 2020 aimed to bolster the European health preparedness through “accelerating the development, manufacturing, and deployment of vaccines against COVID-19” (COM 2020/680, p.2). At the core of this framework are the APAs, as it creates certainty in the delivery of vaccines and solidifies a “broader vaccine portfolio” to MS through contractual agreements with pharmaceutical companies (COM 2020/680, p. 2). Without the continuous and reliable supply of vaccines the Commission would be unable to other parrelly linked initiatives such as the “EU vaccine sharing mechanism” aimed at promoting “equal access to the available doses” (COM 2020/680, p.3).

Although the explicit need for further integration is not mentioned, the Commission has repeatedly expressed the will to distribute vaccines procured through the APAs to third-countries. For instance, the EU is the biggest donor of the Covax facility (IO aimed at exchanging vaccines globally) having pledged €853 million in support (COM 2021/35). Indirectly the APAs musters the EU’s ability to contribute to global vaccine campaigns. In conclusion, the APAs have an essential role in the success of the overarching policy goal stated in the EU Vaccine Strategy. It is evident that without the APAs, other initiatives regionally (e.g. vaccine sharing mechanism) or globally (Covax facility) would be significantly hampered. Hence, functional interdependence is observed and functional spillover can at least partially be confirmed.

**N1.2 | Transfer of domestic allegiance to supranational level:** The Commission has been authorized by the MS to formalize contractual arrangements with the pharmaceutical companies, hence it has become a supranational competency (Becker & Gehring, 2022). This section seeks to investigate further to what extent the competence of formalizing APAs can be considered as being within the existing boundaries of supranational competency. In other words, to what extent is the

Commission's capacity to formulate APAs is presented as a direct extension of previously established supranational competency by supranational and transnational actors such as the Commission, Parliament and transnational interests groups.

The responsibility for health policy including the procurement of vaccines lies with the MS (Pisani-Ferry, Sapir & Cédric, 2010). However, in the case of a transboundary health emergency the Commission emphasized that "it is nevertheless important to ensure the coordination of national responses to the pandemic" (COM 2020/68, p. 9). This is also solidified in Article 4(5)(b) of the Council Regulation (EU) 2016/369 which states "the Commission may grant emergency support in the form of procurement on behalf of the Member States" (COM 2020/680, p. 9). This reaffirms that centralized procurement of vaccines is an already established supranational competency, conditional on there being a health crisis. Similar arrangements for centralized procurement in case of health crises exist in the form of Joint Procurement Agreement for "covering personal, protective equipment, ventilators and laboratory supplies..." (European Council, 2020b, p.15). Important to note is that only the Council of Ministers of health can activate Article 4(5)(b), as it did on June 9, 2020 (Decision 2020/9309, p.1; SANTE 2021/03/020). In conclusion, there is no further evidence suggesting supranational actors/transnational interests groups sought to expand medical procurement capacity outside the scope of health emergencies. Although the present evidence is sufficient to conclude the APAs is an already existing supranational competency, conditional on there being a health emergency as defined by Article 4(5)(b).

**N1.3 | Supranational entrepreneurship:** Before the Covid-19 vaccine procurement was delegated to the Commission, bilateral arrangements between MS organized procurement thereof (Becker & Gehring, 2022). The purpose of this section is establish whether it was supranational actors (Commission, ESM, Parliament) that have predominantly and proactively been involved in the delegating competency over the APAs or whether these supranational actors have explicitly expressed the need to expand the supranational capacity to organize other procurement processes.

As laid out in Article 4(5)(b) of the ESI, the MS can delegate a negotiation mandate regarding joint procurement of vaccines to the Commission. In a Council meeting on 9 June 2020, ministers of

health collectively “agreed on the need for joint action to support the development and deployment of a safe and effective vaccine...” (Decision 2020/4192, p. 1). Subsequently the Commission was installed as collective negotiator “on behalf of the MS” (Decision 2020/9309, p.1). The Commission commenced on 17 June, 2020 by proposing the EU Vaccine Strategy and inviting pharmaceutical companies that had been working on Covid-19 vaccines to contact the Commission (Decision 2020/9309). The Commission utilized its newly delegated mandate to its fullest and successfully negotiated APAs with six different pharmaceutical companies by mid-December 2020. Although the Commission’s proactive engagement with the pharmaceutical companies can be seen as evidence for supranational entrepreneurship, it is more relevant to analyze how the Commission has proceeded to utilize this mandate in later stages.

The following statement by Commissioner for Health and Food Safety, Stella Kyriakides, exemplifies that the delegated negotiation mandate entails more than contractually engaging with pharmaceuticals: “We gave upfront funding to companies to build the necessary manufacturing capacity to produce vaccines, so deliveries can start as soon as they are authorized” (European Commission, 2021, p.1). The Commission and European Investment Bank in unison have dedicated considerable resources to the R&D of vaccine development in order to catalyze the procurement of vaccines for the EU (COM 2021/35). It is unclear whether these financial commitments are a deviation from the delegated negotiation mandate, because this information is not publicly available. What is evident however, is that the Commission is taking a proactive stance in not only negotiating on behalf of the MS, but also investing into R&D. On top of the Communication of 19 January 2021 suggests the Commission is aiming to enlarge its competency even further. One of the four strategic goals the Commission set out in its approach to combat the Covid-19 outbreak is to “show international leadership and solidarity with its partners” (COM 2021/35, p.1). Another Communication elaborates this goal - in that the Commission wants to utilize its mandate to develop and procure vaccines for its MS and for the international community as an act of solidarity through IOs such as the Covax facility, Gavi and WHO (COM 2020/680). To sum up, given the Commission’s ambition to act both as a regional and global leader and its proactive stance towards engaging with third-parties (pharmaceuticals and IOs) supranational entrepreneurship can be assumed.

### 5.2.3.2. / *Liberal-Intergovernmentalism*

**L1.1 | National economic interests:** With the establishment of the APAs there has been a shift from bilateral towards centralized forms of Covid-19 vaccine procurement (Becker & Gehring, 2022). The objective of the following section is to investigate to what extent national economic interests have shaped the initiation of the APAs.

As stated in the Decision of December 15, 2020 the ministers of health “agreed on the need for joint action ... to ensure the development and deployment of the vaccine against Covid-19” (Decision 2020/9309, p.1). This passage exemplifies that MS are supportive of the APAs, although it remains rather ambiguous what exactly are the specific underlying (economic) incentives. An Italian think tank highlighted that the core economic aspect of the APAs is to “cover part of the upfront costs faced by [vaccine] producers in exchange for the right to buy [vaccines]” (Istituto Affari Internazionali, 2021, p.2). The upfront costs are paid by the Commission, as is laid out by the ESI (SANTE 2020/C3/087, p.6). Delegating upfront funding to the Commission is economically beneficial for MS as it reduces the risk to lose that investment, and avoids that MS are “tempted to take strong, urgent actions” with greater economic risks (Policy Department for Economic, Scientific and Quality of Life Policies, 2021, p.14).

Also, as the European Consumer Organization explained, the APAs allowed MS with less economic capacity to enjoy reliable access to vaccines: “all MS were able to secure vaccine supplies ... regardless of their purchasing power” (The European Consumer Organization, 2021, p.2). In conclusion, the APAs on the one hand de-risk investments made by MS by delegating that risk to the Commission. On the other hand, the APAs generate certainty in the supply of vaccines during the highly uncertain times - also for MS with lesser economic capacity. Despite the evidence not being concrete regarding individual MS’ economic incentives, the empirical evidence is sufficient to conclude economic interests have pushed forward the APAs.

**L1.2 | National geopolitical interests:** One of the aforementioned objectives of the APAs is to ensure MS will have equitable and affordable access [to vaccines] for all in the EU' (European Commission, 2021c). It is essential for MS to have an adequate amount of vaccines at its disposal to conduct an effective vaccination program. In turn, the vaccination rate determines whether the MS can relax or tighten border control measures. In the following section it will be determined to what extent national geopolitical interests regarding border policy have influenced the deployment of APAs.

The core purpose of the APAs is to secure vaccines for all MS, to curb the Covid-19 outbreak and allow MS to re-open borders in a safe manner. De facto this suggests that the APAs holds geopolitical significance for individual MS and the Union as a whole. A study by the Parliament reiterated this and emphasized that specifically for “the Southern Member States that heavily rely on tourism” seek to reopen their borders for the sake of their domestic economies (Policy Department for Economic, Scientific and Quality of Life Policies, 2021, p.41). Apart from this, concrete evidence is missing. This in itself does not imply there are no geopolitical interests underlying to the APAs, although it hinders the formulation of a confident conclusion. Further analysis is necessary compiling different documents.

**L1.3 | Inter-state bargaining:** Formally the competence of negotiating APAs has been delegated to the Commission, after approval by the Council (Becker & Gehring, 2022). However, the MS still have retained some control over negotiations through an oversight committee of senior experts representing the MS' interests. The intention of this section is to establish to what extent certain aspects regarding the APAs are the result of inter-state bargaining by identifying coalitions, side-payments, strong preferences and concessions.

The analysis of documents has not yielded any indications of inter-state bargaining underlying to the APAs. This can be attributed to the fact that the APAs as an instrument is primarily grounded in an already well-defined ESI Regulation framework. For instance, the ESI Regulation Article 4(5)(b) is very clear that based “on agreement between the Commission and Member States” the Commission can be empowered to negotiate on behalf of the MS (Decision 2020/4192, p.1). Hence, the procedure through which a negotiation mandate is delegated is clearly defined and does not allow for

interpretation, compromises or any other form of bargaining. The content of the APAs itself are not governed by the ESI Regulation and have been formulated by a “negotiating team composed by some MS representatives and the Commission” (The European Consumer Organization, 2021, p.6). However, the negotiation process of the APAs during the Covid-19 outbreak have been criticized for lacking transparency and that content of the APAs were “made publicly available months after they were concluded” (The European Consumer Organization, 2021, p.6). Without further analysis, this hinders reaching meaningful conclusions.

## **5.3 | EU Digital Covid Certificate**

### ***5.3.1 | Background***

The implementation of DCC was an important milestone in the Union’s concerted effort to gain control over the Covid-19 outbreak. The DCC enhances the Union’s generic capacity so that governments can responsibly organize travel, business and social gatherings (European Commission, 2021b). This digital gateway system for verifying interoperable Covid-19 vaccine, test and recovery certificates specifically benefited the strategic ability to ‘recognize’ and ‘contain’ crises, as described by James et al. (2011). First, Regulation (EU) 2021/953 requires all MS to standardize their procedure for rejecting or issuing Covid-19 certificates to its citizens so that certificates in one MS are equally valid in another MS (European Commission, 2021b). Standardizing the application of the DCC in all MS therefore enhances the Union’s overall ‘recognition’ of which citizens are eligible to travel freely or should be subjected to additional non pharmaceutical measures such as quarantine, additional testing, etc.. Second, Regulation (EU) 2021/953 requires MS to accept Covid-19 certificates from other MS if all the technical standards are upheld. This allows citizens to travel again and economic activity to recover parallelly. Hence, the implementation of the DCC facilitates in ‘containing’ to some degree the negative financial externalities posed by the Covid-19 outbreak.

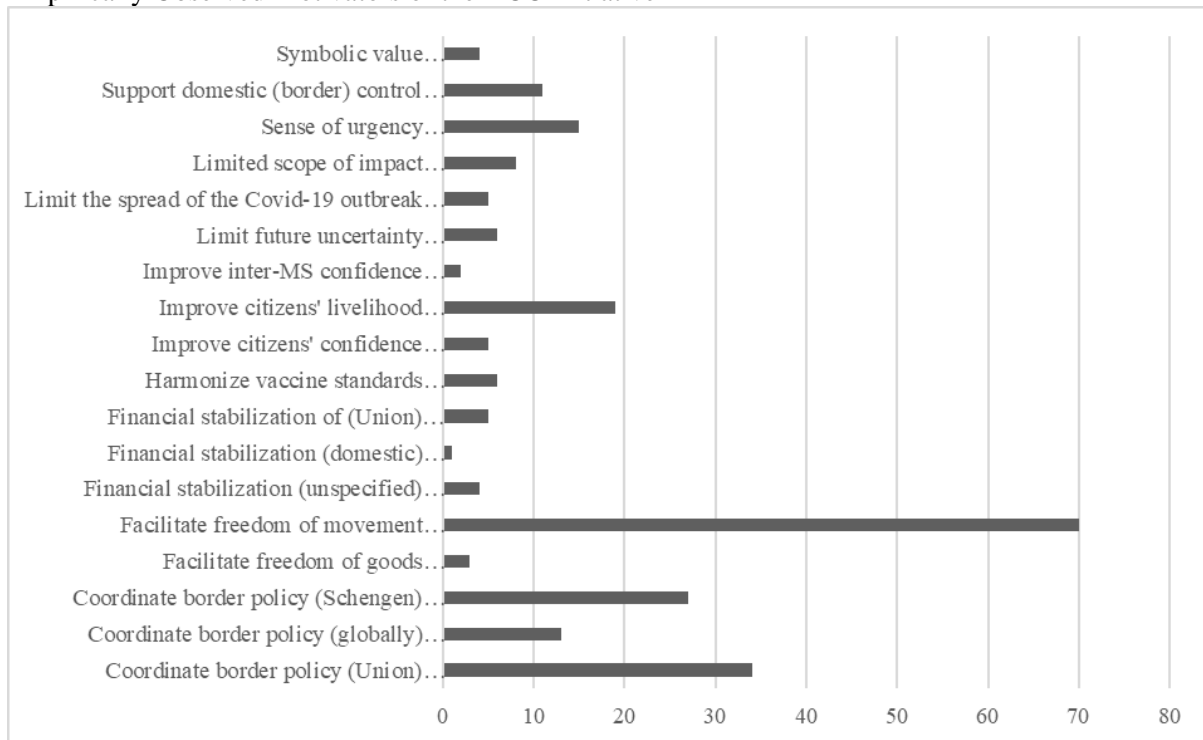
The approval and wide implementation of the DCC can be considered historic in the sense that MS have traditionally been hesitant to delegate border control mandate over to supranational institutions (Becker & Gehring, 2022). Difficulty to harmonize border control was exemplified in an

earlier stage of the Covid-19 outbreak when the Commission failed to coordinate border control policy through the Joint Roadmap Initiative (C/2020/2419). Contrary to what the Joint Roadmap Initiative hoped to achieve, MS imposed different border control measures at different times resulting in fragmented internal borders (Becker & Gehring, 2022). The uncoordinated border policy worried experts and politicians regarding the functioning of the Internal Market and the European integration project as a whole (Eckhardt, Kappner & Wolf, 2020). To them the DCC can be seen as a gradual step towards harmonizing border policy by establishing a European framework for inter-MS issuance, verification and acceptance of vaccination, test and recovery certificates. Although the development of this centralized digital gateway system on itself does not constitute ‘hard’ integration, it does pave the way for further coordination efforts in the future.

### ***5.3.2 / The Motivators***

Compared to the previous initiatives, the documents regarding the DCC were more comprehensive regarding the underlying motivators. This is reflected in the amount of codes of directly and indirectly mentioned motivators for establishing the DCC. In total 238 codes have been counted. This can in part be explained by the scope of impact that the DCC initiative has. Whereas the PCS ‘only’ affects MS financing their domestic healthcare system and the APAs govern relationships between the Union and pharmaceutical companies, the DCC directly influences the lives of 440 million European citizens (Eurostat, 2022). That the implementation is considered to be politically sensitive is also reflected in the empirical findings. The descriptive data from the previous section, contextualizing the most prominent motivators of the DCC, seems to be consistent with the empirical observations in this section.

**Figure 4.**  
Empirically Observed Motivators of the DCC Initiative



*Note.* Codes obtained in an open coding process from 10 EU documents, which are referenced under Appendix III.

From the 18 different motivators mentioned throughout the various documents, 1 motivator prevailed as the most prominent (See Figure 4). The most frequently cited reason to implement a framework for the issuance, verification and acceptance of Covid-19 vaccine, test and recovery certificates is to ‘facilitate freedom of movement’ which recurred 70 times (29.4% of all codes within DCC). This emphasizes the value placed upon one of the Union’s core principles by the MS, Commission and other European institutions. Furthermore, it becomes apparent from the empirical observation that the main function of the DCC is to ‘coordinate border policy’ between actors within and outside the European Union. In total 74 times this motivator was mentioned in regards to the purpose of implementing the DCC (31% of all codes within DCC). However, it must be noted that out of the 74 times the documents mentioned the coordinating function of the DCC: 34 times related to coordinating MS within the Union (14.3% of all codes within DCC); 27 times related to aligning border policy of Schengen Area members and some third countries with the Union (11.3% of all codes within DCC); 13 times related to expanding the DCC to global scale in order to facilitate the global movement of people (5.5% of all codes within DCC). On the one hand, ‘coordination’ refers to



harmonizing the technical standards for issuing interoperable Covid-19 certificates. On the other hand, it has referred to MS coordinating the re-opening of their borders using the DCC for this purpose. Although these two meanings are distinct, they are closely related, as highlighted in the following quotation:

"...to start on a common approach to the gradual lifting of restrictions to free movement in order to ensure that efforts are coordinated when the epidemiological situation allows for an easing of existing measures and for the work on COVID-19 interoperable and non-discriminatory digital certificates to be taken forward as a matter of urgency." (Regulation EU 2021/953, p.5)

### ***5.3.3 / Drivers of integration***

#### *5.3.3.1. / Neofunctionalism*

**N1.1 | Functional spillover:** The previous section concluded confidently that the main goal of the DCC is to facilitate free movement of people and allow for the coordinated re-opening of the European societies (European Commission, 2021b). The objective of this section is to determine whether the DCC is functionally related to a parallelly or previously established European initiative, policy or strategic objective. The specific approach to identify this phenomenon in the empirical situation is to identify the presence of an urgent original policy goal, a (perceived) functional interdependence between the successive initiatives and the expressed needs for further integration (Niemann & Ioanniy, 2015).

As laid out in Article 45 of the Treaty on the Functioning of the European Union, the EU has institutionalized the fundamental right of freedom of movement. This freedom of movement has been impeded by the transboundary nature of the Covid-19 outbreak and resulted in MS adopting travel restrictions asymmetrically. The Commission described the problem of asymmetric travel restrictions as follows: "so long as some MS apply restrictions, there will be limitations as to how far other MS can successfully reopen." (COM 2021/649, p3.). The DCC has been launched in order to strike a

balance between that right of free movement and controlling public health situations domestically and to “facilitate the exercise of the right of free movement” (Regulation/2021/953, p.6).

Furthermore, the Commission has stated that the DCC can be considered a temporary measure and that “the certificate will be suspended once the WHO declares the end of the ... health emergency” (European Parliamentary Research Service, 2021, p. 10). There is however, evidence for the Commission actively pursuing expansion of the use of the DCC. For instance, the DCC is specifically designed to make the digital Covid-19 certificates interoperable on a global scale by linking them to digital certificate initiatives launched by the WHO and the International Civil Aviation Organization in December 2020. In a Communication of March 17, 2021, the Commission elaborated on the DCC’s long-term goal to “put in place a stronger framework for resilience and preparedness in the eventuality of future pandemic” (COM 2021/129, p.12). In another Communication of October 18, 2021, this was further explained in that the digitalization of test, vaccine and recovery certificates is unprecedentedly cost-effective and is an easily accessible instrument in combating health crises. It is even considered “an important test case for the development of an EU Digital Identity toolbox”, suggesting there are explicit thoughts of preserving the DCC for later epidemiological crises (COM 2021/649, p.19). Although there is no concrete evidence suggesting the DCC will be permanently incorporated in EU legislation, the current Regulation at least allows for the possibility to reactivate or prolong the use of the DCC conditional on the epidemiological status of the Covid-19 outbreak (European Parliamentary Research Service, 2021, p.10).

To sum up, there is clear evidence for the DCC serving an original policy goal, namely to facilitate the freedom of movement. Without the DCC, it would be complex for MS to harmonize border policy and allow the movement of people without jeopardizing the public health protection. This in itself exemplifies functional interdependence between the DCC and upholding this fundamental right. Although the evidence remains ambiguous what role the DCC would play in the future, there is adequate evidence to conclude functional spillover is present.

**N1.2 | Transfer of domestic allegiance to supranational level:** The implementation of the DCC has been exceptionally swift and is now institutionalized in two Regulations (C/2021/953 & C/2021/954) directly applicable to all MS, the Schengen Area and some third countries. In the following section these Regulations are investigated in context of the existing boundaries of supranational competency. In other words, to what extent is the DCC presented as a direct extension of previously established supranational competency.

The DCC is the only initiative in this study that required novel legislation to be developed by the Commission and approved by the Council and Parliament. Hence, the adoption of Regulation EU/2021/953 and Regulation EU/2021/954 has per definition expanded supranational competency regarding the issuance, verification and acceptance of interoperable vaccination, test and recovery certificates (Regulation/2021/953, p.1; Regulation/2021/954, p.1). The need for expanding this competency to supranational level seems to be primarily a result of the global need to lift travel restrictions in order to facilitate global movement of people. The Commission has been supported in this effort by international organizations. The International Air Transport Association has been “urging countries to adopt the EU Digital Covid Certificate as a global standard” as a means to responsibly lift travel restriction and allow for air travel to recover from reduced air traveling (COM 2021/129, p.3). Furthermore, the Organisation for Economic Co-operation and Development, the UN World Tourism Organisation and the G20 Tourism Working Group have actively been involved in pushing forward and shaping the DCC in pursuit “to restart and recover ... world tourism in a sustainable manner” (COM 2021/649, p.6). The public support by the the Airports Council International and the World Travel and Tourism Council further strengthens the idea that transnational actors have played a crucial role in pushing forward the DCC not only as a tool governing EU, but global travel in its totality (European Parliamentary Research Service, 2021, p.4).

**N1.3 | Supranational entrepreneurship:** The initiation and development of the DCC initiative followed the ordinary legislative procedure, which implies the Commission carries the competency of initiating the proposal (European Commission, 2021a). The purpose of this section is to establish to what extent the Commission or other supranational actors were most prominently

involved in initiating, designing and executing the DCC. Also it will focus on whether supranational actors (Commission, Parliament) have explicitly expressed the need to expand the supranational capacity to other initiatives like the DCC.

There is substantive evidence indicating the Commission has been proactive in the roll-out of the DCC. This proactivity has contributed to the DCC being developed in “record time”, as President of the Commission, Ursula von der Leyen, phrased it. On March 17, 2021 the Commission published its first proposal for the DCC. Barely three months later (62 days), the proposal was accepted by the Council and Parliament and adopted on June 15, 2021 (European Parliamentary Research Service, 2021, p.2). There is no explicit evidence indicating the Commission has urged the Council and Parliament to speed up the ordinary legislative process or that this is attributable to the urgency of the outbreak itself. Nonetheless, the Parliament has decided to adopt the urgent procedure which sped up the legislative procedure significantly.

The speed of the ordinary legislative procedure on itself is not enough to conclude whether the Commission was proactive or whether it was due to widespread political will. However, there is other evidence hinting towards proactiveness in the Commission’s handling. First, it has mobilized 100 million euros to purchase 20 million rapid antigen tests in order to ensure accessibility for European citizens to the DCC (Regulation/2021/953, p.10.). At the time of approving this fund, another 100 million euros was reserved in the case it would be “necessary” (P9\_TA 2021/0273 (a) & P9\_TC1-COD 2021/0068 (b), p.2). Second, the Commission has “encouraged MS to start issuing” DCC before the Regulations were formally in place (COM 2021/649, p.16). Finally, “the Commission maintains regular contacts with the MS at technical level” so that no technical issues (e.g. data protection, privacy) would impede the roll-out of the DCC (European Parliamentary Research Service, 2021, p.14). To sum up, the speed of the ordinary legislative procedure together with various facilitative actions by the Commission is sufficient to at least partially conclude on supranational entrepreneurship.

### 5.3.3.2. / *Liberal-Intergovernmentalism*

**L1.1 | National economic interests:** From the previous section it has become evident the DCC is presented as the key to re-open the internal borders of the Union. Not only is this of essence to allow citizens to travel and attend social gatherings, but also to allow economic activity to recover (Eckhardt, Kappner & Wolf, 2020). The purpose of the following section is to investigate to what extent the establishment of the DCC has been motivated by national economic interests to reopening domestic markets. Although it seems logical that MS are economically incentivized to re-open its borders using the DCC, there is very little evidence that concretely points to this. There are multiple instances where the EU-wide economic benefit of implementing the DCC is specified. For instance, in a speech on May 21, 2021 Commissioner of Justice, Didier Reynders, stated that with introducing the DCC “businesses will be able to benefit from their spending, and transport will be able to operate” (Reynders, 2021, p.2). However, these instances often refer to the economic benefits to the Union as a whole and are not sufficient to confidently conclude national economic interests to be leading in pushing forward the DCC.

**L1.2 | National geopolitical interests:** The DCC and the accompanying gateways system to coordinate the issuance, verification and acceptance of Covid-19 certificates, has shown to be a useful tool for MS to control the flow of people according to the epidemiological situation (European Commission, 2021a). This section seeks to determine to what extent the APAs has been presented as being in the interest of domestic border control (in regards to reducing the Covid-19 transmission).

On June 15, 2021 the formal publication of Regulation 2021/953 stated that “many MS have launched or plan to launch initiatives to issue Covid-19 vaccination certificates” (p.4). This was reiterated in a report by the Parliamentary Research Service, which described how 12 MS had already been independently developing digital certificates or even launched them before the official Regulation was published (European Parliamentary Research Service, 2021, p.3). The MS’s eagerness to deploy a digital certificate system can be attributed to an objective stated earlier in Council Recommendation 2020/912. Here MS have jointly expressed their need for MS to “gradually lift the

temporary restriction on non-essential travel in a coordinated manner” for the purpose of restoring tourism and other economic activity (Regulation 2021/954, p.2). Furthermore, the Commission has observed that “before the date of this Regulation several MS already exempted vaccinated persons from certain travel restrictions” (Regulation 2021/954, p.2). This allows it to conclude with some degree of confidence that MS pushed forward the DCC, because of its geopolitical interest of being able to control border restrictions.

**L1.3 | Inter-state bargaining:** It is not unlikely that during an ordinary legislative procedure MS will have conflicting interests whenever the Council engages into the first reading of the Commission’s proposal. Traditionally these negotiations are incremental and involve substantive inter-state bargaining. The intention of this section is to establish to what extent the DCC is a result of inter-state bargaining by identifying coalitions, side-payments, strong preferences and concessions.

There is no evidence that provides insight into the exact bargaining within the Council or inter-MS. The little evidence only provides insight into the Council’s handling of the ordinary legislative procedure. As Commission President Von der Leyen highlighted, the ordinary legislative procedure proceeded in a record time of 62 days (Von der Leyen, 2021, p.1). This suggests that the Parliament and Council recognized the urgency of passing the proposal, so that MS could adequately deal with the crises. Uniquely, the Council agreed on an ad-hoc working party to speed up negotiations with the Parliament and Commission on March 19, 2021 only two days after the Commission presented the first draft (European Parliamentary Research Service, 2021). On April 14, 2021 the Council published its position regarding the Regulation proposal (European Parliamentary Research Service, 2021, p.4). The most noteworthy amendments in their position were (1) to clarify how the DCC would operate with third-countries in the Schengen Area, (2) ensure data protection rights are upheld and (3) to reaffirm that the digital certificate is not a precondition to exercise the right of free movement. Important to note is that all amendments were adopted by the Commission. This in itself only proves that amongst the MS there was a sense of urgency to approve the DCC. Therefore no definitive conclusions can be made regarding whether inter-state bargaining shaped the DCC.

## Chapter 6: Discussion

This chapter is dedicated to comparing the empirical results of the quantitative and qualitative analysis (chapter 5). It will make a comparison across the three initiatives (PCS/APAs/DCC) and will seek to explain similarities and discrepancies across the initiatives by revisiting the grand integration theories of neofunctionalism and liberal-intergovernmentalism, whilst also considering previously established literature on CM. All the empirical results have been summarized according to the theoretical propositions and initiative (Table 5).

**Table 5.**  
A Comparison of Empirical Observation for the Three CM Initiatives

<b>Neofunctionalism</b>			
<i>To what extent empirically observed: not observed (N), partially observed (P) or observed (O)</i>			
Indicators	PCS	APAs	DCC
<p><b>N1.1 Functional Spillover</b></p> <ul style="list-style-type: none"> <li>Previously or parallelly established initiatives/policies/strategic objectives are explicitly mentioned as functionally related to the CM initiative</li> </ul>	O	P	O
<p><b>N1.2 Transfer of Allegiance</b></p> <ul style="list-style-type: none"> <li>Supranational and/or transnational actors (Commission, Parliament, ECB, interests groups) present the CM initiative (PCS/APAs/DCC) as (already) being a supranational competency/capacity.</li> </ul>	N	O	O
<p><b>N1.3 Supranational Entrepreneurship</b></p> <ul style="list-style-type: none"> <li>Supranational actors (Commission, Parliament, ECB) are proactively involved in initiating, designing and/or</li> </ul>	N	O	P

executing the CM initiative (PCS/APAs/DCC).			
<ul style="list-style-type: none"> <li>Supranational actors (Commission, Parliament, ECB) express the need for expanding existing supranational capacity/competency.</li> </ul>	N	O	O

**Liberal-intergovernmentalism**

*To what extent empirically observed: not observed (N), partially observed (P) or observed (O)*

Indicators	PCS	APAs	DCC
<b>L1.1 Economic interests</b> <ul style="list-style-type: none"> <li>The (potential) economic benefits/costs of the CM initiative (PCS/APAs/DCC) are explicitly mentioned.</li> </ul>	P	O	N
<b>L1.2 Geopolitical interests</b> <ul style="list-style-type: none"> <li>The (potential) benefits/costs of the CM initiative (PCS/APAs/DCC) regarding domestic border control (in regards to the transmission of Covid-19) is explicitly mentioned.</li> </ul>	N	N	O
<b>L1.1/1.2 Economic/Geopolitical interests</b> <ul style="list-style-type: none"> <li>Domestic actors (ESM, Council/ministers/governments) are proactively involved in initiating, designing and/or executing the CM initiative (PCS/APAs/DCC).</li> </ul>	O	P	P
<b>L1.3 Inter-state Bargaining</b>	P	N	N



<ul style="list-style-type: none"> <li>• Mentioned side-payments, concessions, cooperation and issue-linkage between MS insinuates inter-state bargaining.</li> </ul>			
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*Note.* The empirical findings discussed in chapter 5 have been synthesized into this table.

## 6.1 | Revisiting the Neofunctionalist Propositions

Based on the findings neofunctionalism seems to be the best at explaining development of CM initiatives during the Covid-19 outbreak. There seems to be a stronger congruence between the empirical situation and the neofunctionalist propositions. For all initiatives applied that the communication regarding the public value of implementing those CM instruments was particularly salient. As Bundy et al. (2017), described transparency and clarity in CM is essential for management of stakeholders perceptions. Next to this, there was clear communication in what way the respective initiatives functionally tied into the overarching policy in combating the Covid-19 outbreak (N1.1). The PCS was developed in unison with the Commission’s SURE and the EIB’s Guarantee fund. Without the APAs, the EU Vaccine Strategy would significantly be hampered. And, the DCC sought to safeguard one of the EU’s fundamental rights of freedom of movement.

Another interesting finding is that for the other remaining theoretical propositions - transfer of supranational allegiance (N1.2), supranational actors taking initiative (N1.3) and the expressed need for expanding supranational competency (N1.4) - congruence has to some degree been observed in all initiatives, except for PCS. This can partly be attributed to the fact that the PCS falls under the competence of the ESM, which is an intergovernmental institution. The PCS is regulated under the ESM Treaty and therefore de facto cannot be considered a direct extension of supranational competency. Furthermore, the development of the PCS is done primarily by the eurozone ministers of finance, during which the Commission primarily acted as a facilitator rather than an initiator, whereas the other initiatives required the Commission’s involvement more noticeably.

Boin and Rhinard (2008) described that MS have been historically reluctant to delegate its healthcare competencies over to the supranational level. This also partially explains why the PCS is primarily discussed in the context of domestic competences (via the eurozone group). Furthermore, there is no evidence suggesting there is a need to expand the PCS to supranational competency, unlike the other initiatives. Here, it is necessary to consider the urgency of and willingness to develop the respective initiatives. The APAs and the DCC were presented as a necessity to roll-out vaccine campaigns and start reopening borders, and involved actors behaved accordingly. The Commission has, amongst other actions, invested significantly in the R&D of pharmaceuticals and undertook exceptional efforts to link the vaccination procurement mechanism and digital Covid-19 certificates to global initiatives. The contrary is true for the PCS, where the Commission had only taken a proactive stance in assessing MS for eligibility criteria prior to it being formally launched. The lack of urgency to develop the PCS is also reflected in the fact that up until today there is no MS that has applied for the credit line.

## **6.2 | Revisiting the Liberal-integovernmentalist Propositions**

Findings for the liberal-intergovernmentalist propositions were less consistent across all the initiatives. This can partly be explained by the fact that the initiatives are inherently motivated by the different types of interests (economic and geopolitical). For instance, the PCS and APAs are initiatives that relate to healthcare expenditure and vaccine procurement respectively, which is inherently linked to the MS' ability to recover and stabilize domestic economies in the aftermath of the Covid-19 outbreak. This is reflected in the empirical situation as national economic interests seemingly have pushed forward these initiatives (L1.1). Unlike the PCS and APAs, the DCC relates to the capacity for MS to lift travel restrictions and reopen borders. Subsequently, this is reflected in the observations of geopolitical interests underlying the development of the DCC (L1.2).

In all initiatives there was clear evidence that domestic actors were prominent in the development of that initiative (L1.3). This makes sense since public health policy remains primarily a domestic competence. At this point, it is necessary to note that a transboundary health crisis inherently requires domestic and supranational actors to proactive act in unison. Health crises seem to generate a

special situation under which domestic and supranational actors have similar interests, namely to adopt effective CM practices. This begs the question to which extent either domestic or supranational actors are consciously considering the effects of those CM practices on the European integration project.

Finally, there was barely any evidence for inter-state bargaining, although it was partially observed in the PCS (L1.4). This can mainly be attributed to the fact that much of the EU-level documentation did not disclose details regarding individual MS' positions and interests. Also the empirical evidence did not uncover to what extent outcomes of initiatives were the result of compromises and issue-linkage. This does not imply there was no inter-bargaining, merely that there is not enough evidence to come to a definitive conclusion. In chapter 7 this issue will be discussed in more detail as to why this is a limitation of this study.

## **Chapter 7: Conclusion**

This final chapter seeks to reach a conclusive answer on the research question: ‘Which European integration theory (neofunctionalism or liberal-intergovernmentalism) is better equipped at explaining the development of three initiatives (PCS/APAs/DCC) that have contributed to Europe’s CM crisis management and European integration?’. Furthermore, it will discuss the limitations of this study that hinder finding a conclusive answer. Finally, this chapter will make recommendations for future research in order to overcome the limitations of this study.

### **7.1 | Answering the Research Question**

To reflect upon the research question, it should be concluded that neofunctionalism is best equipped at explaining the development of the three CM initiatives. The empirical situation exhibits the most congruence with the theoretical propositions derived from neofunctionalism. In this case study supranational actors have been the most prominent drivers of establishing CM initiatives. This does not imply that domestic actors play insignificant roles therein. On the contrary, without the support of domestic actors EU-level initiatives would not have developed in the pace it did during the Covid-19 outbreak. This study has shown that the Covid-19 outbreak has generated a special political situation, where supranational actors have pushed forward CM initiatives whilst domestic actors have generally been accommodating. It also exemplifies that supranational and domestic actors perceive merit in supranational CM practices, in the case of a transboundary health crisis. It therefore is not the question *if* but *how* supranational CM will take place when the EU faces its next transboundary health crises.

### **7.2 | Limitations**

The quality of a congruence analysis relies heavily on the empirical evidence, so that two contested theories can be tested. In turn, the quantity and quality of the empirical evidence is dependent on the selection of documents. This study has limited itself to documentation published and catered to the European level, for purposes of external validity. However, there is an inherent trade-off

to this choice. European government documentation tends to be more EU-centric, and less detailed regarding individual MS' interests, positions or actions. This complexifies the process of testing neofunctionalism against liberal-intergovernmentalism, since the latter is more MS-centric.

Throughout this study, the selection of documents that contained adequate empirical evidence to be able to test both theories proved to be the most substantial challenge. It is key that future research incorporates more documentation regarding MS' interests and inter-state bargaining.

### **7.3 | Future Research**

This study has attempted to combine the academic fields of CM and European integration by conducting a congruence analysis in the context of the Covid-19 outbreak. Although this study has yielded a broad insight into the integration process across various initiatives, future research is necessary to validate and complement these findings. It would be especially interesting to conduct a similar study in the context of another transboundary health crisis. It is also necessary to address the limitations of this study. Future research should make an attempt to incorporate domestic government documents to complement the European government documents. Although this would require a certain degree of language proficiency and would require to limit the scope of analysis to a singular initiative, it would enhance the richness of the empirical observations and conclusion thereof.

## References

- Austin, L., & Yan J. (2015). Approaching ethical crisis communication with accuracy and sensitivity: Exploring common ground and gaps between journalism and public relations. *The Public Relations Journal*, 9(1), 2-26.
- Attinà, F. (2016.). Migration drivers, the eu external migration policy and crisis management. *Romanian Journal of European Affairs*, 16(4), 15–31.
- Backman, S, & Rhinard, M. (2018). The European Union's capacities for managing crises. *Journal of Contingencies and Crisis Management* 26(2), 261– 271. <https://doi-org.eur.idm.oclc.org/10.1111/1468-5973.12190>
- BBC News (2022). *Europe entering Covid pandemic “ceasefire”*, says WHO. BBC. Retrieved April 5, 2022, from <https://www.bbc.com/news/world-europe-60245273>.
- Bigley, G.A., & Roberts, K. H. (2001). The incident command system: High-reliability organizing for complex and volatile task environments. *Academy of Management Journal*, 44, 1281-1299.
- Blatter, J., & Haverland, M. (2012). *Designing Case Studies: Explanatory Approaches in Small-N Research*. Palgrave Macmillan.
- Blatter, J., & Haverland, M. (2014). Congruence Analysis. In *Designing Case Studies* (pp. 144-187). Palgrave Macmillan.
- Becker, M. & Gehring, T. (2022). Explaining EU integration dynamics in the wake of COVID-19: a domain of application approach, *Journal of European Public Policy*, 1-20. Doi: 10.1080/13501763.2022.2027000
- Boin, A., Busuioc, M., & Groenleer, M. (2014). Building european union capacity to manage transboundary crises: network or lead-agency model? *Regulation and Governance*, 8(4), 418-436. <https://onlinelibrary-wiley-com.eur.idm.oclc.org/doi/full/10.1111/rego.12035?sid=worldcat.org>
- Boin, A., & Rhinard, M. (2008). Managing Transboundary Crises: What Role for The European Union? *International Studies Review*, 10(1), 1-26. <https://www-jstor->

[org.eur.idm.oclc.org/stable/pdf/25481928.pdf?refreqid=excelsior%3A70430617685facd0659d8d6df66c0251&ab\\_segments=&origin=](https://www.eur.idm.oclc.org/stable/pdf/25481928.pdf?refreqid=excelsior%3A70430617685facd0659d8d6df66c0251&ab_segments=&origin=)

- Boussaguet L, Faucher F, & Freudlsperger C. (2021). Performing Crisis Management: National Repertoires of Symbolic Action and Their Usage during the Covid-19 Pandemic in Europe. *Political Studies*, 1-20. Doi: 10.1177/003232172111058305
- Bryman, A. (2016). *Social Research Methods (5th ed.)*. Oxford UP.
- Bundy, J., & Pfarrer, M.D. (2015). A burden of responsibility: The role of social approval at the onset of a crisis. *Academy of Management Review*, 40, 345-369.
- Bundy, J., Pfarrer, M.D., Short, C.E., & Coombs, W.T. (2017). Crises and crisis management: integration, interpretation, and research development. *Journal of Management*, 43(6), 1661–1692. Doi: 10.1177/0149206316680030
- Center, A.H., & Jackson, P. (2002). *Public relations practices: Managerial case studies and problems (6th Ed.)*. Prentice Hall.
- CNN (2022). *Covid-19 Pandemic Timeline Fast Facts*. CNN. Retrieved May 30, 2022, from <https://edition.cnn.com/2021/08/09/health/covid-19-pandemic-timeline-fast-facts/index.html>.
- Coombs, W.T. (2007). Protecting organization reputations during a crisis: The development and application of situational crisis communication theory. *Corporate Reputation Review*, 10, 163-176.
- Coombs WT (2012). *Ongoing Crisis Management: Planning, Managing and Responding (3rd ed.)*. Sage.
- Coombs, W.T. (2015). *Ongoing crisis communication: Planning, managing, and responding (4th ed.)*. Sage.
- Darling, J., Hannu, O. & Raimo, N. (1996). Crisis management in international business: a case situation in decision making concerning trade with Russia. *The Finnish Journal of Business Economics*, 4, 12-25.
- Dermine, P. (2020). The EU's Response to the Covid-19 Crisis and the Trajectory of Fiscal Integration in Europe: Between Continuity and Rupture. *Legal Issues of Economic Integration*, 47(4), 337-358.

- Durić D. (2014). Capacities in the context of European integration. *Journal for Labour and Social Affairs in Eastern Europe*, 17(1), 5–21. <https://www-jstor-org.eur.idm.oclc.org/stable/43293552?seq=5>
- Edmunds, T., Juncos, A.E., & Algar-Faria, G. (2018). EU local capacity building: ownership, complexity and agency. *Global Affairs*, 4(2), 227-239. Doi: 10.1080/23340460.2018.1528878
- Eckardt, M., Kappner, K., & Wolf, N. (2020). *Covid-19 across European regions: The role of border controls*. VOXEU. Retrieved on May 5, 2022, from <https://voxeu.org/article/covid-19-across-european-regions-role-border-controls>.
- EU Monitor (2021). *Coronavirus: Commission approves new contract for a potential COVID-19 vaccine with Novavax*. EU monitor. Retrieved May 31, 2022, from <https://www.eumonitor.eu/9353000/1/j9vvik7m1c3gyxp/vl12khbtvhw7?ctx=vg9pl2emdcyl>
- European Center for Disease Prevention and Control (2021). *About ECDC*. ECDC.Europa. Retrieved on June 15, 2022 from <https://www.ecdc.europa.eu/en/about-ecdc>.
- European Central Bank (2011). *Monthly Bulletin July: European Stability Mechanism*. ECB.Europa. Retrieved on May 27, 2022, from <https://www.ecb.europa.eu/pub/pdf/mobu/mb201107en.pdf>
- European Commission. (2016). *European Stability Mechanism*. EC.Europa. Retrieved on May 27, 2022, from [https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/financial-assistance-eu/funding-mechanisms-and-facilities/european-stability-mechanism-esm\\_en](https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/financial-assistance-eu/funding-mechanisms-and-facilities/european-stability-mechanism-esm_en)
- European Commission. (2020a). *Timeline of EU action*. EC.Europa. Retrieved May 30, 2022, from [https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/timeline-eu-action_en)
- European Commission. (2020b). *EU Strategy for COVID-19 vaccines: Communication from the Commission to the European Parliament, the European Council, the Council and the European Investment Bank*. EC.Europa. Retrieved on March 22, 2022, from <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0245&from=EN>.
- European Commission. (2021a). *EU Digital COVID Certificate*. EC.Europa Retrieved May 28, 2022, from [https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate\\_en#validity-of-the-certificates](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en#validity-of-the-certificates)



- European Commission. (2021b). *Press Release: The EU Digital Covid Certificate: a Global Standard with more than 591 million certificates*. EC.Europa. Retrieved May 30, 2022, from [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_21\\_5267](https://ec.europa.eu/commission/presscorner/detail/en/IP_21_5267)
- European Commission. (2021c). *EU Vaccines Strategy*. EC.Europa. Retrieved May 31, 2022, from [https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en)
- European Council. (2022). *COVID-19 coronavirus pandemic: the EU's response*. Consilium.Europa. Retrieved April 5, 2022, from <https://www.consilium.europa.eu/en/policies/coronavirus/#:%7E:text=On%2011%20March%202020%2C%20the,COVID%2D19%3A%20latest%20Council%20updates>
- European Stability Mechanism (2022). *Explainers - European Stability Mechanism*. ESM.Europa. Retrieved on May 27, 2022, from <https://www.esm.europa.eu/about-us/explainers>.
- Euromoney (2020). *How can banks balance stakeholders and covid-19?* Euromoney Trade Journal. Retrieved on May 27, 2022, from <https://www-proquest-com.eur.idm.oclc.org/trade-journals/how-can-banks-balance-stakeholders-covid-19/docview/2410030083/se-2?accountid=13598>.
- Eurostat (2022). The number of persons having their usual residence in a country on 1 January of the respective year [Dataset]. EC.Europa. Retrieved on June 28, 2022, from <https://ec.europa.eu/eurostat/databrowser/view/TPS00001/bookmark/table?lang=en&bookmarkId=c0aa2b16-607c-4429-abb3-a4c8d74f7d1e>.
- Forman, R. & Mossialos, E. (2021). The EU Response to Covid-19: From Reactive Policies to Strategic Decision-making. *Journal of Common Market Studies*, 1-13.
- Gebhard, C. (2013). Introduction: A European Approach to Comprehensive Security?. *European Foreign Affairs Review* 18, 1–6.
- Gillespie, N., Dietz, G., & Lockey, S. (2014). Organizational reintegration and trust repair after an integrity violation: A case study. *Business Ethics Quarterly*, 24, 371-410.
- Gioia, D.A., Corley, K.G. & Hamilton, A.L. (2012). Seeking Qualitative Rigor in Inductive Research: Notes on the Gioia Methodology. *Organizational Research Methods*, 16(1),

15-31.

- Goebels, R.J. (2013). Supranational? Federal? Intergovernmental? The Governmental Structure of the European Union after the Treaty of Lisbon. *Journal of European Law*, 20, 78-142.
- Haas, E.B. (1958). *The Uniting of Europe: Political, Social and Economic Forces, 1950-1957*. Stanford UP.
- Heath R, Lee J, & Ni, L. (2009). Crisis and risk approaches to emergency management planning and communication: The role of similarity and sensitivity. *Journal of Public Relations Research*, 21(2), 123-141.
- Hix, S. & Hoyland, B. (2011). *The political system of the European Union (3rd ed.)*. Palgrave Macmillan.
- Hutmacher, W. (1997). Key Competencies in Europe. *European Journal of Education*, 32(1), 45–58. <http://www.jstor.org/stable/1503462>.
- International Monetary Fund (2021). *Policy Responses to Covid-19: Policy Tracker*. IMF. Retrieved on May 5, 2022 from <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.
- James, E. H., & Wooten, L. P. (2010). *Leading under pressure: From surviving to thriving before, during, and after a crisis*. Psychology Press/Routledge.
- James, E. H., Wooten, L. P., & Dushek, K. (2011). Crisis management: Informing a new leadership research agenda. *Academy of Management Annals*, 5, 455-493.
- Jaques, T. (2009). Issue and crisis management: Quicksand in the definitional landscape. *Public Relations Review*, 35(3), 280-286.
- Jin Y. (2009). The effects of public cognitive appraisal of emotions in crises on crisis coping and strategy assessment. *Public Relations Review*, 35(3), 310-313.
- Kahn, W. A., Barton, M. A., & Fellows, S. (2013). Organizational crises and the disturbance of relational systems. *Academy of Management Review*, 38, 377-396.
- Kleine, M., & Pollack, M. (2018). Liberal intergovernmentalism and its critics. *Journal of Common Market Studies*, 56(7), 1493–1509. <https://doi.org/10.1111/jcms.12803>.

- Korteweg, R. (2021). *Should the Coronavirus accelerate European Integration*. Clingendael.  
Retrieved on March 28, 2022 from <https://www.clingendael.org/publication/should-coronavirus-accelerate-european-integration>
- Lampel, J., Shamsie, J., & Shapira, Z. (2009). Experiencing the improbable: Rare events and organizational learning. *Organization Science*, 20, 835-845.
- Lavallée C. (2021). The European Union's two-fold multilateralism in crisis mode: towards a global response to covid-19. *International Journal: Canada's Journal of Global Policy Analysis*, 76(1), 17-29. <https://doi.org/10.1177/0020702020987858>
- Leson, M. (2021). Pandemic Crisis Support Credit by the ESM - just cheap money that no one wants or an infringement of EU law? A Path for Europe. Retrieved on June 28, 2022, from <https://pathforeurope.eu/pandemic-crisis-support-credit-by-the-esm/>.
- Lin, Z., Zhao, X., Ismail, K, & Carley, K.M. (2006). Organizational design and restructuring in response to crises: Lessons from computational modeling and real-world cases. *Organization Science*, 17, 598-618.
- Lindberg, L. (1963). *The Political Dynamics of European Economic Integration*. Stanford University Press.
- Luo, C.M. (2021). The covid-19 crisis: the eu recovery fund and its implications for european integration – a paradigm shift. *European Review*, 30(3), 1-19.  
<https://doi.org/10.1017/S106279872100003X>
- Milmo, S. (2020). Learning lessons in crisis management: regulatory emergency planning has been put to the test with the covid-19 pandemic. *Pharmaceutical Technology Europe*, 33(4).
- Mishina, Y., Block, E.S., & Mannor, M.J. (2012). The path dependence of organizational reputation: How social judgment influences assessments of capability and character. *Strategic Management Journal*, 33, 459-477.
- Moravcsik, A. (1993). Preferences and Power in the European Community: A Liberal Intergovernmentalist Approach. *Journal of Common Market Studies*, 31(4), 473–524.
- Moravcsik, A. (1997). Taking Preferences Seriously: A Liberal Theory of International Politics. *International Organization*, 51(4), 513–553.

- Moravcsik, A. (1998). *The Choice for Europe: Social Purpose and State Power from Messina to Maastricht*. Cornell UP.
- Moravcsik, A. (2006). The European Constitutional Compromise and the Neofunctionalist Legacy. *Journal of European Public Policy*, 12(2), 349-386.
- Niemann, A., & Ioannou, D. (2015). European economic integration in times of crisis: a case of neofunctionalism?. *Journal of European Public Policy*, 22(2), 196-218.
- Niemann, A., & Schmitter, P.C. (2009). Neofunctionalism. In A. Wiener, & T. Diez (Ed.). *European Integration Theory* (2nd ed., pp. 45-66). Oxford UP.
- Pearson, C.M., & Clair, J.A. (1998). Reframing Crisis Management. *Academy of Management Review*, 23(1), 59–76. <https://doi-org.eur.idm.oclc.org/10.5465/amr.1998.192960>.
- Peters, I. (2011). Strategic culture and multilateralism: the interplay of the eu and the un in conflict and crisis management. *Contemporary Security Policy*, 32(3), 644–666. Doi: 10.1080/13523260.2011.623065
- Philippe, L., Nick, R., Samuel, L.H., Vittoria, C., Chiara, P., Frederik, V.B., Mandev, S.G., Xiang, J., Anthony, L., Adam, S., Shengjie, L., Andrew, J.T., Guy, B., Marc, A.S., & Simon, D. (2021). Untangling introductions and persistence in covid-19 resurgence in europe. *Nature*, 595(7869), 713-717. Doi: 10.1038/s41586-021-03754-2.
- Pirozzi, N. (2013). *The EU's Comprehensive Approach to Crisis Management*. DCAF. Retrieved on March 9, 2022 from [https://www.dcaf.ch/sites/default/files/publications/documents/Pirozzi\\_EU-CM.PDF](https://www.dcaf.ch/sites/default/files/publications/documents/Pirozzi_EU-CM.PDF).
- Pisani-Ferry, J., Sapir André, & Tille Cédric. (2010). Banking crisis management in the eu: an early assessment [with discussion]. *Economic Policy*, 25(62), 341–373.
- Reuters. (2020). *Timeline: How the global coronavirus pandemic unfolded*. Reuters. Retrieved on April 5, 2022, from <https://www.reuters.com/article/us-health-coronavirus-timeline-idUSKBN26K0AQ>
- Risse, T. (2005) Neofunctionalism, European identity, and the puzzles of European integration, *Journal of European Public Policy*, 12(2), 291-309. Doi: 10.1080/13501760500044033.

- Saglietto, A., D'Ascenzo, F., Zoccai, G.B., & De Ferrari, G.M. (2020). COVID-19 in Europe: the Italian lesson. *Elsevier Public Health Emergency Collection*, 395(10230), 1110-1111.
- Salvati, E. (2021). Crisis and intergovernmental retrenchment in the European union? framing the eu's answer to the covid-19 pandemic. *Chinese Political Science Review*, 6(1), 1-19.  
<https://doi.org/10.1007/s41111-020-00171-0>
- Schelkle, W. (2021). Fiscal integration in an Experimental Union: How Path-Breaking was the EU's Response to the Covid-19 Pandemic. *Journal of Common Market Studies*, 59(1), 44-55.
- Scholten, M., & Scholten, D. (2017). From regulation to enforcement in the eu policy cycle: a new type of functional spillover? *Journal of Common Market Studies*, 55(4), 925-942.  
<https://doi.org/10.1111/jcms.12508>
- Schramm, L. (2022). The covid-19 pandemic and european integration: challenges and prospects for citizens, institutions, and the eu polity. *Journal of European Integration*, 44(2), 299-306.  
<https://doi.org/10.1080/07036337.2022.2037897>
- Siciliani, L., Wild, C., McKee, M., Kringos, D., Barry, M.M., Barros, P.P., De Maeseneer, J., Murauskiene, L. & Ricciardi, W. (2020). Strengthening vaccination programmes and health systems in the European Union: A framework for action. *Health Policy*, 124(5), 511-518.
- Spieske, A., Gebhardt, M., Kopyto, M., & Birkel, H. (2022). Improving resilience of the healthcare supply chain in a pandemic: evidence from Europe during the covid-19 crisis. *Journal of Purchasing and Supply Management*, 1-20.  
<https://doi.org/10.1016/j.pursup.2022.100748>
- Tomlinson, E.C., Mryer, R.C. (2009). The role of causal attribution dimensions in trust repair. *Academy of Management Review*, 34, 85-104.
- Weiner, B. (1986). *An attributional theory of motivation and emotion*. Springer Verlag.
- Wilson, J. M., & Goodman, P.S., Cronin, M.A. (2007). Group learning. *Academy of Management Review*, 32, 1041-1059.
- Van Middelaar, L. (2021). *Pandemonium: Europe's Covid Crisis*. Agenda Publishing.
- Yin, R. (2009). *Case Study Research: Design and Methods*. SAGE Publications Ltd.

Zamoum, K., & Gorpe, T.S. (2018). Crisis Management: A Historical and Conceptual Approach for a Better Understanding of Today's Crises. In K. Holla, M. Titko, & J. Ristvej (Eds.). *Crisis Management - Theory and Practice*. IntechOpen.

<https://doi.org/10.5772/intechopen.76198>

Zavyalova, A., Pfarrer, M.D., Reger, R.K., & Hubbard, T.D. (2016). Reputation as a benefit and a burden? How stakeholders' organizational identification affects the role of reputation following a negative event. *Academy of Management Journal*, 59, 253-276.

Zoppe, A. & Dias, C. (2020). *Briefing: The ESM Pandemic Crisis Support*. Europarl.Europa.

Retrieved on May 30, 2022, from

[https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/651350/IPOL\\_BRI\(2020\)651350\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/651350/IPOL_BRI(2020)651350_EN.pdf).

## **Appendix I | Pandemic Crisis Support**

### **A | References of Documents used in Analysis**

#### **a | Official EU Documents**

1. European Stability Mechanism (2020). Proposal from the Managing Director for Financial Assistance in the form of a Pandemic Crisis Support. Retrieved on June 15, 2022 from [https://www.esm.europa.eu/sites/default/files/20200515\\_-\\_esm\\_bog\\_-\\_md\\_proposal\\_for\\_financial\\_assistance\\_-\\_draft.pdf](https://www.esm.europa.eu/sites/default/files/20200515_-_esm_bog_-_md_proposal_for_financial_assistance_-_draft.pdf).
2. European Council (2020a). Eurogroup Statement on the Pandemic Crisis Support. Retrieved on June 15, 2022 from <https://www.consilium.europa.eu/en/press/press-releases/2020/05/08/eurogroup-statement-on-the-pandemic-crisis-support/>.
3. European Council (2020b). Report on the Comprehensive Economic Policy Response to the COVID-19 Pandemic. Retrieved on June 15, 2022 from <https://www.consilium.europa.eu/en/press/press-releases/2020/04/09/report-on-the-comprehensive-economic-policy-response-to-the-covid-19-pandemic/>.

#### **b | Non-official EU Documents**

4. European Stability Mechanism (2020). Press release: ESM Board of Governors backs Pandemic Crisis Support. Retrieved on June 15, 2022 from <https://www.esm.europa.eu/advanced-search?keyword=pandemic+crisis+support>.
5. Dombrovskis, V. (2020). Letter to Eurogroup President Centeno clarifying how the Commission intends to carry out surveillance in the framework of the ESM's pandemic crisis support. Retrieved on June 15, 2022 from [https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/financial-assistance-eu/funding-mechanisms-and-facilities/european-stability-mechanism-esm\\_en#pandemic-crisis-support](https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/financial-assistance-eu/funding-mechanisms-and-facilities/european-stability-mechanism-esm_en#pandemic-crisis-support).

6. Gentiloni, P. (2020). Remarks by Commissioner Gentiloni at the Eurogroup press conference. Retrieved on June 15, 2022 from [https://ec.europa.eu/commission/presscorner/detail/en/speech\\_20\\_842](https://ec.europa.eu/commission/presscorner/detail/en/speech_20_842).
7. Michel, C. (2021). Statement by the President of the European Council Charles Michel following the agreement of the Eurogroup. Retrieved on June 15, 2022 from <https://www.consilium.europa.eu/nl/press/press-releases/2020/04/10/statement-by-the-president-of-the-european-council-charles-michel-following-the-agreement-of-the-eurogroup/>
8. Dombrovskis, V. (2020). Speech by Executive Vice-President Valdis Dombrovskis at the EIB-ESM Capital Markets Seminar. Retrieved on June 15, 2022 from [https://ec.europa.eu/commission/commissioners/2019-2024/dombrovskis/announcements/speech-executive-vice-president-valdis-dombrovskis-eib-esm-capital-markets-seminar\\_en](https://ec.europa.eu/commission/commissioners/2019-2024/dombrovskis/announcements/speech-executive-vice-president-valdis-dombrovskis-eib-esm-capital-markets-seminar_en).
9. Economic Governance Support Unit (2020). The ESM Pandemic Crisis Support. Retrieved on June 15, 2022 from [https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/651350/IPOL\\_BRI\(2020\)651350\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/651350/IPOL_BRI(2020)651350_EN.pdf).
10. Strauch, R. (2020). How EU and euro area institutions have responded to the pandemic crisis - speech by Rolf Strauch. Retrieved on June 15, 2022 from <https://www.esm.europa.eu/speeches-and-presentations/how-eu-and-euro-area-institutions-have-responded-pandemic-crisis-speech>.

## **B | Frequency of Codes obtained during Analysis**

<b>ID</b>	<b>Quotation Content</b>	<b>Comment</b>	<b>Codes</b>	<b>Reference</b>



22:10	domestic financing of direct and indirect healthcare, cure and prevention-related costs due to the COVID-19 crisis, incurred since February 2020, to safeguard the financial stability of the euro area and its Member States.	It is emphasized that the PCS can only be embursed to (in)directly support domestic health-care spending. It is aimed to directly enhance MS capacity to deal with health-care costs and keep the health systems working at optimum capacity.	Support domestic healthcare systems	2 - 2
22:11	Following the end of the COVID-19 crisis, euro area Member States would remain committed to strengthen economic and financial fundamentals, consistent with the EU economic and fiscal coordination and surveillance frameworks, including any flexibility applied by the competent EU institutions.		Further strengthen the Internal Market	2 - 2
22:13	to support domestic financing		Support domestic healthcare systems	2 - 2
22:18	comprehensive economic policy response to the COVID-19 pandemic		Financial stabilization of the Internal Market	1 - 1
22:19	coordinated and joint response to the symmetric shock caused by the COVID-19 crisis		Financial stabilization of the Internal Market	1 - 1
22:20	to support domestic financing of direct and indirect healthcare, cure and prevention-related costs due to the COVID-19 crisis.		Support domestic healthcare systems	2 - 2

23:2	the three important safety nets for workers, businesses and sovereigns		Financial stabilization of domestic markets	1 - 1
23:6	to support domestic financing of direct and indirect healthcare, cure and prevention-related costs due to the COVID-19 crisis.		Support domestic healthcare systems	1 - 1
23:15	Afterwards, euro area Member States would remain committed to strengthen economic and financial fundamentals, consistent with the EU economic and fiscal coordination and surveillance frameworks, including any flexibility applied by the competent EU institutions.		Further strengthen the Internal Market	2 - 2
23:18	tasked the Commission to analyse the exact needs and to urgently come up with a proposal that is commensurate with the challenge.		Sense of urgency	1 - 1
23:19	the ground for a robust recovery.		Financial stabilization (unspecified)	1 - 1
23:20	the ESM Pandemic Crisis Support for sovereigns		Financial stabilization of domestic markets	1 - 1
23:21	to support domestic financing of direct and indirect healthcare, cure and prevention related costs due to the COVID 19 crisis.		Support domestic healthcare systems	1 - 1
24:6	We are committed to ensure the conditions for an adequate response to the crisis in every EU Member State.		Financial stabilization of domestic markets	3 - 3
24:13	Afterwards, euro area Member States would remain committed to strengthen economic and financial fundamentals, consistent with the EU economic and fiscal coordination and surveillance frameworks, including any flexibility		Further strengthen the Internal Market	4 - 4

	applied by the competent EU institutions.			
24:15	We agree that a coherent strategy in the EU is needed to support Member States' efforts to return to a normal functioning of our societies and economies and to promote a relaunch of economic activity and investment to ensure sustainable growth.		Coordinate (macro)economic policy Financial stabilization of domestic markets Further strengthen the Internal Market	4 - 4
24:17	The recovery of the European economy poses a big challenge. We will act together in solidarity and we will deliver. This includes the necessary progress in strengthening the European Union.		Financial stabilization of the Internal Market Further strengthen the Internal Market Promote solidarity through policy	5 - 5
24:18	The COVID-19 pandemic constitutes an unprecedented challenge with very severe socio-economic consequences. We are committed to do everything necessary to meet this challenge in a spirit of solidarity.		Promote solidarity through policy	1 - 1
24:19	to deal with health emergency needs,		Sense of urgency	1 - 1

24:20	A coordinated and comprehensive strategy is necessary to deal with health emergency needs, to support economic activity and to prepare the ground for the recovery. This strategy should combine short, medium and long-term initiatives, taking account of the spill overs and interlinkages between our economies and the need to preserve confidence and stability.	This highlights the idea of a hollistic approach to economic recovery. The PCS is a short-term tool for health systems to be resilient to economic shocks. It also indicates the awareness of functional spillover and complementary nature of the initiative. <sup>[ P ]</sup> <sub>[ SEP ]</sub>	Financial stabilization of the Internal Market	1 - 1
24:21	economic response to the COVID-19 pandemic		Financial stabilization (unspecified)	1 - 1
24:22	coordinated economic response.		Coordinate (macro)economic policy	1 - 1
24:23	Member States have continuously stepped up efforts to support the economy.		Financial stabilization of domestic markets	1 - 1
24:24	to step up the EU response to support, bolster and complement efforts made so far.		Coordinate (macro)economic policy	3 - 3
24:25	in light of the severity of the economic consequences of the pandemic on individual Member States.		Sense of urgency	3 - 3
24:26	a relevant safeguard for euro area Member States affected by this external shock		Financial stabilization of domestic markets	3 - 3
24:27	to support domestic financing of direct and indirect healthcare, cure and prevention related costs due to the COVID 19 crisis		Support domestic healthcare systems	4 - 4

25:6	“As a result of the coronavirus pandemic and the unprecedented economic downturn, governments have increased spending to address their urgent health care needs. As a result, all 19 ESM Members will have very large fiscal deficits this year		Sense of urgency Support domestic healthcare systems	1 - 1
25:7	the requirement to spend the money on direct and indirect health sector costs, linked to the pandemic,		Support domestic healthcare systems	1 - 1
25:12	focus on the actual use of the funds to cover direct and indirect healthcare costs.		Support domestic healthcare systems	2 - 2
25:14	By setting up this instrument in record time, finance ministers showed that the ESM is a true emergency backstop with a flexible toolkit that can be used to meet the needs of our time,	Role of Finance Ministers is highlighted here. [P] [SEP]	Sense of urgency	1 - 1
26:3			Support domestic healthcare systems	1 - 1
26:6			Support domestic healthcare systems	2 - 2
26:13			Limited scope of impact	2 - 2
26:14			Limited scope of impact	2 - 2
26:15			Support domestic healthcare systems	2 - 2
26:16			Limited scope of	3 - 3

			impact	
27:1	A deep but uneven recession this year, followed by an incomplete and, again, an uneven recovery;		Financial stabilization of the Internal Market	1 - 1
27:2	A real risk of worsening divergence which could undermine the single market and the euro area;		Financial stabilization of domestic markets	1 - 1
27:3	And a strong case for a robust and common response, very high uncertainty and risks skewed to the downside.		Coordinate (macro)economic policy	1 - 1
27:12	As you know the Commission is working on the next step of our common crisis response, a revised proposal for our multiannual financial framework together with a well funded, strong recovery plan This is a complex exercise. I hope that we will be able to come forward with this proposal very soon.		Coordinate (macro)economic policy	2 - 2
27:14	The economic and financial impact of the COVID-19 pandemic entails important risks for the financial stability of the euro area.		Financial stabilization of the Internal Market	1 - 1
27:15	direct and indirect healthcare, cure and prevention costs linked to the COVID-19 crisis		Support domestic healthcare systems	1 - 1
29:2	We have seen severe economic disruptions, along with profound social consequences. The global economy has moved into recession, as have all countries of the EU.		Financial stabilization (unspecified)	1 - 1

29:5	We called on all instruments at our disposal, using the full flexibility of EU fiscal, banking and state aid rules. This frees up EU countries to support their health care systems, businesses and workers.		Support domestic healthcare systems	1 - 1
29:6	Along with the ESM's Pandemic Crisis Support to support sovereigns		Financial stabilization of domestic markets	1 - 1
29:11	This pandemic has sent shockwaves through Europe and the whole world.		Sense of urgency	1 - 1
29:12	as well as coordinate the EU's response.		Coordinate (macro)economic policy	1 - 1
29:13	Our priority has been to tackle the public health emergency		Sense of urgency Support domestic healthcare systems	1 - 1
29:14	On one hand, we have to cushion its immediate impact on people's lives and livelihoods.		Improve citizens' livelihood	2 - 2
30:1	This instrument allows the ESM to provide financial assistance (either as loans or by purchasing sovereign bonds) to euro area Member States, to be used for recovering costs related to direct and indirect healthcare, cure and prevention due to the COVID-19 crisis		Financial stabilization of domestic markets Support domestic healthcare systems	1 - 1
30:3	Following its 16 March meeting and in the context of discussions aiming at defining the EU emergency response to the COVID-19 crisis, the ESM - including the ESM - to "explore ways, within their mandates, to address the challenges posed by the		Coordinate (macro)economic policy Sense of urgency	1 - 1

	coronavirus.”.			
30:8	The EG established that assistance under PCS is available to any Euro Area Member State and is to be used for covering costs related to direct and indirect healthcare, cure and prevention due to the COVID 19 crisis		Support domestic healthcare systems	2 - 2
30:11	On 9 April, the Eurogroup decided that a Member State requiring access to the PCS would remain committed, after the covid-19 crisis is over, “to strengthen economic and financial fundamentals, consistent with the EU economic and fiscal coordination and surveillance frameworks, including any flexibility applied by the competent EU institutions”.		Further strengthen the Internal Market	2 - 2
30:17	The Commission also assessed that “Financial assistance by the ESM to the benefit of its members, in particular under precautionary arrangements, would contribute to instilling confidence, would help to stabilise financial markets and would reduce risks to the financial stability of the euro area as a whole and of the euro area Member States.”.		Financial stabilization of domestic markets Financial stabilization of the Internal Market Improve citizens' confidence	3 - 3
30:26	temporary Pandemic Crisis Support (PCS) instrument.		Limited scope of impact	1 - 1
30:29	with respect to their financial stability		Financial stabilization of domestic markets	5 - 5



30:30	focus its monitoring and reporting requirements on the actual use of the PCS funds to cover direct and indirect healthcare costs, reflecting the only conditionality attached to the credit line.”.		Support domestic healthcare systems	5 - 5
31:1	Such an asymmetry in national responses could lead to growing divergences between Member States. This would be incompatible with the EU’s aim of social and economic convergence across the Union and the Single Market. For this reason, the European response needed to be forceful and comprehensive.		Further strengthen the Internal Market	1 - 1
31:2	We all understand that, in a crisis, we must protect our economies. In Europe, we have confirmed that having joint institutions, working in support of national governments, has helped us navigate through crises more effectively.		Financial stabilization of domestic markets	2 - 2
31:3	Solidarity works. This is the message I would extend to those leading regional integration efforts around the world. Thank you.		Promote solidarity through policy	2 - 2
32:2	"It is time to lay the ground for a robust economic recovery. This plan has to relaunch our economies whilst promoting economic convergence in the EU. The EU budget will have to play a meaningful role here. Together with the President of the Commission, I am working on a Roadmap and Action Plan to ensure the well-being of all Europeans and to bring the EU back to strong, sustainable and inclusive growth based on a green and digital strategy."		Financial stabilization (unspecified) Further strengthen the Internal Market	1 - 1

## C | Quotations obtained during Analysis

ID	Quotation Content	Comment	Codes	Reference
22:1	The Eurogroup Report on the comprehensive economic policy response to the COVID-19 pandemic issued on 9 April 2020, as endorsed during the meeting of the members of the European Council held on 23 April 2020, and the Eurogroup statement of 8 May 2020,	Important actors that represent the MS.	LI	1 - 1
22:3	utilising the ESM which is equipped with instruments that could be used, as needed, in a manner adapted to the nature of the symmetric shock and in parallel with initiatives deployed by European institutions and bodies such as the European Commission, the ECB and the EIB.	Exemplifies the PCS as not being an instrument deployed on its own. Rather is a tool deployed in unison with other instruments to achieve the same goal 'economic recovery'.	N	1 - 1

22:4	<p>the collective, political endorsement by all ESM Members to enable the ESM to make available to all its Members the Pandemic Crisis Support, in accordance with the ESM Treaty, based on the existing Enhanced Conditions Credit Line (the “Pandemic Crisis Support”); · the agreement that access granted to the Pandemic Crisis Support will be 2% of the respective Member’s GDP as of end-2019, as a benchmark.</p> <p>· the necessary standardised terms, to be agreed in advance by the ESM governing bodies, including the process to grant the credit lines as well as operational features, reflecting the current challenges, on the basis of up-front assessments by the European institutions.</p>	<p>This is the Statement provided by the Eurogroup. Hence, this can be considered the main interests of the MS regarding the ESM's PCS proposal.<sup>[P]<sub>SEP</sub></sup></p>	LI	1 - 1
22:5	<p>Furthermore, the European Commission, in liaison with the ECB, and in collaboration with the ESM, have prepared their preliminary assessments in respect of the ESM Members and provided the results thereof on 7 May 2020.</p>	<p>Supranational actors.</p>	N	1 - 1

22:6	confirm that each Member State is eligible for receiving Pandemic Crisis Support and on this basis the Board of Governors may decide to endorse the availability of Pandemic Crisis Support to all ESM Members based on the existing ECCL.	This exemplifies the discretion of the Board of Governors, who are representatives of the MS. <sup>[P]</sup> <sub>[SEP]</sub>	LI	1 - 1
22:12	The Pandemic Crisis Support is granted based on the existing Enhanced Conditions Credit Line and may include a Primary Market Purchase (“PMP”) facility, if requested.	The PCS is based on already existing initiatives, and have been adjusted to the situation posed by the Covid-19 outbreak. It suggests some form of functional spillover.	N	2 - 2
22:14	Requests for Pandemic Crisis Support may be made until 31 December 2022. Upon proposal by the Managing Director, the Board of Governors may decide by mutual agreement to adjust this deadline. The Managing Director proposal would be based on objective evidence on the course of the crisis.	National actors	LI	3 - 3
22:16	To facilitate planning, all ESM Member States should advise the ESM of each of their intended request for a given month at the end of the preceding month, and also provide on a non-binding basis 3-month rolling plans showing the amounts they intend to	Indicates the discretion of MS. <sup>[P]</sup> <sub>[SEP]</sub>	LI	3 - 3

	request.			
22:17	Initially, all disbursements in cash will be sourced from a common funding silo, and the base rate charged to the Pandemic Crisis Support beneficiaries will reflect the cost-of-funding of that silo.	How is the PCS funded? <sup>[P]</sup> <sub>[SEP]</sub>	General	3 - 3
22:21	The ESM will finance the loans through the issuance of financial instruments. To increase access to ESG-focused investors, some of these financial instruments might be “Social Bonds”,	Social bonds are a form of integration, since the 'richer' MS partially cover risks/costs for 'poorer' MS.	General	3 - 3

23:1	<p>On 23 April 2020, Leaders endorsed the agreement by the Eurogroup in inclusive format of 9 April 2020 on the three important safety nets for workers, businesses and sovereigns, amounting to a package worth EUR 540 billion, and called for their operationalisation by the 1st June 2020. The Leaders also agreed to work towards establishing a Recovery Fund and tasked the Commission to analyse the exact needs and to urgently come up with a proposal that is commensurate with the challenge.</p>	<p>This exemplifies who is proactive in pushing forward the PCS. It seems to be the MS (through their Ministers of Finance).<sup>[P]</sup><sub>[SEP]</sub></p>	LI	1 - 1
23:4	<p>The Eurogroup welcomes the efforts that are well underway in the Council on the SURE proposal, and in the EIB Governing Bodies on the establishment of the pan-European guarantee fund,</p>	<p>Parralel initiatives.</p>	LI	1 - 1
23:5	<p>the SURE proposal, and in the EIB Governing Bodies on the establishment of the pan-European guarantee fund, to support European workers and businesses, and confirms the agreement to establish the ESM Pandemic Crisis Support for sovereigns.</p>	<p>The PCS is part of a larger economic relief package to restore economic stability for the Union. Evidence for functional spillover?<sup>[P]</sup><sub>[SEP]</sub></p>	N	1 - 1

23:7	We also welcomed the institutions' preliminary assessments on debt sustainability, financing needs, financial stability risks, as well as on the eligibility criteria for accessing this instrument	The ESM has set up eligibility criteria which contributes to the discretion of the ESM. <sup>[P]</sup> <sub>[SEP]</sub>	N	1 - 1
23:8	The Eurogroup recalls that the only requirement to access the credit line will be that euro area Member States requesting support would commit to use this credit line to support domestic financing of direct and indirect healthcare, cure and prevention related costs due to the COVID 19 crisis.	Soft eligibility criteria, hinting towards consideration in favor of MS. Bargaining?	LI	1 - 1
23:10	We welcome the Commission's intention to apply a streamlined reporting and monitoring framework, limited to the commitments detailed in the Pandemic Response Plan, as outlined in the letter of 7 May of Executive Vice President Valdis Dombrovskis and Commissioner Paolo Gentiloni addressed to the President of the Eurogroup	The Pandemic Response Plan might be the broader plan under which the PCS falls. It might be worth to take a look at the Pandemic Response Plan in order to potentially observe another original policy underlying to this broader plan. However, as the title suggests, it is more likely that the PCS has only 1 purpose: respond to the Covid-19 outbreak. <sup>[P]</sup> <sub>[SEP]</sub>	N	2 - 2
23:11	The ESM will also implement its Early Warning System to ensure timely repayment of the Pandemic Crisis Support.	Parralel initiatives.	N	2 - 2

23:12	We agree with the ESM proposal on the common financial terms and conditions applicable to any facility granted under the Pandemic Crisis Support.	Regarding the eligibility criteria.	General	2 - 2
23:13	Upon a proposal by the ESM Managing Director, the ESM Board of Governors may decide by mutual agreement to adjust this deadline. T	National actors	LI	2 - 2
23:16	Following a request under the Pandemic Crisis Support, institutions are expected to confirm the assessments at the shortest possible notice, and prepare, together with the authorities, the individual Pandemic Response Plan, based on the agreed template.	PCS based on ECCL.	General	2 - 2
23:17	Subject to the completion of national procedures in respect of each request, the ESM governing bodies will approve the individual Pandemic Response Plans, individual decisions to grant financial assistance and the financial assistance facility agreements, in accordance with Article 13 of the ESM Treaty.	ESM is ultimately the main actor in approving the credit to MS. ESM is a national actor (composed of MS representatives).	LI	3 - 3



23:22	We agree that monitoring and surveillance should be commensurate with the nature of the symmetric shock caused by COVID-19 and proportionate with the features and use of the Pandemic Crisis Support, in line with the EU framework[1] and the relevant ESM guideline.	Evidence for already existing supranational competency <sup>[P]</sup> <sub>[SEP]</sub>	N	2 - 2
23:23	The Eurogroup confirms that the Pandemic Crisis Support is unique given the widespread impact of the COVID-19 crisis on all ESM Members.	This confirms that the PCS is unique in its kind, and is directly set up for the purpose of the outbreak. Evidence for the lack of functional spillover. <sup>[P]</sup> <sub>[SEP]</sub>	LI	2 - 2
24:4	The European Council, in its statement of 26 March, invited the Eurogroup to present proposals on the economic response to the COVID-19 pandemic within two weeks.	National actors	LI	1 - 1
24:5	Replying to the Leaders' mandate, this report takes stock of actions taken thus far and outlines a comprehensive and coordinated economic response.	Acknowledgement of national primacy.	LI	1 - 1

24:8	. We propose to establish a Pandemic Crisis Support, based on the existing ECCL precautionary credit line and adjusted in light of this specific challenge, as a relevant safeguard for euro area Member States affected by this external shock.	This is evidence for the PCS being within existing supranational competency. <sup>[P]</sup> <sub>[SEP]</sub>	N	3 - 3
24:9	that euro area Member States requesting support would commit to use this credit line to support domestic financing of direct and indirect healthcare, cure and prevention related costs due to the COVID 19 crisis.	National actors	LI	4 - 4
24:12	With a mandate from the Leaders, we will strive to make this instrument available within two weeks, while respecting national procedures and constitutional requirements. The credit line will be available until the COVID 19 crisis is over.	This suggests there is a strong MS discretion in the case. This is reinforced by the idea that the PCS is only a tool applicable to the crisis time. It seems to be suggested that this tool is not implemented for other reasons then enable MS to fight the crisis. <sup>[P]</sup> <sub>[SEP]</sub>	LI	4 - 4
24:14	The Balance of Payments Facility can provide financial support to Member States that have not adopted the euro. It should be applied in a way which duly takes into account the special circumstances of the current crisis.	Interesting to understand how Balance of Payment deals with non-euro MS>	General	4 - 4

25:1	The facility is based on the existing precautionary credit line called Enhanced Conditions Credit Line (ECCL).	Evidence for being within supranational competency. <sup>[P] [SEP]</sup>	N	1 - 1
25:2	The features and terms of the facility were agreed by the Eurogroup on 8 May 2020	National actors	LI	1 - 1
25:3	. This is an innovative instrument with favourable lending terms and no macroeconomic conditions attached.	Typically ESM loans have elements of structural adjustment programmes attached, however the PCS is explicitly exempted from these conditions. It indicates that given the urgency of the situation, conditions are relaxed. It enhances the discretion of MS. <sup>[P] [SEP]</sup>	LI	1 - 1
25:5	By setting up this instrument in record time, finance ministers showed that the ESM is a true emergency backstop with a flexible toolkit that can be used to meet the needs of our time,” said Mário Centeno, Chairman of the ESM Board of Governors.	Intent for using the PCS in future crises is indicated here.	LI	1 - 1
25:8	Preliminary assessments by the European Commission, regarding financial stability risks, bank solvency, debt sustainability, and on the eligibility criteria for accessing the Pandemic Crisis Support, confirmed that all ESM Members are eligible for support.	Commission plays a significant role in the roll-out phase of the PCS, since it makes the first assessment for which MS could be eligible to apply for the credit.	N	1 - 1

25:9	The country will need to pay a margin of 10 basis points (0.1%) annually, an upfront service fee of 25 basis points (0.25%), and an annual service fee of 0.5 basis points (0.005%).	Regarding financing of the PCS (and ESM as a broader entity).	General	2 - 2
25:10	If an ESM Member applies for the credit line, funds do not have to be drawn. Credit lines are designed to be a protection or insurance.	In reality we have observed no MS has actually applied for the credit.	General	1 - 1
25:11	The ESM Members benefitting from Pandemic Crisis Support will be subject to enhanced surveillance by the European Commission. According to the Commission, the monitoring and the reporting requirements will focus on the actual use of the funds to cover direct and indirect healthcare costs.	Capacity of the Commission is explained here. However, the surveillance mandate is diminished according to the situation of the Covid-19 outbreak.	N	2 - 2
25:13	The ESM will carry out its Early Warning System to analyse the beneficiary country's repayment capacity in coordination with the Commission's surveillance.	Capacity of ESM versus capacity of Commission work in unison.	LI	2 - 2
26:1			LI	1 - 1
26:2			N	1 - 1
26:4			LI	2 - 2

26:7			N	2 - 2
26:8		This suggests that the nature of the Covid-19 outbreak does influence the standard procedure for activating various legislative acts that ultimately enhance the discretion of the Commission. <sup>[P]</sup> <sub>[SEP]</sub>	LI	2 - 2
26:9			LI	2 - 2
26:10			LI	2 - 2
26:11			LI	2 - 2
26:12			LI	3 - 3

27:5	At the same time, the economic and the public finance situation in the euro area Member States is fundamentally sound and the debt levels of each and every one of them are sustainable.	The result of the Commission preliminary eligibility assesment.	General	1 - 1
27:7	As such, our conclusion is positive regarding the eligibility of all euro area Member States to benefit from this support. I welcome the fact that the Eurogroup concurs with this assessment. Second, on conditionality. I think that we could not be clearer that there is only one requirement to access this credit line, and Mario quoted it.	This passage exemplifies that the Commission is taking interests from the eurogroup serious. <sup>[P]</sup> <sub>[SEP]</sub>	LI	1 - 1

27:8	the Commission intends to apply the requirements setting out in EU law in a streamlined way that reflects the nature of this symmetric shock and is proportionate to the features and use of the Pandemic Crisis Support.	It signifies that the PCS is highly adapted to the urgency posed by the Covid-19 outbreak.	N	1 - 1
27:10	Once this agreement is formally endorsed by the ESM's governing bodies, we will I think have added a very useful instrument to our crisis response toolbox. Then of course, it is the sovereign decision of each Member State to decide whether they wish to apply for this support	National actors. Also it highlights there are rather high levels of discretion to the MS to apply or not for the PCS.	LI	1 - 1
27:11	The European Council has requested that this package, potentially worth more than half a trillion euros, be operational by 1 June.	National actor.	LI	1 - 1

27:13	<p>Lastly, we had a brief exchange of information on this week's ruling of the German constitutional court.</p> <p>The Commission recalled two points.</p> <p>First, as we said earlier this week, EU law has primacy over national law in our common legal order.</p> <p>And, as the Court of Justice of the European Union recalled today, the Court of Justice alone has jurisdiction to rule that an act of an EU institution is contrary to EU law.</p> <p>Second, that the European Central Bank is an EU institution and its independence is the basis for monetary policy making in the euro area. That independence is beyond question.</p>	<p>The interaction of EU with German national law should be examined further. This will provide more detail into discretion and legal consequences of the PCS legislative structure. <sup>[P]</sup><sub>[SEP]</sub></p>	General	2 - 2
29:3	<p>The European Commission had to react quickly and decisively to deal with the socio-economic impact, as well as coordinate the EU's response.</p>	<p>Supranational entrepreneurship might be implied here as a response to the urgency.</p>	N	1 - 1
29:7	<p>The European Commission and European Investment Bank committed €4.9 billion in loans and guarantees to support the world's most fragile economies in recovering from the pandemic and meeting the Sustainable Development Goals.</p>	<p>The concerted economic efforts to induce recovery of the Union's economy, is also pursued on a global scale as the Commission and EIB commit a significant amount of money. <sup>[P]</sup><sub>[SEP]</sub></p>	N	1 - 1

29:15	Another successful coordination effort led by the EU is the worldwide pledging marathon for a global response to the coronavirus. This was launched by Commission President Ursula von der Leyen in early May to help develop and ensure fair access to coronavirus vaccines for all.	The EU pledging support to the world, implies it requires some form of coordination/integration regionally first.	N	1 - 1
29:16	Both must be aligned with EU priorities - including the green and digital transitions. This funding will help their economies to become more resilient, sustainable and inclusive.	Signifies how different societal issues are linked together, further strengthening the case of further integration.	N	2 - 2
30:4	There is no public information pointing to discussions on using the ESM as part of the crisis response before the 4 and 16 March EG teleconference meetings; in January and February, 2020 the EG was still following its agenda and work programme (euro area recommendations were approved in February, with no references to the brewing corona crisis).The EG (in inclusive format) was also discussing a reform of the ESM which has been suspended for the time being (see specific EGOV briefing).	National actors.	LI	1 - 1



30:5	Following Heads of State’s endorsement, on 17 March, of the 16 March EG meeting results, the EG reported on 25 March to the European Council President the Ministers’ “readiness to use the ESM, as needed, in a manner consistent with the external, symmetric nature of the COVID-19 shock” (...) broad support to make a Pandemic Crisis Support safeguard available, within the provisions of the ESM Treaty, building on the framework of the existing Enhanced Conditions Credit Line (ECCL).”.	National actors.	LI	1 - 1
30:7	On 9 April 2020, the EG agreed a new and temporary Pandemic Crisis Support (PCS) instrument. On 8 May, the Eurogroup agreed on the features and standardised terms of the instrument and on 15 May, EG and the ESM Board of Governors finalised the PCS.	National actors having a prominent role.	LI	1 - 1
30:10	The PCS is based on the current ESM Enhanced Conditions Credit Line (ECCL)	PCS based on ECCL.	N	2 - 2

30:12	<p>On 8 May the Commission proposed a common template for the Response Plan that Member States will use to detail the costs incurred or planned to implement the policy measures to be associated with financing under the PCS. Such template will correspond to the Memorandum of Understanding as per Articles 13(3) and 14(2) of the ESM Treaty and Article 7 of Regulation 2013/4721 . The ESM Board of Governors approved the establishment of the PCS (and of the template) on 15 May.</p>	PCS based on ECCL.	N	02-Feb
30:14	<p>The main differences between a “standard” ECCL and the PCS can be summarised as follows (the next section presents some details):</p> <ul style="list-style-type: none"> <li>• ECCL: a detailed and country specific MoU;</li> <li>• PCS: uniform policy conditions for all Member States, as in the “template Pandemic Response Plan”;</li> <li>• ECCL: enhanced surveillance in accordance to Regulation 2013/472; PCS: light version of enhanced surveillance (as detailed in Commission’s letter of 7 May);</li> <li>• Pricing conditions (see Table 1 below).</li> </ul>	<p>This passage is indicative of what has changed regarding ECCL (old) and the PCS (new). It exemplifies in what way the discretion balance has been altered because of the initiative. <sup>[P]</sup><sub>[SEP]</sub></p>	N	2 - 2

30:15	The assessment of the conditions is to be made by the Commission, in liaison with the ECB and involvement of the ESM.	ECB is also involved automatically.	N	3 - 3
30:16	On 9 May 2020, the Commission published a preliminary assessment of the eligibility criteria for all euro area Member States, in cooperation with the ECB and the ESM. It took into consideration the EG agreement on PCS, that will be offered with similar conditions to all Member States, and the current eligibility requirements for acceding ESM precautionary assistance.	Crucial role for Commission, whilst acknowledging specifically the preferences of the euro group (national actor).	N	3 - 3
30:18	On the basis of a proposal by the ESM Managing Director, the ESM Board of Governors approved on 15 May the financial and pricing conditions of the PCS:	National actors.	LI	3 - 3
30:20	ESM will finance itself in the markets to provide financial assistance and create a “common funding silo” for possible drawdown requests; to that end, “social bonds” may be offered;	'Social bonds' suggests the principle of solidarity is prevailing in economic policy. It also suggests a supranationalisation of economic policy in the sense that EU dictates that North will more intensively support South. <sup>[P]</sup> <sub>[SEF]</sub>	General	4 - 4

30:23	In accordance with ESMT and Regulation 472/2013, the Member State that received financial assistance is subject to surveillance until 75% of the amount lent is paid. The Commission has clarified in a letter (dated 7 May) that a Member State benefitting of the PCS will be subject to a light enhanced surveillance, once the credit line is drawn <sup>2</sup>	Softer lending conditions --> namely light enhanced surveillance.	N	5 - 5
30:24	the Commission stated that as "Member States do not experience, nor are threatened, with serious difficulties of an internal origin [our emphasis] with respect to their financial stability (...) a streamlined reporting and monitoring framework is warranted", in line with Eurogroup decisions endorsed by the European Council.	Emphasis is laid on 'respect to their financial stability'. Lending conditions are adjusted to MS that are struggling.	General	5 - 5
30:25	Assessment of compliance will be made on the basis of the commitments detailed in the template, in accordance with Eurogroup statement of 8 May. The PCS support will activate ESM "Early Warning System" to allow the ESM to assess assisted Member States ability to replay the loan.	In accordance with national actors preferences.	LI	5 - 5

30:27	The current ESM guideline lists such criteria	It seems as if the criteria for PCS are different from previous credit lines provided by the ESM. Is this list of criteria an example of leniency of conditions of the PCS. <sup>[P]</sup> <sub>[SEP]</sub>	General	2 - 2
30:28	In June 2020, the ESM published a blog “Out of the Box: A new ESM for a new crisis” with details and simulations related to the pricing and costs of the PCS. In July, the ESM published another blog “Why the Covid-19 credit line still makes sense”,	Interesting to take a look at. As broding the scope. <sup>[P]</sup> <sub>[SEP]</sub>	General	4 - 4
31:4	In April, EU Finance Ministers created an immediate support package to mitigate the economic impact of Covid-19. The package consists of three safety nets that lessen the financial burden for member states.	National actors.	LI	1 - 1
31:5	My institution, the ESM, has created a Pandemic Crisis Support instrument for euro area member states.	National actors.	LI	1 - 1
32:1	The deal of the Finance Ministers focuses on support for Europe's economies. The European Stability Mechanism will provide pandemic crisis support, in the form of precautionary credit lines.	National actors.	LI	1 - 1

32:3	The agreement of the Eurogroup is a significant breakthrough. More than half a trillion Euros are now available to shield European Union countries,	Historic commitment by national actors.	LI	1 - 1
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## **Appendix II | Advance Purchase Agreements**

### **A | References of Documents used in Analysis**

#### **a | Official EU Documents**

1. Decision 2020/9309 (15 December 2020). On implementing Advance Purchase Agreements on COVID-19 vaccines. The European Commission.  
<https://ec.europa.eu/info/sites/default/files/commission-decision-implementing-advance-purchase-agreements-covid-19-vaccines.pdf>
2. SANTE 2020/C3/087 (15 December 2020). Annex to the Commission Decision on approving an Advance Purchase Agreement on COVID-19 vaccines. The European Commission. [https://ec.europa.eu/info/sites/default/files/novavax\\_purchase\\_agreement.pdf](https://ec.europa.eu/info/sites/default/files/novavax_purchase_agreement.pdf).
3. COM 2020/680 (15 October 2020). Communication on preparedness for COVID-19 vaccination strategies and vaccine deployment. The European Commission.  
[https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en).
4. SANTE 2021/03/020 (15 December 2020). Annex to the Commission Decision on approving an Advance Purchase Agreement on COVID-19 vaccines. The European Commission.  
[https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en)

5. COM 2021/35 (19 January 2021). Communication on a united front to beat COVID-19. The European Commission. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021DC0035&qid=1616149581345>
6. Decision 2020/4192. On approving the agreement with Member States on procuring COVID-19 vaccines on behalf of the Member States and related procedures. The European Commission. [https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en) .

### **b | Non-official EU Documents**

7. European Commission (2021). Press release: Commission puts in place transparency and authorisation mechanism for exports of COVID-19 vaccines. retrieved on June 15, 2022 from [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_21\\_307](https://ec.europa.eu/commission/presscorner/detail/en/ip_21_307).
8. Policy Department for Economic, Scientific and Quality of Life Policies (2021). The Impacts of COVID-19 on the Internal Market. Retrieved on June 15, 2022 from <https://www.bruegel.org/wp-content/uploads/2021/03/QA0221093ENN.pdf>.
9. Istituto Affari Internazionali (2021). COVID-19 and the Global Vaccine Race. Retrieved on June 15, 2022 from <https://www.iai.it/sites/default/files/iaicom2119.pdf>.
10. The European Consumer Organization (2021). Making the Most of EU Advance Purchases of Medicines. Retrieved on June 15, 2022 from [https://www.beuc.eu/publications/beuc-x-2021-110\\_making\\_the\\_most\\_of\\_eu\\_advance\\_purchases\\_of\\_medicines.pdf](https://www.beuc.eu/publications/beuc-x-2021-110_making_the_most_of_eu_advance_purchases_of_medicines.pdf) .

### **B | Frequency of Codes obtained during Analysis**

<b>ID</b>	<b>Quotation Content</b>	<b>Comment</b>	<b>Codes</b>	<b>Reference</b>
11:3	up-front EU financing to de-risk essential investments to increase the speed and scale of manufacturing successful vaccines.		Limit future uncertainty	2 - 2

11:6	These APAs are a crucial element contributing to the European response to fight the COVID-19 pandemic.		Limit the spread of the Covid-19 outbreak	2 - 2
11:9	to ensure the development and deployment of the safest, quickest and most efficient vaccine against COVID-19 by securing rapid, sufficient and equitable supplies for Member States.		Ensure access to safe vaccines	2 - 2
12:1	The world is experiencing an emergency healthcare crisis due to the COVID-19 pandemic (the “COVID-19 pandemic ”) and the global demand for vaccines to prevent COVID-19 infection is expected to be in order of magnitude of billions of doses. COVID-19 is an infectious disease caused by Sars-COV-2 virus strain.	The APAs seem to be driven mainly by the sense of urgency. The timing of the APAs is also of relevance. At the time the APAs were approved, various vaccine manufacturers were approaching functional and distrutable vaccines. The urgency of the outbreak and the prospect of the first vaccines, could have advanced the approval of the APAs significantly. <sup>[15]</sup>	Sense of urgency	4 - 4
12:2	The Commission intends to create the environment required to support a secure manufacturing network and optimisation for the production of vaccines against COVID-19 in the European Union.		Ensure access to safe vaccines	4 - 4
12:4	for the purposes of combatting the COVID-19 pandemic in the European Union.		Limit the spread of the Covid-19 outbreak	4 - 4



12:5	The Commission wishes to secure supply of the Product for human use for the Participating Member States during the COVID-19 pandemic as promptly as possible.		Ensure access to safe vaccines	4 - 4
12:6	The intention of the Commission, on behalf of the Member States, is to ensure that the population in the European Union will be able to access an efficacious vaccine, including against mutations or variants of SARS-CoV-2, in sufficient quantities and at a fair price, but also in safe conditions.		Ensure access to safe vaccines	5 - 5
12:13	for the development, production, priority-purchasing options and supply of a successful COVID-19 vaccine for EU Member States		Ensure access to safe vaccines	2 - 2
12:14	The development, production, advance sale and supply of the Product as per this APA requires significant investments by the Contractor to increase the speed of the preparation of the at-scale production capacity along the entire production value chain in the EU required for a rapid deployment of the millions of doses of the Product.		Enhance R&D Ensure access to safe vaccines	6 - 6
12:15	to secure the availability of a total of a minimum of 20 million and a maximum of 100 million doses of the Product, to be allocated among the Participating Member States in accordance with the allocation principles set out in this APA.		Ensure access to safe vaccines Limit future uncertainty	7 - 7
12:16	The subject of this APA is the development, production, advance purchase, and supply of a minimum of 20 million doses and a maximum of 100 million doses of the Product, as described below in Article I.4.2, to be allocated among the Participating Member States by the Commission in accordance with the allocation principles set out below in Article		Ensure access to safe vaccines	11 - 11

	I.4.3.			
12:17	On the basis of this APA, the Contractor commits to use Reasonable Best Efforts to obtain Marketing Authorisation for the Product as regards its use in the entire adult population in the EU. To this effect the Contractor undertakes to submit an application to EMA for Marketing Authorisation (including conditional marketing authorisation) as soon as possible.		Harmonize adequate vaccine standards	11 - 11
12:18	The Contractor also commits to establish sufficient manufacturing capacities to enable the manufacturing and supply of the contractually foreseen volumes of the Product to the Participating Member States in accordance with the delivery schedule and planning schedule set out below in Article I.4.7.		Ensure access to safe vaccines	11 - 11
12:19	Following entry into force of this APA, the Commission will determine the allocation of the contractually agreed doses of the Product between the Participating Member States in accordance with the procedure set out below in Article I.4.3 and will formally notify this allocation to the Contractor. The allocation notified to the Contractor by the Commission on behalf and in the name of the Participating Member States is binding upon all Participating Member States.		Limit future uncertainty	13 - 13
12:20	For the avoidance of doubt,		Limit future uncertainty	15 - 15
12:21	For the avoidance of doubt,		Limit future	15 - 15

			uncertainty	
12:23	The Contractor shall have sufficient manufacturing capacity to be capable of manufacturing and supplying the Product to the Commission on behalf of the Participating Member States in accordance with the provisions of this APA.		Ensure access to safe vaccines	18 - 18
12:24	For the avoidance of doubt		Limit future uncertainty	18 - 18
12:25	For the avoidance of doubt,		Limit future uncertainty	19 - 19
12:26	in accordance with the Initial Delivery Schedule and acknowledges in this context also the importance of security of supply. T		Ensure access to safe vaccines	23 - 23
12:27	For the avoidance of doubt,		Limit future uncertainty	23 - 23
12:28	The Contractor, throughout the term of this APA, will have in place an effective supply management system that includes, inter alia, an early alert system.		Limit future uncertainty	24 - 24
12:29	In case not all the Fixed Initial Doses are delivered by [***], the Commission shall have the unconditional right to cancel the delivery of the doses and in addition the unconditional right to terminate the APA.		Enhance strategic autonomy	25 - 25
12:31	as of the date hereof, this APA has been duly executed and is a legal, valid and binding obligation on it, enforceable against it in accordance with its terms; and as of the date hereof, it is not under any obligation, contractual or otherwise, to any Third Party that conflicts with or is inconsistent in any respect with the terms of this APA or that would		Enhance strategic autonomy	30 - 30

	impede the complete fulfillment of its obligations under this APA.			
12:32	The Commission and the Participating Member States acknowledge and agree that the Contractor shall be the sole owner of all intellectual property rights generated during the development, manufacture, and supply of the Product, including all know-how (collectively, the “Vaccine IP Rights”).		Enhance R&D	37 - 37
12:33	The Parties acknowledge (a) the interest of the Participating Member States to purchase a vaccine that is effective also against variants and mutations of the SARS-CoV-2 coronavirus 2019 strain identified as the cause of the pandemic outbreak in early 2020, and (b) the Contractor may develop one or more alternative versions of the Product to target any variants or mutations identified to COVID-19 Virus (each a “Variant Product”).		Ensure access to safe vaccines Limit future uncertainty	40 - 40
13:1	Europe has made massive strides towards overcoming the coronavirus pandemic, safeguarding the internal market and providing cross border solutions.		Financial stabilization of the Internal Market Limit the spread of the Covid-19 outbreak	2 - 2

13:3	While non-pharmaceutical interventions <sup>3</sup> are crucial in slowing down the spread of the coronavirus, they are not able to control it sustainably. The practical limits of such measures have been demonstrated as citizens are experiencing ‘pandemic fatigue’ and are tired of taking the necessary precautionary actions, including physical distancing and reduced social interactions.		Limit the spread of the Covid-19 outbreak	2 - 2
13:4	Europe needs to continue to handle the COVID-19 pandemic with extreme care, responsibility and unity, and use the lessons learnt to strengthen the EU’s crisis preparedness and management of cross-border health threats.		Coordinate border policy Enhance strategic autonomy	3 - 3
13:5	The development and swift global deployment of safe and effective vaccines against COVID- 19 remains an essential element in the management of and eventual solution to the public health crisis <sup>5</sup> . Vaccination, once a safe and efficient vaccine is available, will play a central role in saving lives, containing the pandemic, protecting health care systems, and helping restore our economy.		Ensure access to safe vaccines Financial stabilization (unspecified) Limit the spread of the Covid-19 outbreak Support domestic healthcare systems	3 - 3
13:6	At the same time, coordination at EU level is required to align our efforts, to ensure and to show solidarity, and to best ensure the full functioning of the internal market, good public health management for COVID-19 matters and beyond, and the protection of all EU citizens no matter where they live.		Promote solidarity through policy	3 - 3

13:10	To overcome the crisis, Europe needs to obtain a broad portfolio of vaccine candidates as to maximise the chances of quickly developing, manufacturing and deploying a vaccine for all Europeans.	The Commission has entered into negotiation with a high number of manufacturers. This makes sense given the urgency, however it also exemplifies the proactive, entrepreneurial stance of the Commission. The question is whether the MS had requested a broad portfolio, or whether the Commission had taken this task upon itself. [P] [SEP]	Limit future uncertainty Sense of urgency	4 - 4
13:15	While ensuring Europe is prepared, supporting the equal and global access to a safe and efficient vaccine for everyone and making the vaccine a global public good is a priority for the Commission. The EU Strategy for COVID-19 vaccines goes hand in hand with the EU's commitment to global solidarity.	This passage seem to imply that the regional integration of joint procurement of vaccines also extends to a global scale. [P] [SEP]	Promote solidarity through policy	5 - 5
13:25	This will be key to overcoming the pandemic and instilling confidence in Europeans.	A recurring theme is to ensure confidence in Europeans. This suggests that integrating vaccine procurement and centrally regulating vaccine standards is a means to instill confidence in EU citizens. Although the logic that centralised	Improve citizens' confidence Limit the spread of the Covid-19 outbreak	7 - 7

		regulation results in homogeneous, adequate vaccine standards is sound, it is debatable to what extent MS are capable of instilling confidence in its citizens. <sup>[P]</sup> <sub>[SEP]</sub>		
13:44	While awaiting the arrival of approved, safe and effective vaccines against COVID-19, and in parallel to safeguarding the continuation of other essential healthcare and public health services and programmes, the EU must continue ensuring that the transmission of the virus is mitigated.		Limit the spread of the Covid-19 outbreak Support domestic healthcare systems	14 - 14
13:48	The Strategy proposed a way to provide pre-financing to vaccines producers to speed up development and manufacturing of promising vaccine candidates, and to ensure that Member States had access to those vaccines on the best possible terms and conditions.		Enhance R&D	4 - 4
13:49	All three contracts approved with vaccine producers include provisions through which Member States may donate or resell vaccine doses to third countries, striving for global solidarity.		Promote solidarity through policy	4 - 4
13:50	While the urgency for a vaccine against COVID-19 is growing each day		Sense of urgency	5 - 5
13:51	The safety of citizens is, and will always be the top priority of the European Commission. Safety, quality and effectiveness are fundamental requirements for any vaccine, or medicinal product, to		Improve citizens' livelihood	6 - 6

	reach the EU market.			
13:52	In this way, the development, authorisation and availability of vaccines can be accelerated while standards for vaccine quality, safety and efficacy remain strict. This is key to citizens' confidence.		Improve citizens' confidence	6 - 6
13:53	The Commission is securing access to safe, efficient and high quality COVID-19 vaccines for EU citizens. However, the successful deployment and a sufficient uptake of such vaccines is equally important.		Ensure access to safe vaccines	7 - 7
13:54	rapid deployment of the vaccine by increasing production capacity, reducing transport costs, optimising storage spaces, improving the distribution of the doses between Member States and limiting the possible impacts on the production of other, routine, vaccines.		Ensure access to safe vaccines	9 - 9
13:55	It must be explained that such vaccines are likely to be our only real exit from the ongoing pandemic and that, due to the strict EU market authorisation procedure, no corners will be cut in terms of safety or effectiveness.		Improve citizens' confidence	10 - 10
13:56	Once safe, effective and high-quality COVID-19 vaccines have been authorised and enter the European market, solidarity in the public procurement and deployment of a large COVID-19 vaccines portfolio will contribute to getting Europe, and the world, out of the 'emergency phase' of the pandemic.		Promote solidarity through policy	16 - 16



15:1	Ensure the functioning of the Single Market		Financial stabilization of the Internal Market	2 - 2
15:2	Show international leadership and solidarity with its partners		Promote solidarity through policy Symbolic value	2 - 2
15:3	The EU Vaccines Strategy has proved a success in securing for Member States the quantity and quality of vaccines needed.		Ensure access to safe vaccines	2 - 2
15:5	While each Member State vaccinates in line with its own strategy, it is important that vaccination efforts in Europe stay largely synchronised – for health-related and Single Market reasons alike.		Financial stabilization of the Internal Market Limit the spread of the Covid-19 outbreak	3 - 3
15:14	The EU is already leading international efforts, both through its own efforts and through bringing the key players together. Since its launch in April 2020, a global recovery package of €38.5 billion delivered under a common “Team Europe” approach has been supporting partner countries with emergency response to humanitarian needs, strengthening health systems and crucial health services, and assisting economic recovery and social support.		Promote solidarity through policy Symbolic value	10 - 10
15:20	The answer lies in working together, with unity, solidarity, coordination and vigilance. The EU Vaccine Strategy has shown how a common approach bore fruit in the delivery of the vaccines which		Promote solidarity through policy	12 - 12

	will be the pathway to a lifting of restrictions.			
15:21	In a race against time, acting together now will help us protect more lives and livelihoods later and relieve the burden on already stretched health care systems and workers.		Sense of urgency	2 - 2
15:22	This was done by supporting their development, encouraging their production, and procuring their supply.		Enhance R&D	2 - 2
15:23	Vaccination is not a race between countries but is a race against time.		Sense of urgency	3 - 3
16:4	Those APAs would include up-front EU financing to de-risk essential investments in order to increase the speed and scale of manufacturing successful vaccines (“Vaccine Instrument”).		Ensure access to safe vaccines	2 - 2
17:2	In an effort to ensure timely access to COVID-19 vaccines for all EU citizens and to tackle the current lack of transparency of vaccine exports outside the EU		Ensure access to safe vaccines Improve inter-MS confidence	1 - 1
17:6	We gave upfront funding to companies to build the necessary manufacturing capacity to produce vaccines, so deliveries can start as soon as they are authorised.	This exemplifies the entrepreneurial spirit of the Commission, as it directly funds manufacturers to up the production of vaccines. <sup>[P]</sup> <sub>[SEP]</sub>	Enhance R&D Ensure access to safe vaccines	1 - 1
17:7	We now need transparency on where the vaccines we secured are going and ensure that they reach our citizens. We are accountable towards the European citizens and taxpayers – that is a key	This is a novel argument in justifying the vaccine procurement	Improve citizens' confidence	1 - 1

	principle for us.	process as a whole. [ P ] [SEP]		
17:8	The Commission has invested large amounts in the development of the production capacity of vaccine developers in the EU. This with the aim to ensure quicker delivery of vaccines to the European citizens, support planning and vaccination strategies with the ultimate goal to protect public health.		Enhance R&D Ensure access to safe vaccines Limit the spread of the Covid-19 outbreak	1 - 1
17:14	This should allow for a quick and steady delivery as soon as the authorisation has been granted.		Ensure access to safe vaccines	2 - 2
18:12	It avoided competition among the EU Member States for purchasing scarce equipment and vaccines. This has been of great benefit to the public, especially in smaller or poorer Member States that might otherwise have been shut out.		Promote solidarity through policy	15 - 15
18:13	On 24 April 2020, the WHO and its partners launched a global call for urgent action against COVID-19.		Sense of urgency	49 - 49
19:13	If the priority in the short term remains the achievement of adequate vaccination coverage at the national level, Italy and the EU can adopt a medium to long-term strategy with regards to the international distribution of the vaccine through a multi-level and integrated approach.		Ensure access to safe vaccines	5 - 5
19:16	In the “race to develop”, countries try to establish themselves as world powers with their capacity to develop a locally produced vaccine, a sign of scientific and technological superiority and of strategic autonomy. The current vaccine development race		Enhance strategic autonomy	2 - 2

	has been facilitated by massive government financing schemes and incentives through market mechanisms.			
20:3	As a general rule, advance payments to support R&D and to ramp-up production capacity should be made conditional on sharing intellectual property rights and know-how. This is essential to ensure that there is enough production to meet global demand during a public health crisis.		Enhance R&D	2 - 2
20:6	To speed up the development and production of much-needed COVID-19 vaccines, the European Commission and Member States agreed to provide EU financing to vaccine developers through Advance Purchase Agreements in June 2020.		Ensure access to safe vaccines	3 - 3
20:8	Although the advance payments made by the EU were meant to help companies prepare for at-scale production capacity		Enhance R&D	4 - 4
20:10	To maximise public return on public investment, advance payments made to companies to support R&D efforts and increase manufacturing capacity		Enhance R&D	5 - 5

### C | Quotations obtained during Analysis

ID	Quotation Content	Comment	Codes	Reference

11:1	On 9 June 2020, the Council of Ministers for health agreed on the need for joint action to ensure the development and deployment of the safest, quickest and most efficient vaccine against COVID-19 by securing rapid, sufficient and equitable supplies for Member States.	National actors.	LI	2 - 2
11:2	To do so, it requested the Commission to run a central single procurement procedure on behalf of the Member States,	This is direct evidence the MS are delegating its mandate to the Commission. It is now of interest to focus on the nature of this delegation. Is it of temporary or permanent nature? <sup>[P]</sup> <sub>[SEP]</sub>	N	2 - 2
11:4	On 17 June 2020, the Commission adopted a Communication <sup>2</sup> in which the Commission set out an EU Strategy for COVID-19 vaccines and invited companies with a promising vaccine candidate, already in or close to starting clinical trials, to contact the Commission.	Companies have been invited by the Commission. Although not uncommon, this does signify that entrepreneurial stance by the Commission. <sup>[P]</sup> <sub>[SEP]</sub>	N	2 - 2

11:5	In line with this Commission Communication and the requirements of the ESI Regulation, the Commission and the Member States agreed that the Commission carries out procurement procedures on behalf and in the name of the Member States setting out the terms applicable to such purchase and the reciprocal commitments of the parties.	Supranational competencies already are laid out in the ESI regulation.	N	2 - 2
11:7	It appears that there is considerable demand for additional doses under these APAs due to the advanced stage of development of the vaccines.	APAs are crucial in 'solving' the Covid-19 outbreak.	General	3 - 3
11:8	in accordance with the terms of the Advance Purchase Agreement and in particular Article I.6.2 thereof provided there is corresponding demand expressed by the Member States.	MS are free to express their own demand. Hence, expanding national discretion.	LI	3 - 3
11:10	The Commission already authorised the Commissioner with responsibility for Health and Food Safety	Pre-emptive action by Commission hints towards supranational entrepreneurship.	N	3 - 3
12:3	The Commission has concluded an agreement with all Member States of the European Union to conclude, on behalf and in the name of the Member States	Clear delegation on behalf of the MS.	LI	4 - 4

12:7	The vaccine should only be available to the population once its safety and efficacy will have been demonstrated to the competent regulatory bodies, and the relevant authorisations will have been obtained.	The joint procurement proposal under the APAs mentions that the vaccines have to uphold to certain standards set out by competent regulatory bodies. The question that arises is whether these are strictly EU-level or also domestic bodies. How was it regulated prior to the APAs? Did the APAs change the nature of regulation (read: domestic to supranational competency) of vaccines standards? <sup>[P]</sup> <sub>[SEP]</sub>	General	5 - 5
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12:9	In case a Member State does not agree with the conclusion of an APA containing an obligation to acquire vaccine doses or its terms, it has the right to opt out by explicit notification to the Commission.	This passage highlights the degree of discretion enjoyed by the MS. The Commission can oblige MS to procure the vaccines that the Commission has procured. However, prior to finalizing the specific APA contract with the manufacturer, the MS has the right to opt-out when it does not agree with the conditions. <sup>[P]</sup> <sub>[SEP]</sub>	LI	6 - 6
12:10	While the APA is legally binding upon those Participating Member States, it will be further implemented by means of the conclusion of contracts between the Participating Member States and the Contractor.	Negotiations by the Commission are legally binding, hence limiting the MS discretion. Although the last sentence allows for negotiative space for the MS.	LI	6 - 6
12:22	Contractor's COVID-19 Vaccine is eligible for review under the centralized procedure with European Medicines Agency (EMA).	EMA gains prominence now that procurment is raised to EU level.	N	18 - 18



12:30	Following delivery of the Product doses, each Participating Member State will solely control and assume all responsibility, at such Participating Member State's own cost and expense, for conducting all distribution and related activities relating to the Product doses in the Participating Member State's territory.	Clear demarcation of the national competencies.	LI	27 - 27
12:34	Any personal data included in or relating to the APA, including its implementation, shall be processed in accordance with Regulation (EU) 2018/1725. Such data shall be processed solely for the purposes of the implementation, management and monitoring of the APA by the data controller. For the purpose of this provision, the data controller for the Commission shall be the Director-General of the European Commission's Directorate-General for Health and Food Safety.	APAs have allowed for data monitoring to be raised more noticeably to the EU level.	N	59 - 59
12:35	The European Commission (the 'Commission'), acting on behalf and in the name of the Member States listed in Annex I (hereinafter referred to as "Participating Member States") being represented for the purposes of signature of this APA by Ms. Stella Kyriakides, Commissioner for Health and Food Safety:	Note: on behalf	LI	2 - 2

12:36	The upfront payment, paid by the Commission, should be taken into account in equal terms per dose ordered by the Member States.	The Commission is paying upfront costs. Hints towards supranational entrepreneurship.	General	6 - 6
12:37	The Commission and the European Anti-Fraud Office may check or require an audit on the Implementation of the APA. This may be carried out either by OEAF's own staff or by any outside body authorised to do so on its behalf, provided that the auditor may not be a competitor of the Contractor.	The centralization of vaccine procurement, has 'activated' many other supranational actors to get involved. In this case the EU anti-fraud Office.	N	70 - 70
12:38	The Court of Auditors and the European Public Prosecutor's Office established by Council Regulation (EU) 2017/19395 ('the EPPO') have the same rights as the Commission, particularly right of access, for the purpose of checks, audits and investigations.	Supranational actors.	N	71 - 71
13:7	At the Special European Council meeting of 2 October, Member States called on the Council and European Commission to further step up the overall coordination effort and the work on the development and distribution of vaccines at EU level <sup>6</sup> .	National actors specifically requesting integration of vaccine development and distribution.	LI	3 - 3

13:8	<p>, the Commission adopted a Communication on short-term EU health preparedness<sup>7</sup> in July. It sets out key measures in six specific areas. The effective implementation of these measures requires coordination and effective information exchange between Member States. One of the main action points necessary for Europe to overcome the coronavirus pandemic is accelerating the development, manufacturing, and deployment of vaccines against COVID-19. The EU Strategy for COVID-19 vaccines<sup>8</sup>, published in June, charts the way forward. Its recommendations are still relevant and all Member States are encouraged to follow them.</p>	<p>Overarching policy goal is specified here, in which the APAs play a catalyst role.</p>	N	3 - 3
13:11	<p>each country receives doses based on a pro rata population distribution key, unless otherwise agreed between the participating Member States in the course of implementation of the Advance Purchase Agreements.</p>	<p>Interesting to note is that solidarity is key in many of documents.</p>	General	4 - 4

13:12	A broader vaccine portfolio will offer Member States the best chance of benefiting from effective and safe vaccines in the quantities needed and in the timeliest manner, but this will require additional funding. That is why all Member States are invited to top-up the budget of the Emergency Support Instrument.	The proactive, 'broad portfolio' approach, has direct economic consequences for MS. It limits to an extent their discretion, in exchange for a higher chance for an effective vaccine (according to the Commission). <sup>[P] [SEP]</sup>	N	4 - 4
13:14	An allocation methodology, agreed between the Commission and Member States <sup>11</sup> , ensures that all Member States will have equal access to the available doses based on their population size.	Solidarity and fairness are key	N	5 - 5
13:16	The Commission, in collaboration with its Member States, the COVAX Facility, Gavi and the World Health Organization, will facilitate early access to vaccines and the capacity to authorise and deploy them in an effective manner to partner countries around the world.	The involvement of transnational institutions here is confirmed. <sup>[P] [SEP]</sup>	N	5 - 5

13:17	It contributed so far € 400 million to the COVAX facility specifically. As part of the EU's global coronavirus response, the EU Humanitarian Air Bridge can help bringing vaccines and other medical equipment to the most vulnerable populations in the world.	This passage mentions several initiatives (Covax Facility/EU Humanitarian Air Bridge) that have been set up parrerely to the APAs. The APAs here seem to functionally complement these other global initiatives. This suggests some functional spillover aspects to underlying to the APAs. [P] [SEP]	N	5 - 5
13:19	The safety requirements for COVID-19 vaccines remain as high as for any other vaccine in the EU, and the context or urgency brought on by the pandemic will not change this.	Safety is of utmost importance and can only be regulated from EU level.	General	6 - 6
13:20	The EU's regulatory framework, which set out high-standards and strict requirements, contains regulatory flexibilities to cater for urgencies.	This passage in contrast with the previous passage. What flexibilities are implied?	N	6 - 6
13:21	vaccine developers are required to submit extensive documentation and data to the European Medicines Agency through the EU Marketing Authorisation procedure.	Supranational actors.	N	6 - 6

13:23	A comprehensive, independent and scientific assessment is then conducted by the Agency and based on this evaluation, the European Commission can grant the necessary marketing authorisation.	This passage highlights the mandate the Commission enjoys in par with the EMA. Two supranational institutions are at the core of regulating the standards for vaccines. <sup>{P}</sup> <sub>{SEP}</sub>	N	6 - 6
13:24	A dedicated group - the COVID-19 European Medicines Agency pandemic Task Force - has been created and provides scientific advice on clinical trials and product development and a “rolling review” of incoming evidence to speed up the assessment of a promising vaccine. N	Given the urgency, standard procedures are relaxed de facto enhancing the speed of vaccine procurement/production and de facto increasing the mandate of the EMA. <sup>{P}</sup> <sub>{SEP}</sub>	N	6 - 6
13:26	The European Medicines Agency, in close collaboration with the Member States, the Commission, European and international partners, is establishing enhanced safety monitoring activities specifically for COVID-19 vaccines. Member States will be invited to share their national surveillance data on unintended side-effects, if relevant, with other Member States and the European Authorities	Supranational actors are gaining more competency following the APAs.	N	7 - 7

13:28	This calls for a European network of vaccine clinical trials, focusing on phase 3 (efficacy and safety) and phase 4 (continuing assessing safety and efficacy post introduction) trials.	Evidence for functional spillover. <sup>[P]</sup> <sub>[SEP]</sub>	N	7 - 7
13:29	In addition to safety, the monitoring and control of COVID-19 will require strengthened surveillance systems at EU level, integrating both data on the epidemiology of the disease as well as on vaccination coverage rates among target groups. Any surveillance system, in case they involve the processing of personal data, will have to comply with the General Data Protection Regulation. The European Data Protection Board (EDPB) should play an active coordinating role between the EU's data protection authorities to contribute to the consistent application of data protection rules throughout the European Union in times of crisis.	Quality control allevated to supranational level.	N	7 - 7

13:31	The European Centre for Disease Prevention and Control and European Medicines Agency, in close collaboration with the Commission, Member States, European and international partners are establishing enhanced vaccine effectiveness, coverage, safety and impact monitoring activities specifically for COVID-19 vaccines.	ECDC has gained prominence.	N	7 - 7
13:32	Preparations by each Member State for the next crucial phase are of utmost importance.	The approval of the APAs has resulted into the MS being required to take successive steps to effectively distribute procured vaccines. It is unclear from this passage whether this is a binding or non-binding requirement. [P] [SEP]	LI	7 - 7
13:35	The Commission can support Member States in this process, putting all Union instruments with logistical and transport capabilities, such as the Union Civil Protection Mechanism, at their disposal.	The facilitative role of the Commission is highlighted.	N	8 - 8
13:37	As it can be expected that several COVID-19 vaccines will require two doses, it will be important for Member States to institute an effective recall system.	Recall system is required of the MS>	N	9 - 9



13:38	The lack of confidence has in the recent past led to an insufficient uptake of, for example, key childhood vaccines and consequently, new outbreaks of vaccine-preventable diseases, such as measles, have occurred.	This highlights the main reason behind the Commission's commitment to building confidence surrounding the vaccine campaign. [P] [SEP]	General	9 - 9
13:39	This is not a new phenomenon.	This passage struck out, because it seems to suggest the Commission does not perceive the roll out of Covid vaccines differently from previous vaccine roll outs. However, given the intrusiveness of non-pharmaceutical measures on citizen's life and the way the Commission presents the Covid vaccine as the sustainable way out of these measures - the phenomenon is by its very nature novel. [P] [SEP]	General	9 - 9

13:40	It is key for Member States to share knowledge and their experiences during this global health crisis. The Commission is helping Member States coordinate the efforts and responses to the pandemic via the Health Security Committee.	Supranational actors	N	10 - 10
13:41	While the responsibility for health policy lies with Member States, and national strategies may differ due to several contributing factors such as different healthcare system capacities, population structure or epidemiological situation, it is nevertheless important to ensure the coordination of national responses to the pandemic.	Clear demarcation of national competency versus supranational competency. MS still enjoys primacy in health area.	LI	10 - 10
13:42	The Emergency Response Coordination Centre could support Member States in this regard as well as through monitoring and information sharing	Supranational actors.	N	10 - 10
13:43	PROPOSED ACTIONS	The Table 'Proposed Action' summarizes the actions MS have to set out in order for the APAs to have the most effective outcome: namely an EU-wide, coordinated vaccination roll out.	General	11 - 11

13:45	While the area of public health is first and foremost the competence of Member States, the Commission and EU Agencies have implemented a number of actions to support Member States' responses to COVID-19.	Facilitative role of Commission is highlighted. The question remains is 'facilitative' the same as 'entrepreneurship'?	N	15 - 15
13:47	Once available, vaccine portfolios should guide the implementation of vaccination strategies that currently are being developed by the Member States.	Top-down development of national vaccine strategies.	N	16 - 16

13:57	<p>In this spirit, the Commission has entered into agreements with individual vaccine producers on behalf of the Member States, purchasing and/or reserving the right to purchase vaccine doses under Advance Purchase Agreements<sup>9</sup>. As of the time of publication, there are three contracts<sup>10</sup> that allow the purchase of a vaccine once it has proven safe and effective, namely with AstraZeneca, Sanofi-GSK and Johnson&amp;Johnson. As of October 2020, the Commission continues discussing similar agreements with other vaccine manufacturers (CureVac, Moderna and BioNTech/Pfizer) with which it has concluded exploratory talks. All three contracts approved with vaccine producers include provisions through which Member States may donate or resell vaccine doses to third countries, striving for global solidarity</p>	Commission clearly takes upon itself a proactive stance towards concluding the APAs.	N	4 - 4
13:58	<p>After authorisation, EU law requires that the safety of the vaccine as well as its effectiveness is monitored. As part of the monitoring, studies will be conducted by public authorities responsible for vaccination programmes.</p>	Centralization of monitoring functions.	N	6 - 6

13:60	The European Centre for Disease Prevention and Control (ECDC) can help address topics such as vaccination policies, assist in systematically reviewing reports of available evidence and to establish relevant indicators to measure performance and coverage.	Supranational actors.	N	10 - 10
13:61	The Commission has been working closely with Member States to define needs, explore strategies and to exchange information and best practices. In addition, modernising public administration and services, including health, is one of the proposed flagships of the Recovery and Resilience Facility.	APAs seem to lead to structural reviews and adjustments. Form of integration?	N	10 - 10
13:62	Simultaneously, Member States and the other Joint Procurement Agreement (JPA) signatories already have access to ongoing joint public procurements covering personal protective equipment, ventilators and laboratory supplies, with additional public procurements coming up for intensive care unit medicines and vaccination supplies, also supporting large-scale vaccination campaigns.	APAs are not novel. Based on other initiatives that have been previously established.	N	15 - 15
14:1			N	13 - 13
14:2			LI	14 - 14
14:3			N	2 - 2

14:4			N	13 - 13
14:5			N	29 - 29
14:6			N	32 - 32
15:6	<p>While it is still early days, it is important to keep track of progress and in this spirit the Commission and the European Centre for Disease Prevention and Control will set up a system to monitor progress with vaccine deployment to support fast and efficient roll-out in all Member States.</p>	<p>Supranationalisation of monitoring functions.</p>	N	3 - 3
15:8	<p>would, in a first instance, reduce death and hospitalisation rates, relieve pressure on healthcare systems and then put Europe on track for herd immunity, helping to protect those who cannot be vaccinated and providing a bulwark against the spread of the virus.</p>	<p>Interesting to note is that in a previous document (APAs 3) it was mentioned that 'herd immunity' is not guaranteed to happen nor is it guaranteed to resolve the pandemic. Hence, this passage seems to contradict the previous document in a sense. <sup>[P]</sup><sub>[SEP]</sub></p>	General	4 - 4

15:9	To meet these objectives, we will need to ramp up the supply of vaccines. The European Commission and the EIB have continuously supported the increase of manufacturing capacities in the EU via the Advance Purchase Agreements and EIB loans. They will continue working with manufacturers to maximise production capacity in the EU. To this end, the Commission will engage in a structured dialogue with the actors in the vaccine manufacturing value chain.	Parralel initiatives.	N	4 - 4
15:11	To support this, EU-wide COVID-19 vaccine safety and effectiveness studies will be conducted and coordinated by the EMA and ECDC. The Commission will support the exchange of scientific information and good practice, involving the EU Scientific Advice Platform on Covid-19.	Supranational actors.	N	4 - 4
15:12	Vaccine manufacturers should be ready to provide the EMA with relevant data to accelerate the process if needed.	Centralization of monitoring functions.	N	6 - 6
15:15	Team Europe has also mobilised €853 million in support of COVAX, the global initiative to ensure equitable and fair access to safe and effective vaccines. <sup>13</sup> The EU as a whole is COVAX's biggest donor.	Global, supranational entrepreneurship by the Commission.	N	11 - 11

15:16	The EU will maintain its support to COVAX, including the establishment of a humanitarian buffer of about 100 million doses. COVAX remains the main route for supporting Low and Middle Income Countries to have fair access to vaccines, ensuring 20% coverage in the 92 poorest countries	Evidence for EU's commitment to the global stage.	N	11 - 11
15:17	Building on the experience of the EU's Vaccine Strategy, the Commission is ready to set up an EU vaccine sharing mechanism. This would ensure the sharing of access to some of the 2.3 billion doses secured by the EU, through the proven "Team Europe" approach. Special attention would be given to the Western Balkans, our Eastern and Southern neighbourhood and Africa. This could primarily benefit health workers, as well as humanitarian needs.	Solidarity central in policy.	N	11 - 11
15:19	The recently proposed new EU-US Agenda for Global Change <sup>14</sup> will form the basis for a strong commitment and contribution to COVAX by both the EU and the United States. The EU-led Trade and Health Initiative at the World Trade Organisation should facilitate the flow of vaccines and other medical treatments to where most needed.	EU and US work together on a global scale.	N	11 - 11



15:24	<p>As more people are vaccinated, the documentation and mutual recognition of vaccination become of utmost importance. Vaccination certificates allow for a clear record of each individual's vaccination history, to ensure the right medical follow-up as well as the monitoring of possible adverse effects. A common EU approach to trusted, reliable and verifiable certificates would allow people to use their records in other Member States.</p>	<p>Verification protocols are centralized parallel to the APAs. There seems to be a link between the APAs and the DCC.</p>	N	4 - 4
15:25	<p>The already-authorized BioNTech/Pfizer and Moderna vaccines alone will provide doses for 380 million people, or over 80% of the EU's population. The expert scrutiny of the European Medicines Agency ensures the safety of all vaccines.</p>	<p>Supranational actors.</p>	N	2 - 2
15:26	<p>To support this, the Commission will work with companies to develop a transparent and clear delivery schedule of the different vaccines. It has secured a supply line of vital medical equipment needed for vaccination via EU Joint Procurement, from which Member States can now place orders.</p>	<p>EU Joint procurement functions parallel to the APAs.</p>	N	3 - 3

15:27	The Commission will continue to work with Member States on vaccination certificates which can be recognised and used in health systems across the EU in full compliance with EU data protection law – and scaled up globally through the certification systems of the World Health Organisation.	Supranational actors	N	5 - 5
16:1	Having regard to Council Regulation (EU) 2016/369 of 15 March 2016 on the provision of emergency support within the Union <sup>1</sup> , and in particular Article 4 paragraph 5, point (b) thereof,	National actors.	LI	2 - 2
16:2	Article 4 paragraph 5, point (b) of the ESI Regulation provides that the Commission may grant emergency support in the form of procurement on behalf of the Member States based on an agreement between the Commission and Member States.	Article 4(5) lays out it is already within the competency of the Commission to procure on behalf of the MS, as a form of emergency support. <sup>[P]</sup> <sub>[SEP]</sub>	N	2 - 2
16:3	On 12 June 2020 the Council of Ministers for Health agreed on the need for joint action to support the development and deployment of a safe and effective vaccine against COVID-19 by securing rapid, sufficient and equitable supplies for Member States.	National actors	LI	2 - 2

16:6	the Commission should set up a steering board, which should assist and provide guidance throughout the evaluation process, while the Commission retains exclusive responsibility over the process.	Supranational actors	N	2 - 2
16:7	The steering board, which will be co-chaired by the Commission and a Participating Member State	Although exclusive responsibility is delegated to the Commission, senior officials from MS are part of the steering board. <sup>[EP]</sup> <sub>[SEP]</sub>	LI	2 - 2
16:8	these APAs will be approved for signature on behalf and in the name of the participating Member States by a separate individual Commission decision.	Commission central in negotiating on behalf of the MS	N	3 - 3
16:10	The Member of the Commission with responsibility for Health and Food Safety is authorised to sign the Agreement	Supranational actor	General	3 - 3
16:11	A Steering Board is hereby set up pursuant to the signature of the Agreement in Annex 1. The Steering Board shall be responsible for steering matters in accordance with the Agreement	Supranational actors	LI	3 - 3

16:12	The Steering Board shall adopt its own Rules of Procedure.	Discretion of the MS (read; indirect discretion through senior officials) is implied here. At least regarding the procedural format of conducting APAs. <sup>[P]</sup> <sub>[SEP]</sub>	LI	3 - 3
16:13	As regards the approval of APAs or intermediary documents that set terms and conditions of the APAs or otherwise contain legally binding obligations, the Commission will exercise itself the powers it has delegated, in line with Article 4.2 of the Internal Rules	Supranational competency.	N	3 - 3
16:14	In certain instances, where it is strictly necessary, the Commission can sign on behalf of the Member States intermediary documents enabling the start, continuation and completion of the negotiations. Where those documents set terms and conditions of the final APAs, or otherwise contain legally binding obligations, those documents will also have to be approved by the Commission for signature on behalf and in the name of the participating Member States,	Necessity of centralization explained.	N	3 - 3

17:1	In an effort to ensure timely access to COVID-19 vaccines for all EU citizens and to tackle the current lack of transparency of vaccine exports outside the EU, the Commission has today put in place a measure requiring that such exports are subject to an authorisation by Member States.	Supranational actors	General	1 - 1
17:9	The Commission has invested large amounts in the development of the production capacity of vaccine developers in the EU. This with the aim to ensure quicker delivery of vaccines to the European citizens, support planning and vaccination strategies with the ultimate goal to protect public health. It is therefore reasonable for the EU to monitor how the funds disbursed under the Advance Purchase Agreements (APA) have been used, especially in a context of potential shortages of essential COVID-19 vaccines.	From this passage it seems the Commission is asserting itself to a more prominent power position [read: allowing itself to be more involved in the information dissemination regarding the production/distribution of vaccines]. Hence, funding the company directly seems to be an avenue for the Commission to empower itself in this regard. <sup>[P]</sup> <sub>[SEP]</sub>	N	1 - 1
17:11	Based on the previous experience with a similar measure on personal protective equipment in Spring 2020, the Commission will assist Member States in setting up the relevant mechanism to ensure a smooth and coordinated implementation of the regulation.	Supranational actor	N	1 - 1

17:12	This measure is targeted, proportionate, transparent and temporary. It is fully consistent with the EU's international commitment under the World Trade Organization and the G20, and in line with what the EU has proposed in the context of the WTO trade and health initiative	International organizations	N	1 - 1
17:13	Funding provided is considered as a down-payment on the vaccines that will actually be purchased by Member States. The APA is therefore a de-risk investment upfront against a binding commitment from the company to pre-produce, even before it gets marketing authorisation. This should allow for a quick and steady delivery as soon as the authorisation has been granted.	This explains how the Commission's upfront funding acts as a de-risking for the MS	N	2 - 2
17:15	This implementing act, adopted by urgency procedure and published today, provides for authorisations of exports outside the EU of COVID-19 vaccines until the end of March 2021. This scheme only applies to exports from companies with whom the EU has concluded Advance Purchased Agreements.	Exemplifies the readiness to act on the global scale.	N	1 - 1

18:2	In April 2020, the ESI (Emergency Support Instrument) was activated to help EU Member States address the COVID-19 pandemic. It is complementary to other EU programmes and is active in a range of areas, with a budget of €2.7 billion <sup>43</sup> , with another €220 million for the transport of medical supplies, health workers and patients across the EU.	Important to note that the APAs are mentioned alongside other joint procurement efforts that the Union has set up. Also it is important to note that there have been many various efforts already set up prior to the Covid-19 outbreak. Functional spillover is not unlikely to be the case here. <sup>[P]</sup> <sub>[SEF]</sub>	N	48 - 48
18:3	The financing of ESI is in principle by the Commission, with the option of supplementary contributions by Member States.	Initial risk carried by the Commission.	General	48 - 48
18:4	The Commission is in charge of implementation, in continuous dialogue with the Member States.	Supranational actor.	N	48 - 48
18:7	COVAX works similarly to the now familiar AMCs concluded by the European Commission: Advance Purchase Commitments are concluded with frontrunning pharmaceutical companies, which adapt their delivery practices to make them suitable for poor and low-middle income countries. In	Global integration and APAs.	N	50 - 50

18:8	participation in COVAX is complementary to the Advance Purchasing Agreements the EU concluded with pharmaceutical companies (cf. Table 4).	Evidence for link between international organizations and EU policy.	N	50 - 50
18:11	Responsible EU agencies must therefore be empowered to place well-reasoned bets, not all of which will pay off in the end.	Supranational actors	N	85 - 85
18:14	Public health is primarily a Member State competence, but the EU can and does play a supporting role. In light of the Lisbon Treaty, measures at European level have often been limited to cross-border aspects, not only into and out of the EU, but also among the Member States. The measures taken by the EU that have specifically addressed Internal Market aspects have included:	Explains how national competency over the public health, should be alleviated to EU level in case of a transboundary crisis.	N	14 - 14
18:15	At times of crisis, Member States can be tempted to take strong, urgent actions to protect life or property, as they should; however, consideration of the EU consequences needs to be better incorporated into Member State planning, and not just as an afterthought.	Worry is expressed here that pure national competency is not enough to solve the crisis.	LI	14 - 14



18:16	The shift from national to European level for procurement of PPE, medical equipment and vaccines (under rescEU, the Joint Procurement Agreement (JPA), and the EU Emergency Support Initiative (ESI)) has been hugely positive and surprisingly effective.	Success of other procurement initiatives warrants the centralization of vaccine procurement.	General	15 - 15
18:17	The ESI has had a mixed record in procuring vaccines. For future pandemics, the requisite contingent funding for vaccine purchase, not just for research and development, should be legally committed in advance so that funds can be tapped on very short notice (but used only if and as needed).	Study by the EP concludes the APAs are a successful tool in combatting the pandemic. It is even suggested to permanently incorporate this tool in legislation. <sup>[P]</sup> <sub>[SEP]</sub>	N	16 - 16
18:18	The EU started spending on various medical products and vaccines for the Member States at an unprecedented rate. First, based on the Joint Procurement Agreement, up to €7 billion was spent for vital medical products, including PPE. Second, EU medical stockpiling and other useful activities were promptly put in place. Third, joint Commission-led purchasing of vaccines of probably over €2 billion, and another €500 million for COVAX (for poor countries) was undertaken, a novel engagement which was accomplished in the late summer.	Supranational entrepreneurship.	N	40 - 40

18:19	With the vaccination drive that started across the Union at the end of December 2020, many calls emerged for limiting travel to individuals who have a vaccine passport attesting to their vaccination against COVID-19. As of the end of January 2021, however, no agreement for such a measure has been reached. Southern Member States that rely heavily on tourism for their respective domestic economies are desperate to find a way to reopen travel, but no consensus on how to do this has yet emerged.	Interesting to note is the interests of Southern MS to re-open borders as soon as possible, since their economy relies on tourism so much.	LI	41 - 41
18:20	On 1 April 2020, the Commission published guidance (see European Commission (2020k)) for public procurement aiming to secure urgent medical supplies by Member States given the emergency situation related to the COVID-19 crisis.	Supranational actors.	N	44 - 44
18:22	ESI has multiple avenues for helping Member States but the biggest one is about the advanced purchase of vaccines. Since the summer of 2020, the Commission (with and on behalf of the Member States) has been concluding Advance Purchasing Agreements for vaccines with a number pharmaceutical companies. T	APAs already existed under the ESI Regulation.	N	48 - 48

18:23	Team Europe (the EU-27 Member States and the European Commission) contributes an initial €230 million <sup>48</sup> for some 88 million doses, with another €170 million still available.	Europe's entrepreneurial stance in the global stage is exemplified.	N	49 - 49
19:2	To put an end to the current pandemic – which in one year has led to the loss of 2.6 million lives and triggered the worst economic recession since the Second World War – the goal is to ensure the widest immunisation of the world population in a timeframe of 12 to 18 months.	Sense of urgency. <sup>[P] [SEP]</sup>	General	1 - 1
19:3	In this context, COVID vaccines emerge as instruments of soft power, as they symbolise, on the one hand, scientific and technological supremacy and, on the other, means to support existing and emerging foreign policy partnerships and alliances with relevant geopolitical implications. F	This passage allows for a novel perspective towards the procurement of vaccines. The procurement of vaccines can be considered 'soft power' and hence the Commission has been granted more power via the APAs. <sup>[P] [SEP]</sup>	General	1 - 1

19:4	Other important tools to mobilise resources for vaccine development have been Advance Purchase Agreements, which are at the core of the European Vaccine Strategy and cover part of the upfront costs faced by producers in exchange for the right to buy a given amount of doses within an agreed timeframe. <sup>3</sup>	How the APAs tie into the race to develop.	General	2 - 2
19:5	By leveraging the phenomenon of global outsourcing, the “race to develop” also includes the ability of nations to establish themselves as regional or international production hubs.	Strategic autonomy in the race to develop	N	2 - 2
19:6	When it comes to the acquisition of the vaccine, or the “race to buy”, countries and regional players attempt to guarantee the greatest possible supply of vaccines for their own population, in some cases at the detriment of equitable distribution mechanisms put in place multilaterally.	Explains the race to vaccines.	N	3 - 3
19:8	The COVAX Facility, led by GAVI, CEPI, the World Health Organisation and with UNICEF as a distribution partner, is one of the cornerstones of the multilateral response to the pandemic and 186 countries are part of the initiative.	International actors are involved in EU policy.	N	3 - 3

19:9	the international distribution of the vaccine has become a tool of soft power in support of emerging and traditional foreign policy partnerships.	The global integration of vaccine procurement here is implied to be the result of the pursuit of 'soft power' Following this logic, the EU seeks to procure reserves of vaccines not only to supply its own population, but also to gain soft power in "emerging and traditional foreign policy partnerships." <sup>[P]</sup> <sub>[SEP]</sub>	N	4 - 4
19:10	the Commission announced the forthcoming establishment of a common mechanism for the external sharing of some excess doses, paying particular attention to the Western Balkans, its southern and eastern neighbourhood as well as Sub-Saharan Africa	Solidarity in the overarching policy is evident from this.	N	5 - 5
19:12	Considering the vaccine as a global common good is both an ethical and health related issue, with important economic and geopolitical implications.	If access to vaccines is universal right, then a vaccine race is severely counter-productive. Unclear what ideological approach the Union takes.	General	5 - 5

19:14	Beyond donations and financing mechanisms to facilitate access to vaccines, Italian and EU soft power could also be deployed to strengthen international cooperation	Global vaccine procurement can propel global integration.	N	6 - 6
19:15	the EU, the vaccine race is increasingly becoming an important arena to demonstrate its growing emphasis on strategic autonomy	Access to vaccines ties into strategic autonomy.	N	6 - 6
19:17	When it comes to COVID vaccination campaigns, a dilemma emerges between the national and the global dimension, between short and medium to long-term objectives.	Exemplifies the friction between wanting to globally invested or regionally invested. First the world? Or first the Union?	General	3 - 3
20:1	When governments team up to negotiate medicine prices and carry out joint procurement, they increase their bargaining power and the chance to secure a good deal.	This is another instance that mentions the APAs contribute to the 'strategic autonomy' of the Union regarding the procurement of vaccines. [P] [SEP]	General	2 - 2
20:2	all Member States were able to secure vaccine supplies in a timely manner, regardless of their purchasing power	APAs were considered a success.	General	2 - 2

20:4	Pharma companies should be responsible for covering indemnification costs related to injuries caused by their products to consumers, and not Member States.	The critique by BEUC.	LI	2 - 2
20:5	BEUC calls on the European Commission and Member States to ensure that, in the future, advance purchase agreements with pharmaceutical companies are more aligned with the public interest and involve far more the European Parliament and civil society.	Critique towards APAs and the negotiation surrounding it. Specifically the critique is towards the pharmaceuticals not being liable for problems in supply chain of vaccines.	General	2 - 2
20:7	The deal was that part of the vaccine's price would be paid through the advance payment, and the rest directly by Member States after the vaccine got approved.	Upfront risk for Commission, later MS shares the burden of risks.	General	3 - 3
20:11	The approach of passing on compensation matters to governments has implications on Member States' ability to donate or resell vaccine doses to third countries.	This does have ramifications for the capacity of the MS. Companies receive more freedom in the contractual agreement than the MS (at least in regards to faulty vaccines). <sup>[P]</sup> <sub>[SEP]</sub>	General	6 - 6

20:12	There was little transparency on the negotiation process, including on the negotiating team composed by some Member State representatives and the Commission. The APA contracts were only made publicly available months after they were concluded, following pressure from civil society and only after companies gave their approval.	This passage is contradictory to previous statements by the Commissions. The Commission has articulated in different occasions to strive for accountability and a primary objective is to enhance citizen trust. <sup>[P]</sup> <sub>[SEP]</sub>	General	6 - 6
20:13	Above all, APA contracts should uphold the principle that medicines are global public goods. Despite pledges by the EU and Member States in that direction, this has not become a reality so far during the COVID-19 pandemic. <sup>30</sup> This must be ensured for COVID-19 vaccines as stressed by the European Parliament <sup>31</sup> , and in the future.	Parliament expresses preference to help on a global scale.	N	8 - 8
20:14	From August 2020 to November 2021, the Commission signed eight APA with companies on behalf of Member States. T	Supranational entrepreneurship.	N	3 - 3



20:15	For accountability purposes, all contracts should include a detailed annex describing the efforts that the company commits to undertake to boost production capacity, respect the delivery schedule and prevent shortages. <sup>14</sup> The Commission should publish these plans and closely monitor companies' compliance with them.	Commission's expanded competency over pharmaceuticals.	N	4 - 4
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### **Appendix III: EU Digital Covid Certificate**

#### **A | References of Documents used in Analysis**

##### **a | Official EU Documents**

1. Regulation (EU) 2021/953 (14 June 2021). On a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic. The European Parliament and of the Council. <http://data.europa.eu/eli/reg/2021/953/oj>.
2. Regulation (EU) 2021/954 (14 June 2021). On a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic. The European Parliament and of the Council. <http://data.europa.eu/eli/reg/2021/954/oj>.
3. P9\_TA 2021/0273 (a) & P9\_TC1-COD 2021/0068 (b) (8 February 2022). (a) European Parliament legislative resolution of 9 June 2021 on the proposal for a regulation of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable certificates on vaccination, testing and recovery to facilitate free movement during the COVID-19 pandemic (Digital Green Certificate) & (b) Position of the

European Parliament adopted at first reading on 9 June 2021 with a view to the adoption of Regulation (EU) 2021/... of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic. The European Parliament. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021AP0273&qid=1655285530361>.

4. P9\_TA 2021/0274 (a) & P9\_TC1-COD 2021/0071 (b) (8 February 2022). (a) European Parliament legislative resolution of 9 June 2021 on the proposal for a regulation of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable certificates on vaccination, testing and recovery to third-country nationals legally staying or legally residing in the territories of Member States during the COVID-19 pandemic (Digital Green Certificate) & (b) Position of the European Parliament adopted at first reading on 9 June 2021 with a view to the adoption of Regulation (EU) 2021/... of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic. The European Parliament. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021AP0274&qid=1655285530361>.
5. Proposal for amending Regulation (EU) 2021/954 (3 February 2022). On a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic amending Regulation (EU) 2021/954 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic. European Commission.

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0055&qid=1655285530361>.

6. COM 2021/129 (17 March 2021). Communication from the Commission on a common path to safe and sustained re-opening. The European Parliament and European Council. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52021DC0129>
7. COM 2021/649 (18 October 2021). Report from the Commission pursuant to Article 16(1) of Regulation (EU) 2021/953 of the European Parliament and of the Council on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic. European Commission.  
[https://ec.europa.eu/info/sites/default/files/1\\_en\\_act\\_part1\\_v2\\_1.pdf](https://ec.europa.eu/info/sites/default/files/1_en_act_part1_v2_1.pdf)

#### **b | Non-Official Documents**

8. European Parliamentary Research Service (2021). EU Covid-19 certificate: A tool to help restore the free movement of people across the European Union. Retrieved on June 15, 2022 from  
[https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/690618/EPRS\\_BRI\(2021\)690618\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/690618/EPRS_BRI(2021)690618_EN.pdf).
9. Von der Leyen, U. (2021). Statement by President von der Leyen at the signing ceremony of the EU Digital COVID Certificate Regulation. Retrieved on June 15, 2022 from  
[https://ec.europa.eu/commission/presscorner/detail/en/statement\\_21\\_2981](https://ec.europa.eu/commission/presscorner/detail/en/statement_21_2981).
10. Reynders, D. (2021). Speech by Commissioner Reynders on the provisional political agreement on the EU Digital COVID Certificate. Retrieved on June 15, 2022 from  
[https://ec.europa.eu/commission/presscorner/detail/en/speech\\_21\\_2608](https://ec.europa.eu/commission/presscorner/detail/en/speech_21_2608).

#### **B | Codes and Quotations obtained during Analysis**

ID	Quotation Content	Comment	Codes	Reference
1:1	Every citizen of the Union has the fundamental right to move and reside freely within the territory of the Member States, subject to the limitations and conditions laid down in the Treaties and by the measures adopted to give effect to them		Facilitate freedom of movement	3 - 3
1:3	On 13 October 2020, the Council adopted Recommendation (EU) 2020/1475 ( 4 ), which introduced a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the following key areas:	Member States (via the Council) have agreed to delegate coordination and colour coding [signalling risk levels per geographic areas] to supranational level. <sup>[1]</sup>	Coordinate border policy Facilitate freedom of movement	4 - 4
1:8	Furthermore, such measures should be consistent with measures taken by the Union to ensure the seamless free movement of goods and essential services across the internal market, including the free movement of medical supplies and medical and healthcare personnel		Facilitate freedom of goods Facilitate freedom of movement	4 - 4
1:12	A common approach is required among Member States on the content, format, principles, technical standards and the level of security of such vaccination certificates.		Coordinate border policy	4 - 4
1:13	Unilateral measures to limit the spread of SARS-CoV-2 have the potential to cause significant disruption to the exercise of the right to free movement and to hinder the proper functioning of the internal market, including the tourism sector, as national authorities and passenger transport services, such as airlines, trains, coaches and ferries,		Facilitate freedom of movement Financial stabilization of the Internal Market	4 - 4

1:14	In its resolution of 25 March 2021 on establishing an EU strategy for sustainable tourism, the European Parliament called for a harmonised approach to tourism across the Union by means of implementing common criteria for safe travel, with a Union Health Safety protocol for testing and quarantine requirements, a common vaccination certificate, once there is sufficient scientific evidence that vaccinated persons do not transmit SARS-CoV-2, and the mutual recognition of vaccination procedures.		Financial stabilization of the Internal Market	4 - 4
1:15	In their statement of 25 March 2021, the Members of the European Council called for preparations to start on a common approach to the gradual lifting of restrictions to free movement in order to ensure that efforts are coordinated when the epidemiological situation allows for an easing of existing measures and for the work on COVID-19 interoperable and non-discriminatory digital certificates to be taken forward as a matter of urgency.		Coordinate border policy Facilitate freedom of movement Sense of urgency	5 - 5
1:16	To facilitate the exercise of the right to move and reside freely within the territory of the Member States, a common framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) should be established.	The Commission expresses the need for expanding competency. <sup>[P] SEP</sup>	Facilitate freedom of movement	5 - 5
1:18	Facilitating freedom of movement is one of the key preconditions for starting an economic recovery.		Facilitate freedom of movement Financial stabilization (unspecified)	5 - 5

1:22	It should not be understood as facilitating or encouraging the adoption of restrictions to free movement, or restrictions to other fundamental rights, in response to the COVID-19 pandemic, given their detrimental effects on Union citizens and businesses.		Facilitate freedom of movement Financial stabilization of the Internal Market Improve citizens' livelihood	5 - 5
1:40	In order to support the work of WHO and to strive for better global interoperability, Member States are in particular encouraged to accept vaccination certificates issued for other COVID-19 vaccines that have completed the WHO emergency use listing procedure.		Coordinate border policy (globally)	9 - 9
1:41	Harmonised procedures under Regulation (EC) No 726/2004 should not prevent Member States from deciding to accept vaccination certificates issued for other COVID-19 vaccines that have been granted a marketing authorisation by the competent authority of a Member State pursuant to Directive 2001/83/EC, vaccines the distribution of which has been temporarily authorised pursuant to Article 5(2) of that Directive, and vaccines that have completed the WHO emergency use listing procedure		Harmonize adequate vaccine standards	9 - 9
1:44	The Council Recommendation of 21 January 2021 ( 13) sets out a common framework for the use and validation of rapid antigen tests and the mutual recognition of COVID-19 test results in the Union and provides for the development of a common list of COVID-19 rapid antigen tests.		Harmonize adequate vaccine standards	9 - 9
1:52	imperative grounds of urgency		Sense of urgency	11 - 11

1:60	Given the urgency of the situation related to the COVID-19 pandemic, this Regulation should enter into force on the day of its publication in the Official Journal of the European Union.		Sense of urgency	13 - 13
1:61	to facilitate free movement during the COVID-19 pandemic		Facilitate freedom of movement	1 - 1
1:62	to facilitate free movement during the COVID-19 pandemic		Facilitate freedom of movement	3 - 3
1:63	On 30 January 2020, the Director-General of the World Health Organization (WHO) declared a public health emergency of international concern over the global outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease 2019 (COVID-19).		Sense of urgency	3 - 3
1:64	based on an agreed colour code and a coordinated approach to any appropriate measures which could be applied to persons travelling to or from risk areas, depending on the level of risk of SARS-CoV-2 transmission in those areas.		Coordinate border policy	4 - 4
1:65	persons living in border regions and travelling across the border on a daily or frequent basis for the purposes of work, business, education, family, medical care or caregiving, whose lives are particularly affected by such restrictions, in particular those who exercise critical functions or who are essential for critical infrastructure, should in general be exempted from travel restrictions linked to the COVID-19 pandemic.		Improve citizens' livelihood	4 - 4
1:68	To facilitate the exercise of the right to free movement		Facilitate freedom of	6 - 6

			movement	
1:69	Agreements on free movement of persons concluded by the Union and the Member States, of the one part, and certain third countries, of the other part, provide for the possibility to restrict free movement on grounds of public health in a non-discriminatory manner. Where such an agreement does not contain a mechanism of incorporation of Union legal acts, COVID-19 certificates issued to beneficiaries of such agreements should be accepted under the conditions laid down in this Regulation.		Facilitate freedom of movement	7 - 7
1:70	to ensure consistency with global initiatives,		Coordinate border policy (globally)	7 - 7
1:71	the exercise of the right to free movement within the Union, including through the participation in a public key infrastructure or the bilateral exchange of public keys.		Facilitate freedom of movement	7 - 7
1:72	For the purpose of facilitating free movement, and to ensure that restrictions to free movement currently in place during the COVID-19 pandemic can be lifted in a coordinated manner based on the latest scientific evidence and guidance made available by the Health Security Committee established by Article 17 of Decision No 1082/2013/EU of the European Parliament and of the Council ( 9 ), ECDC and the European Medicines Agency (EMA), an interoperable vaccination certificate should be established.		Coordinate border policy Facilitate freedom of movement	8 - 8
1:73	to the gradual lifting of restrictions to free movement.		Facilitate freedom of	8 - 8



			movement	
1:74	Where Union citizens or their family members are not in possession of a vaccination certificate that complies with the requirements of this Regulation, in particular because they have been vaccinated before the date of application of this Regulation, they should be given every reasonable opportunity to prove by other means that they should benefit from the waiving of relevant restrictions to free movement afforded by a Member State to holders of vaccination certificates issued pursuant to this Regulation		Facilitate freedom of movement Improve citizens' livelihood	8 - 8
1:75	Where Member States accept proof of vaccination in order to waive restrictions to free movement put in place		Facilitate freedom of movement	8 - 8
1:76	As a result, the marketing authorisations granted by the Union pursuant to that Regulation, including the underlying evaluation of the medicinal product concerned in terms of quality, safety and efficacy, are valid in all Member States.		Harmonize adequate vaccine standards	9 - 9
1:77	The assessment also benefits from the expertise of the European medicines regulatory network. The authorisation via the centralised procedure provides the confidence that all Member States can rely on the data on efficacy and safety and on the consistency of the batches being used for vaccination.		Harmonize adequate vaccine standards	9 - 9
1:78	It is necessary to prevent direct or indirect discrimination against persons who are not vaccinated, for example because of medical reasons, because they are not part of the target group for which the COVID -19 vaccine is currently administered or allowed,		Facilitate freedom of movement Improve citizens' livelihood	9 - 9

	such as children, or because they have not yet had the opportunity or chose not to be vaccinated			
1:79	To improve the level of acceptance of results of tests carried out in another Member State when presenting such results for the purpose of exercising the right to free movement, an interoperable test certificate should be established, containing the information necessary to clearly identify the holder as well as the type, date and result of the test for SARS-CoV-2 infection.		Facilitate freedom of movement Improve citizens' confidence	10 - 10
1:80	in order to waive the restrictions to free movement		Facilitate freedom of movement	10 - 10
1:82	to exercising their right to free movement,		Facilitate freedom of movement	10 - 10
1:83	For the purpose of facilitating free movement, and to ensure that restrictions to free movement currently in place during the COVID-19 pandemic can be lifted in a coordinated manner based on the latest scientific evidence available, an interoperable certificate of recovery should be established, containing the information necessary to clearly identify the person concerned and the date of a previous positive test result for SARS-CoV-2 infection.		Coordinate border policy Facilitate freedom of movement	10 - 10

1:85	Where Member States accept proof of recovery in order to waive restrictions to free movement put in place, in accordance with Union law, to limit the spread of SARS-CoV-2, such as a requirement to undergo quarantine or self-isolation or to be tested for SARS-CoV-2 infection, they should be required to accept, under the same conditions, certificates of recovery from COVID-19 issued by other Member States in accordance with this Regulation.		Facilitate freedom of movement Limit the spread of the Covid-19 outbreak	11 - 11
1:86	Where Member States lift restrictions to free movement on the basis of a certificate of recovery, they should not subject the recovered persons to additional restrictions to free movement linked to the COVID-19 pandemic, such as travel-related testing for SARS-CoV-2 infection or travel-related quarantine or self-isolation, unless such additional restrictions are, based on the latest available scientific evidence, necessary and proportionate for the purpose of safeguarding public health, and non-discriminatory.		Facilitate freedom of movement Improve citizens' livelihood	11 - 11
1:88	It does not regulate the processing of personal data related to the documentation of a vaccination, a test or a recovery event for other purposes,		Limited scope of impact	11 - 11
1:89	Where a Member State has adopted or adopts, on the basis of national law, a system of COVID-19 certificates for domestic purposes		Support domestic (border) control	11 - 11
1:90	in order to avoid that persons travelling to another Member State and using the EU Digital COVID Certificate are obliged to obtain an additional national COVID-19 certificate.		Improve citizens' livelihood	11 - 11

1:92	In accordance with Recommendation (EU) 2020/1475, any restrictions to the free movement of persons within the Union put in place to limit the spread of SARS-CoV-2 should be lifted as soon as the epidemiological situation allows. This also applies to requirements to present documents other than those required by Union law, in particular		Facilitate freedom of movement	12 - 12
1:95	Since the objective of this Regulation, namely to facilitate the exercise of the right to free movement within the Union during the COVID-19 pandemic		Facilitate freedom of movement	13 - 13
1:98	for the purpose of facilitating the holders' exercise of their right to free movement during the COVID-19 pandemic. T		Facilitate freedom of movement Improve citizens' livelihood	14 - 14
1:99	or the purpose of facilitating the holders' exercise of their right to free movement within the Union.		Facilitate freedom of movement	19 - 19
1:100	for its purpose and in no case longer than the period for which the certificates may be used to exercise the right to free movement.		Facilitate freedom of movement	20 - 20
1:101	for the purpose of safeguarding public health in response to the COVID-19 pandemic,		Limit the spread of the Covid-19 outbreak	21 - 21
1:102	Without prejudice to the common rules on the crossing of internal borders by persons as laid down in Regulation (EU) 2016/399 of the European Parliament and of the Council ( 8 ), and for the purpose of facilitating travel within the territories of the Member States by third-country nationals who are entitled to such travel		Coordinate border policy (Schengen) Facilitate freedom of movement	27 - 27

1:103	purposes of facilitating travel within the territories of the Member States,		Coordinate border policy (Schengen) Facilitate freedom of movement	28 - 28
1:104	Where Member States require proof of a test for SARS-CoV-2 infection in order to waive the restrictions to free movement put in place, in accordance with Union law and taking into account the specific situation of cross-border communities, to limit the spread of SARS-CoV-2, they shall also accept, under the same conditions, test certificates indicating a negative result issued by other Member States in accordance with this Regulation.		Coordinate border policy Facilitate freedom of goods Limit the spread of the Covid-19 outbreak	18 - 18
1:105	For the purpose of this Regulation, the personal data contained in the certificates issued pursuant to this Regulation shall be processed only for the purpose of accessing and verifying the information included in the certificate in order to facilitate the exercise of the right of free movement within the Union during the COVID-19 pandemic.		Facilitate freedom of movement	20 - 20
1:106	Since the objective of this Regulation, namely to facilitate the travel of third-country nationals legally staying or residing in the territories of the Member States during the COVID-19 pandemic by establishing a framework for the issuance, verification and acceptance of interoperable COVID-19 certificates on a person's COVID-19 vaccination, test result or recovery		Coordinate border policy Facilitate freedom of movement	29 - 29

2:1	On 30 January 2020, the Director-General of the World Health Organization (WHO) declared a public health emergency of international concern over the global outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease 2019 (COVID-19). On 11 March 2020, the WHO made an assessment characterising COVID-19 as a pandemic.		Sense of urgency	1 - 1
2:3	Such restrictions have detrimental effects on persons and businesses, especially persons living in border regions and travelling across the border on a daily or frequent basis for the purposes of work, business, education, family, medical care or caregiving.		Facilitate freedom of movement Financial stabilization (unspecified) Improve citizens' livelihood	1 - 1
2:4	On 30 October 2020, the Council adopted Recommendation (EU) 2020/1632 ( 3 ) in which it recommended Member States that are bound by the Schengen acquis to apply the general principles, common criteria, common thresholds and common framework of measures, including recommendations on coordination and communication as laid down in Recommendation (EU) 2020/1475.	This passage functions as a synopsis of the motivation to implement DCC to third countries as well. <sup>[SEP]</sup>	Coordinate border policy (Schengen)	1 - 1
2:5	A common approach is required among Member States on the content, format, principles, technical standards and the level of security of such vaccination certificates.		Coordinate border policy	1 - 1
2:15	Given the urgency of the situation related to the COVID-19 pandemic, this Regulation should enter into force on the day of its publication in the Official Journal of the European Union		Sense of urgency	4 - 4

2:17	Since the objective of this Regulation, namely to facilitate the travel of third-country nationals legally staying or residing in the territories of the Member States during the COVID-19 pandemic by establishing a framework for the issuance, verification and acceptance of interoperable COVID-19 certificates on a person's COVID-19 vaccination, test result or recovery		Coordinate border policy (Schengen)	4 - 4
2:19	On 13 October 2020, the Council adopted Recommendation (EU) 2020/1475 ( 2 ) which introduced a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic.		Coordinate border policy	1 - 1
2:20	Such acceptance should take place under the same conditions, meaning that, for example, where a Member State considers a single dose of a vaccine administered to be sufficient, it should do so also for holders of a vaccination certificate indicating a single dose of the same vaccine.		Improve citizens' livelihood	2 - 2
2:21	Harmonised procedures under Regulation (EC) No 726/2004 of the European Parliament and of the Council ( 5 ) should not prevent Member States from deciding to accept vaccination certificates issued for other COVID-19 vaccines that have been granted a marketing authorisation by the competent authority of a Member State pursuant to Directive 2001/83/EC of the European Parliament and of the Council ( 6 ), vaccines the distribution of which has been temporarily authorised pursuant to Article 5(2) of that Directive, and vaccines that have completed the WHO emergency use listing procedure.		Harmonize adequate vaccine standards	2 - 2

2:22	Regulation (EU) 2021/953 lays down a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic.		Coordinate border policy Facilitate freedom of movement	2 - 2
2:23	Without prejudice to the common rules on the crossing of internal borders by persons as laid down in Regulation (EU) 2016/399 of the European Parliament and of the Council ( 8 ), and for the purpose of facilitating travel within the territories of the Member States by third-country nationals who are entitled to such travel, the framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates established by Regulation (EU) 2021/953 should also apply to third-country nationals who are not already covered by that Regulation, provided that they are legally staying or residing in the territory of a Member State and are entitled to travel to other Member States in accordance with Union law.		Coordinate border policy (Schengen)	2 - 2
2:24	Since this Regulation applies to third-country nationals already legally staying or residing in the territories of the Member States, it should not be understood as granting third-country nationals wishing to travel to a Member State the right to an EU Digital COVID Certificate from that Member State before arrival on its territory.		Coordinate border policy (Schengen)	3 - 3
3:3	on a framework for the issuance, verification and acceptance of interoperable certificates on vaccination, testing and recovery to		Coordinate border policy Facilitate freedom of	1 - 1



	facilitate free movement during the COVID-19 pandemic		movement	
3:4	of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic		Coordinate border policy Facilitate freedom of movement	1 - 1
3:5	Regulations (EU) 2021/953 and (EU) 2021/954 of the European Parliament and of the Council enter into force, access to affordable and widely available testing possibilities is important to facilitate free movement and mobility in Europe.		Facilitate freedom of movement	2 - 2
3:6	To further support the availability of affordable tests, in particular for persons who cross borders daily or frequently to go to work or school, visit close relatives, seek medical care, or to take care of loved ones		Improve citizens' livelihood	2 - 2
4:3	on a framework for the issuance, verification and acceptance of interoperable certificates on vaccination, testing and recovery		Coordinate border policy (Schengen)	1 - 1
4:4	a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic		Coordinate border policy (Schengen)	1 - 1
4:5	is important to facilitate free movement and mobility in Europe.		Facilitate freedom of movement	2 - 2

4:6	To further support the availability of affordable tests, in particular for persons who cross borders daily or frequently to go to work or school, visit close relatives, seek medical care, or to take care of loved ones,		Improve citizens' livelihood	2 - 2
5:3	Regulation (EU) 2021/953 facilitates free movement by providing Union citizens and their family members, who may be third-country nationals, with interoperable and mutually accepted certificates on COVID-19 vaccination, testing and recovery that they can use when travelling.		Coordinate border policy (Schengen)	2 - 2
5:4	On the same day, the European Parliament and the Council adopted Regulation (EU) 2021/9543 based on Article 77 TFEU, to facilitate travel within the Schengen Area during the COVID-19 pandemic, extending the EU Digital COVID Certificate framework to third country nationals legally staying or residing in a Member State's territory and who are entitled to travel to other Member States in accordance with EU law.	An important distinction is made between the MS (currently part of the EU) and the Schengen Area. However, the implications of the DCC are almost entirely similar. Only for special exceptions such as Denmark and Ireland different binding conditions apply.	Coordinate border policy (Schengen)	2 - 2
5:5	In addition, the EU Digital COVID Certificate system has proven to be the only functioning COVID-19 certificate system operational at international level on a large scale. As a result, the EU Digital COVID Certificate has gained increasing global significance and contributed to addressing the pandemic at the international level, by facilitating safe international travel and international recovery.	Justification of the DCC through its convenience and wide application on the global scale. The DCC seems to be presented as something the EU should be proud of.	Coordinate border policy (globally)	2 - 2

5:6	<p>The EU Digital COVID Certificate system has been recognised as one of the key digital solutions to restore international mobility<sup>7</sup>, with the International Air Transport Association urging countries to adopt the EU Digital COVID Certificate as the global standard<sup>8</sup>. The Commission will continue its efforts to support third countries interested in developing interoperable COVID-19 certificate systems. This may include offering additional open source reference solutions that allow for the conversion of third-country certificates into a format that is interoperable with the EU Digital COVID Certificate, as it is also possible to connect third countries the certificates of which are made interoperable by means of conversion<sup>9</sup>.</p>	<p>A transnational, corporate interest group is actively promoting the DCC's implementation.<sup>[P] [SEP]</sup></p>	<p>Coordinate border policy (globally)</p>	3 - 3
5:8	<p>Currently, it is not possible to predict the impact of a possible increase in infections in the second half of 2022. In addition, the possibility of a worsening of the pandemic situation because of the emergence of new SARS-CoV-2 variants of concern cannot be ruled out.</p>	<p>Scientific evidence suggests a degree of uncertainty to the course of the pandemic. However, this is not mentioned as a reason to alter the implementation of the DCC. The official Regulation does mention that scientific evidence is a condition for the form DCC will take. There seems to be a contradiction.<sup>[P] [SEP]</sup></p>	<p>Limit future uncertainty</p>	3 - 3
5:11	<p>in order to assist Member States authorities in verifying the authenticity, validity and integrity of the certificates issued by third countries.</p>		<p>Coordinate border policy (Schengen) Support domestic</p>	4 - 4

			(border) control	
5:15	The adoption of unilateral or uncoordinated measures regarding COVID-19 health certificates may lead to measures that limit the possibility for third country nationals who are entitled to travel within the Union, to engage in such travel.	These are clear insights into the motivation of Commission to pursue supranational regulation. <sup>[P]</sup> <sub>[SEP]</sub>	Coordinate border policy (Schengen)	5 - 5
5:17	In view of the urgency, the Commission did not carry out an impact assessment.		Sense of urgency	5 - 5
5:26	Given the urgency of the situation related to the COVID-19 pandemic, this Regulation should enter into force on the third day following that of its publication in the Official Journal of the European Union.		Sense of urgency	9 - 9
5:28	on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic amending Regulation (EU) 2021/954 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic		Coordinate border policy (Schengen)	1 - 1

5:29	The policy developed by the Union ensuring the absence of controls on persons when crossing the internal borders thus benefits not only Union citizens but also third country nationals that have the right to travel in the EU.		Coordinate border policy (Schengen)	2 - 2
5:30	have had an impact on the exercise of that right		Facilitate freedom of movement	2 - 2
5:31	To facilitate free movement during the COVID-19 pandemic, the European Parliament and the Council adopted, on 14 June 2021, Regulation (EU) 2021/9532 based on Article 21 of the Treaty on the Functioning of the European Union (TFEU) establishing the EU Digital COVID Certificate framework for the issuance, verification and acceptance of interoperable COVID- 19 vaccination, test and recovery certificates.		Coordinate border policy Facilitate freedom of movement	2 - 2
5:32	the EU Digital COVID Certificate helps citizens to benefit from these exemptions.		Improve citizens' livelihood	2 - 2
5:34	not only free movement of Union citizens and their family members, but also intra-EU travel during the COVID-19 pandemic of the categories of third country nationals mentioned above.		Coordinate border policy Coordinate border policy (Schengen)	3 - 3
5:35	At the same time, given that any restrictions to the free movement of persons within the Union put in place to limit the spread of SARS-CoV-2,		Facilitate freedom of movement	3 - 3
5:36	on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic.		Coordinate border policy Facilitate freedom of movement	4 - 4

5:37	on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic amending		Coordinate border policy (Schengen)	7 - 7
5:38	common framework for the issuance, verification and acceptance of interoperable certificates for COVID-19 vaccination, test or recovery certificates to facilitate free movement of EU citizens and their family members during the COVID-19 pandemic.		Coordinate border policy Facilitate freedom of movement	7 - 7
5:39	which extends the EU Digital COVID Certificate framework to third-country nationals who are legally staying or residing in a Member State's territory and who are entitled to travel to other Member States in accordance with Union law.		Coordinate border policy (Schengen)	7 - 7
5:40	Regulations (EU) 2021/953 and (EU) 2021/954 are due to expire on 30 June 2022. Nevertheless, the pandemic is still ongoing and the recent outbreak of the 'Omicron' variant of concern continues to negatively impact travel within the Union. Consequently, the EU Digital COVID Certificate remains relevant and it is necessary to allow for its continued use.		Limit future uncertainty	8 - 8
6:3	EU citizens and health systems remain under pressure, with emerging variants triggering new cases. At the same time, there is reason to look forward to a substantial reduction in the prevalence of the virus, raising the prospect of a lifting of the restrictions weighing on citizens and the economy		Sense of urgency	2 - 2

	alike.			
6:4	we need to do to advance the time when we can recover our European way of life, but to do so in a safe and sustainable way with control over the virus.		Coordinate border policy	2 - 2
6:5	Controlling the COVID-19 pandemic has required an unprecedented range of restrictions. Those restrictions continue to come at a high and ever-increasing cost for individuals, families, communities and businesses.		Improve citizens' livelihood	2 - 2
6:7	The conditions must be created across the Single Market to allow for safe and coordinated re-opening, so that citizens can enjoy their rights in full and so that economic and social activity can return.		Coordinate border policy Facilitate freedom of movement Improve citizens' livelihood	2 - 2
6:11	continuity of the internal market which is inextricably linked to the economic and social life of Europeans as well as those who interact with them be that from a trade and economic dimension or through mobility		Financial stabilization of the Internal Market	3 - 3
6:13	Our work inside the EU needs to progress in step with global progress. The EU's commitment to openness will drive its approach to gradually rebuild open societies and economies. Only a global approach can bring a solution to this global challenge and common global solutions are the best way to ensure a sustainable recovery.		Coordinate border policy (globally)	3 - 3

6:24	The proposal put forward today is a flexible and simple instrument, to be available in both digital and paper form. It will allow the authorities in one Member State to undertake, if needed, a quick, secure and straightforward check of the certificate issued in another Member State.	Recurring theme in the motivation for DCC is its convenience. The tool is simple, flexible and only requires minimal data (with regards to cyber security/privacy). Non-intrusiveness of the DCC is emphasized. <sup>[P]</sup> <sub>[SEP]</sub>	Limited scope of impact Support domestic (border) control	4 - 4
6:34	The use of the Digital Green Certificate should be accompanied by clear and transparent communication to citizens to explain its scope, use, clarify the safeguards to personal data protection and reassure citizens that this is a tool to help in enjoying free movement rights to the full.		Facilitate freedom of movement Improve citizens' confidence	6 - 6
6:38	Europe's tourism ecosystem has been heavily disrupted. In 12 Member States, tourism generates between 25% and 10% of national GDP, while four EU Member States featured among the world's top-ten tourism destinations in 2019 in terms of international arrivals and receipts.		Financial stabilization (unspecified)	8 - 8
6:39	Some Member State economies are also highly dependent on international tourism and unable to compensate for the loss of foreign travellers with domestic tourism.		Financial stabilization of domestic markets	9 - 9
6:40	The Commission, Member States and the industry should further cooperate on communication campaigns aiming at re-building confidence in safe travelling in Europe among Europeans but also travellers from third countries.	Emphasis on the 'industry'. It is one of the single times that the Commission, MS and industry are mentioned together. Implies that industry interests are of	Improve citizens' confidence Improve inter-MS confidence	9 - 9



		significant importance. <sup>[P]</sup> <sub>[SEP]</sub>		
6:41	A sustainable path out of COVID-19 inside the EU depends on progress at global level. No country or region in the world will be safe from COVID-19 unless it is contained at global level, and only a global approach can bring a solution to a global crisis.		Coordinate border policy (globally)	10 - 10
6:45	The EU should also reflect on whether the success of other emergency steps taken over the past year, such as the Green Lanes system, should be consolidated in a framework which can be activated in response to any new crisis. The upcoming Schengen Strategy will also offer the opportunity to put in place solid contingency planning and coordination mechanisms for measures in relation to internal and external borders, taking stock of the experience of the crisis and the necessity to limit, to the extent possible, any possible disruption to free circulation and to the functioning of the Single Market.	Implies that the DCC as a tool could be integrated into future CM, <sup>[P]</sup> <sub>[SEP]</sub>	Limit future uncertainty	12 - 12
6:48	This Communication invites Member States to adopt a coordinated approach to safe re-opening and sets out steps and tools to take to achieve that common goal. Each step towards re-opening will be more effective and more convincing if taken as part of an EU-wide approach to safe and sustainable re-opening, one which promotes the goal of lifting restrictions within a common set of measures grounded in a clear understanding of how to ensure, and maintain, an effective suppression of the virus.		Coordinate border policy	2 - 2

6:49	The epidemiological situation varies across the EU and within Member States, as do the measures taken to limit the spread of the virus. But one of the lessons we have learned so far is that our interdependence means that imposing restrictions in one part of the EU has implications for all. We can expect the same to be true when it comes to loosening these restrictions. This calls for a common approach to guide action across the EU.		Coordinate border policy	3 - 3
6:51	the framework will help Member States prioritise in these choices by providing a common understanding of the likely impact.		Support domestic (border) control	4 - 4
6:52	Relying on a common basis of an agreed framework will also help the process to progress on a basis of mutual confidence between Member States. Otherwise Member States' caution about the possible impact of the situation in other Member States will act as a brake on re-opening. The Commission invites Member States to endorse this approach and to follow up swiftly.		Improve inter-MS confidence	4 - 4
6:53	A common framework can also help to give citizens confidence in the decisions taken, critically important as compliance is weakened by pandemic fatigue or by complacency as vaccination rolls out. It is also critical to work together to provide objective information and to counter the flood of disinformation holding back effective vaccination campaigns.		Improve citizens' confidence	4 - 4
6:54	For EU citizens an important part of the lifting of restrictions will be to again exercise unrestricted free movement and other fundamental rights throughout the EU. With a sufficient improvement of the epidemiological situation, a		Facilitate freedom of movement	4 - 4

	coordinated approach to free movement will give the reassurance that re-opening is not outpacing control of the virus.			
6:55	This will put in place an EU level approach to issuing, verifying and accepting such certificates, to help holders to exercise their right to free movement within the EU, as well as making it easier to wind down COVID-19 restrictions put in place in compliance with EU law.		Coordinate border policy Facilitate freedom of movement	4 - 4
6:56	To be ready for an increase in travel over the summer, the proposal needs swift consideration and adoption by the European Parliament and the Council.		Sense of urgency	4 - 4
6:57	In any event, all the exemptions for essential travel, such as those recommended for seasonal, transport or frontier workers, should continue to apply.		Improve citizens' livelihood	5 - 5
6:58	If such a third country national is in possession of a certificate which is a sufficiently reliable proof of vaccination, or has been issued under a system that is interoperable with the Digital Green Certificate trust framework, this would facilitate travel within the EU.		Coordinate border policy (Schengen)	5 - 5
6:59	An important part of re-opening will be to allow the safe travel of third country nationals to the EU. Tourism and other travel from outside the EU are an important feature of the EU's openness and should target the same goal of safe opening as other activities.		Coordinate border policy (Schengen) Facilitate freedom of movement	5 - 5

6:60	The guidance on testing and quarantine applied to travellers <sup>9</sup> will be updated, to promote a more harmonised and predictable approach to border measures that is more easily understood by travelers and transport service providers.		Coordinate border policy	6 - 6
6:61	Restoring travel in a safe and predictable manner requires restoring the confidence of consumers that their health and rights are protected. The downloadable application Re-open EU will continue to provide reliable information to citizens about the epidemiological situation and rules in place across the EU (including the Digital Green Certificates) with improved new, user-friendly “travel path” functionalities <sup>19</sup>		Improve citizens' confidence	9 - 9
7:2	The EU Digital COVID Certificate is increasingly seen as an international benchmark and global standard, with many third countries developing solutions that are interoperable with the EU system. The system does not require the exchange of any personal data and there is no EU database storing the data contained in the certificates. There are currently 43 countries and territories connected.		Coordinate border policy (globally)	2 - 2
7:11	Although the EU Digital COVID Certificate is intended to facilitate free movement within the EU, the interest from third countries to be connected to the EU Digital COVID Certificate system also indirectly facilitates the entry of third-country nationals into the EU.		Coordinate border policy (Schengen) Facilitate freedom of movement	5 - 5
7:15	In accordance with Article 4(3) of the Regulation, the EU Digital COVID Certificate trust framework should ensure interoperability with technological systems established at international level.		Coordinate border policy (globally)	8 - 8

7:17	On 27 July 2021, the WHO published technical specifications and implementation guidance on digital documentation for COVID-19 certificates: vaccination status <sup>32</sup> underlining that the EU Digital COVID Certificate complies with their guidance and is not a parallel or conflicting standard.		Coordinate border policy (globally)	8 - 8
7:37	on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic		Coordinate border policy Facilitate freedom of movement	1 - 1
7:38	. The Regulation sets out a common framework for the issuance, verification and acceptance of interoperable certificates for COVID-19 vaccination, test or recovery certificates to facilitate free movement of EU citizens and their family members during the COVID-19 pandemic. The Regulation is accompanied by Regulation (EU) 2021/9542 , which extends the EU Digital COVID Certificate framework to third-country nationals who are legally staying or residing in a Member State's territory and who are entitled to travel to other Member States in accordance with EU law.		Coordinate border policy Coordinate border policy (Schengen) Facilitate freedom of movement	2 - 2
7:39	It is free of charge and can be used both in a digital and paper-based format <sup>3</sup> .		Limited scope of impact	2 - 2
7:40	European citizens to move freely and safely and the European travel sector to open in time for summer 2021.		Improve citizens' livelihood	2 - 2

7:42	<p>While Member States are responsible for developing their national back-ends and deploying their respective national solutions, the Commission has developed reference implementations for certificate issuance, verification and storage apps, which are publicly available as open source solutions<sup>10</sup>. As a result, for many Member States and EEA countries, the reference implementations formed the basis for the development of their national solutions.</p>		Support domestic (border) control	4 - 4
7:43	<p>Work to further improve the EU Digital COVID Certificate system is ongoing in the eHealth Network. For example, it is now possible for Member States to exchange, via the EU Gateway, their national rules on the acceptance of certificates. This allows for the automatic checking of these rules via the verification applications, in addition to the verification of the authenticity of the certificates' QR codes. Moreover, this allows for faster and more reliable checking of certificates against national rules, since a manual check for compliance with national rules is no longer necessary</p>		Support domestic (border) control	4 - 4
7:44	<p>As the purpose of the EU Digital COVID Certificate Regulation is to facilitate free movement of EU citizens within the EU, the effect of equivalence decisions is to permit EU citizens and their family members, if they hold a certificate issued by a third country, to use it when exercising their right of free movement.</p>		Coordinate border policy (Schengen) Facilitate freedom of movement	5 - 5

7:45	With the EU Digital COVID Certificate, the EU has set a global trend and exercised global technological leadership in the midst of the global pandemic while guaranteeing data protection and security, maintaining the core value of human-centricity during the digital transition, and remaining open to the world.		Coordinate border policy (globally)	6 - 6
7:46	The Regulation contains two separate legal bases for this purpose: Article 3(10) and Article 8(2), depending on the EU's relationship with the third country concerned in the field of free movement.		Facilitate freedom of movement	6 - 6
7:47	Article 3(10) of the Regulation empowers the Commission to adopt implementing acts establishing that COVID-19 certificates issued by a third country which has concluded a free movement agreement with the EU and the Member States that does not contain a mechanism of incorporation of EU legal acts are equivalent to EU Digital COVID Certificates.		Coordinate border policy (Schengen) Facilitate freedom of movement	6 - 6
7:48	for the purpose of facilitating the holders' exercise of their right to free movement within the Union.		Coordinate border policy (Schengen) Facilitate freedom of movement	7 - 7
7:49	Group of Seven (G7) acknowledge the "positive development of the EU Digital COVID Certificate, which is operational internationally" 34 .		Coordinate border policy (globally)	8 - 8
7:52	This is linked to the monitoring of Council Recommendation 2020/147546, which established a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic based on a		Coordinate border policy Facilitate freedom of movement	13 - 13

	traffic-light map published weekly by the ECDC <sup>47</sup>			
7:54	To address this issue, the Commission published a Communication with recommendations to Member States to streamline the verification <sup>63</sup> . To avoid unnecessary checks of the EU Digital COVID Certificate by more than one actor (airline operators, airport operators, public authorities, etc.), the Commission recommended a ‘one-stop’ verification process prior to departure.		Coordinate border policy	17 - 17
7:56	The EU Digital COVID Certificate Regulation covers the use of certificates for travel within the EU during the COVID-19 pandemic. It neither prescribes nor prohibits other uses for the certificate and the use of COVID-19 certificates for domestic purposes, such as for access to events or venues, goes beyond the scope of the Regulation.		Support domestic (border) control	17 - 17
7:57	The objective is to make sure that travellers going to another Member State do not have to obtain an additional national certificate. In this way it is ensured that the interoperable system of the EU Digital COVID Certificate is used to its full potential.		Improve citizens' livelihood	18 - 18
7:58	Member States use the certificate for the access to large events (by far the most common use-case), restaurants, cinemas and museums, nightclubs, fitness centres and other sports facilities, close-contact occupations such as hairdressers, beauty and massage parlours, hotels, hospitals and care homes, or universities and schools.		Support domestic (border) control	18 - 18



7:59	When originally proposed by the Commission in March 2021 <sup>69</sup> , many voiced doubts regarding the Commission's plans to have the system up and running in time for the summer.		Sense of urgency	18 - 18
7:60	The EU Digital COVID Certificate has proven to be a major success in Europe's efforts to address and mitigate the impact of the COVID-19 pandemic on societies and economies. The certificate facilitates travel and has been crucial to support Europe's hard-hit tourism industry.		Financial stabilization of the Internal Market Limit the spread of the Covid-19 outbreak	18 - 18
7:61	The EU Digital COVID Certificate is also a success worldwide. Today it is the global standard and currently the only system in operation internationally. It is used by countries across four continents. It is also the first example of an interoperable electronic record deployed at scale across such a large number of countries in a very short period of time.		Coordinate border policy (globally)	18 - 18
7:63	This extension may be necessary, for example, if it is likely that the pandemic has not yet abated in time for the summer of 2022 and not extending the EU Digital COVID Certificate would likely result in additional restrictions to free movement as EU citizens would be deprived of an effective, secure and privacy-preserving way of proving their COVID-19 status.		Limit future uncertainty	19 - 19
8:1	A temporary digital health certificate is seen as a less restrictive measure than others currently in place, such as entry bans, quarantine and business closures, and may allow for a gradual reopening of the economy.		Limited scope of impact	1 - 1

8:3	The proposals were given priority by the co-legislators with a view to reaching an agreement and launching the certificate before the summer.		Sense of urgency	2 - 2
8:5	Since the beginning of the Covid-19 pandemic, there have been suggestions about establishing Covid-19 immunity 'passports' to attest individuals' immunity to catching (and spreading) the disease, so as to allow them to exercise free movement		Facilitate freedom of movement	2 - 2
8:14	Member States may decide to use the certificate for other purposes, on the basis of national law.		Support domestic (border) control	3 - 3
8:15	It will be used to facilitate free movement in the EU, but would not be used to justify restrictions (e.g. border control) or as a pre-condition for exercising free movement rights.		Facilitate freedom of movement	3 - 3
8:16	It will be based on an EU framework ensuring interoperability, validity and security.		Coordinate border policy	4 - 4
8:17	It will be suspended once the Covid-19 pandemic ends, with the possibility to be reactivated in a future pandemic.		Limit future uncertainty	4 - 4
8:22	According to the Commission's proposal, the use of the certificate for purposes other than facilitating EU free movement would be possible, providing a national legal basis is established.		Support domestic (border) control	5 - 5
8:32	The purpose of the EU Covid-19 certificate is to facilitate people's free movement in the EU, but, according to the Commission proposal, 'should not be a pre-condition for exercising free movement rights'		Facilitate freedom of movement	5 - 5

8:48	The proposed certificate is considered a temporary measure. According to the Commission's proposal, the certificate will be suspended once the WHO declares the end of the Covid-19 international health emergency.	This passage is dedicated to demarkating the boundaries of the DCC. It is here portrayed as a temporary initiative aimed at temporarily integrating the verification and issuance of certificates. However, it seems to contradict other documentation mentioning research is being done into how the DCC can function in future circumstances. <sup>[ P ]</sup> <sub>[SEP]</sub>	Limited scope of impact	10 - 10
8:49	However, if the WHO declares a new international public health emergency caused by Covid-19, a variant of it, or a similar infectious disease, the certificate could be reactivated.	This is evidence that regional integration directly has contributes to global integration of certificate gateway systems. <sup>[ P ]</sup> <sub>[SEP]</sub>	Limit future uncertainty	10 - 10
8:50	According to the proposal, the certificate will be available, free of charge, in digital or paper format.		Limited scope of impact	10 - 10
8:54	The proposal for a digital green certificate is one of the latest initiatives born out of efforts to develop a coordinated approach to lifting Covid-19-related restrictions on free movement.		Coordinate border policy	11 - 11
8:55	The aim is to facilitate free movement by ensuring equivalent treatment for the certificate's holders across the EU		Facilitate freedom of movement	11 - 11

8:57	The Covid-19 crisis has had a severe impact on free movement in the EU. To address this issue, on 17 March 2021 the Commission issued a proposal to establish a 'digital green certificate' – a common framework for issuing, verifying and accepting interoperable health certificates.		Coordinate border policy Facilitate freedom of movement	1 - 1
8:60	On 17 March 2021, the Commission proposed a legal framework to establish a digital green certificate to facilitate free movement during the Covid-19 pandemic.		Facilitate freedom of movement	3 - 3
8:61	The framework consists of two legislative proposals: one concerning EU citizens and members of their families and the other concerning third-country nationals legally staying or legally residing in the territory of a Member State.		Coordinate border policy (Schengen) Improve citizens' livelihood	3 - 3
8:62	clarify the status of certificates issued to EU citizens and their family members and to legally staying/residing third-country nationals vaccinated in third countries;		Coordinate border policy (Schengen)	4 - 4
8:63	Parliament agreed to use the urgent procedure for the proposals, i.e. voting directly in plenary without a committee report.	Interesting to note is that a Committee rapport has been skipped. Given the urgency posed by the Covid-19 outbreak, it is not unthinkable to skip the rapport. However, it signifies there is less interests by the Parliament as a collective for an incremental deliberation regarding the DCC proposal. Hence, the Parliament	Sense of urgency	4 - 4

		seems to take on a proactive and supportive stance towards the legislative procedure. [P] [SEP]		
8:64	Member States should also issue such vaccination certificates to Union citizens and their family members who have been vaccinated in a third country and provide reliable proof to that effect.		Coordinate border policy (Schengen)	6 - 6
8:65	The EU certificate will include an interoperable test certificate containing only the results of nucleic acid amplification tests (NAAT) and rapid antigen tests included in the list		Harmonize adequate vaccine standards	6 - 6
8:66	This also means that when a person does not (yet) have access to the 'vaccination certificate', different means must be provided for that person in the form of the 'test certificate' or 'certificate of recovery', to ensure that the person can benefit from exemptions from certain restrictions.		Improve citizens' livelihood	8 - 8
8:67	According to guidance issued by the Council of Europe, whereas the harmonisation of certificates for administrative purposes for travel and medical reasons is commendable		Coordinate border policy Limit the spread of the Covid-19 outbreak	8 - 8

8:68	The proposal concerning EU citizens and family members aims to ensure that any facilitation of movement for holders of the certificate applies across the EU, without discrimination on grounds of nationality.		Facilitate freedom of movement	8 - 8
8:69	In order for these national digital certificates to be effective in a cross-border context, they need to be fully interoperable, secure and verifiable. Interoperability refers to the ability of different systems to work with each other.		Coordinate border policy	10 - 10
8:71	Given that many Member States are developing Covid-19 certificates, it is crucial that these schemes be interoperable across the EU. The Covid certificate builds on previous experience in the context of developing an interoperability gateway for cross-border exchange of data between national contact tracing and warning mobile applications aiming to combat the Covid-19 pandemic.		Coordinate border policy	11 - 11
9:2	Today, the European Digital COVID Certificate reassures us of this spirit of an open Europe, a Europe without barriers, but also a Europe that is slowly but surely opening up after a most difficult time – the pandemic.		Facilitate freedom of movement Sense of urgency Symbolic value	1 - 1
9:3	This Certificate is a symbol of an open and digital Europe.		Facilitate freedom of movement Symbolic value	1 - 1
9:4	The European Certificate is safe, it is secure and it is for free		Limited scope of impact	1 - 1
9:5	So this is absolutely record time, I hope we will repeat that soon.		Sense of urgency	1 - 1

9:6	It will make travel in our Union easier. And it will give Europeans back the freedoms they value and cherish so much.		Facilitate freedom of movement	1 - 1
9:7	With this Certificate, the European Union is also showing its leadership in the digital age.		Coordinate border policy (globally) Symbolic value	1 - 1
9:8	And we will bring back the spirit of an open Europe. Our Union is delivering.		Facilitate freedom of movement Symbolic value	1 - 1
10:1	All of them will be free of charge, for all EU citizens. And it will be possible to have them in a digital format on a digital device or to be printed out on paper if you want.		Limited scope of impact	1 - 1
10:4	The weekly colour-coded map of the ECDC and the previous Council Recommendation on a coordinated approach to free movement restrictions will be particularly relevant in this context.		Coordinate border policy Facilitate freedom of movement	2 - 2
10:5	And as I already said it in the past, Member States may also decide to use our certificate for national purposes, if this is provided for in national law.		Support domestic (border) control	2 - 2
10:9	Citizens will be able to travel safely.		Facilitate freedom of movement	2 - 2
10:10	Businesses will be able to benefit from their spending, and transport will be able to operate		Facilitate freedom of goods Financial stabilization (unspecified)	2 - 2

## C | Quotations obtained during Analysis

ID	Quotation Content	Comment	Codes	Reference
1:2	To limit the spread of SARS-CoV-2, the Member States have adopted some measures which have had an impact on the exercise by Union citizens of their right to move and reside freely within the territory of the Member States, such as entry restrictions or requirements for cross-border travellers to undergo quarantine or self-isolation or to be tested for SARS-CoV-2 infection.	Implies the primacy of MS regarding border control competency. DCC is portrayed as an extension on MS' efforts to protect geopolitical interests. <sup>[P]</sup> <sub>[SEP]</sub>	LI	3 - 3
1:10	The free movement of persons who, according to sound scientific evidence, do not pose a significant risk to public health, for example because they are immune to and cannot transmit SARS-CoV-2, should not be restricted, as such restrictions would not be necessary to achieve the objective of safeguarding public health.	The Commission provides a judgement of scientific evidence, and deploys this as an expert opinion justifying the initiative. The Commission is taking on the role of expert/objective institution here. <sup>[P]</sup> <sub>[SEP]</sub>	General	4 - 4
1:11	Many Member States have launched or plan to launch initiatives to issue COVID-19 vaccination certificates.	Initiative taken by the MS	LI	4 - 4



1:21	This Regulation is intended to facilitate the application of the principles of proportionality and non-discrimination with regard to restrictions to free movement during the COVID-19 pandemic, while pursuing a high level of public health protection.	This sums up the Commission's vision regarding the DCC.	General	5 - 5
1:46	Among other things, easy access to inexpensive rapid antigen tests meeting quality criteria can contribute to lower costs, in particular for persons who cross borders on a daily or other frequent basis for work or education, to visit close relatives, to seek medical care, or to take care of loved ones, for other travellers with an essential function or need, for economically disadvantaged persons and for students.	It states that harmonization of testing procedures, could directly reduce the costs thereof. A clear economic benefit to the integration of DCC issuance/verification. <sup>[P]</sup> <sub>[SEP]</sub>	General	10 - 10
1:54	Where a Member State has adopted or adopts, on the basis of national law, a system of COVID-19 certificates for domestic purposes, it should ensure for the period of application of this Regulation that certificates making up the EU Digital COVID Certificate can also be used and are also accepted for domestic purposes, in order to avoid that persons travelling to another Member State and using the EU Digital COVID Certificate are obliged to obtain an additional national COVID-19 certificate.	The DCC can also be utilized for domestic purposes within its own borders.	General	11 - 11

1:55	The retention of personal data obtained from the certificate by the Member State of destination or transit or by the cross-border passenger transport services operators required by national law to implement certain public health measures during the COVID-19 pandemic should be prohibited. This Regulation does not provide a legal basis for setting up or maintaining a centralised database at Union level containing personal data.	Protection of MS sovereignty	LI	12 - 12
1:67	On 1 February 2021, Europol issued an Early Warning Notification on the illicit sales of counterfeit COVID-19 test certificates indicating a negative result.	Supranational actor	General	5 - 5
1:91	The Commission should support the efforts of Member States in this regard, for example by making available the information provided by Member States on the 'Re-open EU' web platform.	Facilitative role of the Commission	LI	12 - 12
1:113	Before the date of application of this Regulation several Member States already exempted vaccinated persons from certain restrictions to free movement within the Union.	Initiative taken by the MS	LI	8 - 8

1:115	Many Member States have been requiring persons travelling to their territory to undergo a test for SARS-CoV-2 infection before or after arrival.	Initiative taken by the MS	LI	9 - 9
1:118	To ensure coordination, the Commission and the other Member States should be informed when a Member State requires holders of certificates to undergo, after entry into its territory, quarantine or self-isolation or to be tested for SARS-CoV-2 infection, or if it imposes other restrictions on holders of such certificates.	Sovereignty of the MS	LI	12 - 12
1:123	Article 12 Exercise of the delegation	There is an entire article dedicated to which specific competences are delegated from MS to Commission in this specific context. <sup>[P]</sup> <sub>[SEP]</sub>	General	21 - 21
2:2	To limit the spread of SARS-CoV-2, the Member States have adopted some measures which have had an impact on travel to and within the territory of the Member States, such as entry restrictions or requirements for cross-border travellers to undergo quarantine or self-isolation or to be tested for SARS-CoV-2 infection.	Initiative taken by the MS	LI	1 - 1

2:7	<p>in accordance with Articles 19, 20 and 21 of the Convention implementing the Schengen Agreement of 14 June 1985 between the Governments of the States of the Benelux Economic Union, the Federal Republic of Germany and the French Republic on the gradual abolition of checks at their common borders ( 7 ), the third-country nationals covered by those provisions may move freely within the territories of the Member States.</p>	<p>Who constitutes the third country nationals is defined in this passage. <sup>[ P ]</sup><sub>[ SEP ]</sub></p>	General	2 - 2
2:9	<p>In accordance with Articles 1 and 2 of Protocol No 22 on the position of Denmark annexed to the Treaty on European Union (TEU) and to the Treaty on the Functioning of the European Union, Denmark is not taking part in the adoption of this Regulation and is not bound by it or subject to its application. Given that this Regulation builds upon the Schengen acquis, Denmark shall, in accordance with Article 4 of that Protocol, decide within a period of six months after the Council has decided on this Regulation whether it will implement it in its national law.</p>	<p>The special position Denmark enjoys regarding EU law primacy, exemplifies a lack of discretionary space for MS currently part of the EU. Denmark has a lot of discretion, whilst the MS are undergoing broad regulation. <sup>[ P ]</sup><sub>[ SEP ]</sub></p>	General	3 - 3
2:10	<p>Ireland is therefore not taking part in the adoption of this Regulation and is not bound by it or subject to its application. I</p>	<p>Just like Denmark, Ireland enjoys a special position vis-a-vis the EU. However the implementation of the DCC has some reciprocal and legal implications. <sup>[ P ]</sup><sub>[ SEP ]</sub></p>	General	3 - 3

2:18	<p>Provided that Ireland has notified the Council and the Commission that it accepts the certificates referred to in Article 3(1) of Regulation (EU) 2021/953 issued by Member States to persons covered by this Regulation, Member States shall accept, under the conditions of Regulation (EU) 2021/953, COVID-19 certificates issued by Ireland i</p>	Regarding the Schengen Area and the DCC	General	4 - 4
2:25	<p>Many Member States have launched or plan to launch initiatives to issue COVID-19 vaccination certificates. However, for such vaccination certificates to be used effectively in connection with cross-border travel within the Union, they need to be fully interoperable, compatible, secure and verifiable.</p>	initiative taken by the MS	LI	1 - 1
2:26	<p>Before the date of application of this Regulation several Member States already exempted vaccinated persons from certain travel restrictions.</p>	Initiative taken by the MS	LI	2 - 2
2:27	<p>On 30 June 2020, the Council adopted Recommendation (EU) 2020/912 ( 9 ) on the temporary restriction on non-essential travel into the Union and the possible lifting of such restriction. This Regulation does not cover temporary restrictions on non-essential travel into the Union.</p>	Council as actor	LI	3 - 3

5:21	Denmark is not taking part in the adoption of this Regulation and is not bound by it or subject to its application.	Regarding the Schengen Area	General	8 - 8
5:42	This proposal also fully respects Member States' competences in the definition of their health policy (Article 168 TFEU).	Primacy of the MS	LI	4 - 4
6:8	EU citizens have good reason to expect the situation to improve: above all, thanks to vaccination	Because vaccination is the solution the pandemic, the DCC is necessary to facilitate this process. A functional relationship is implied. <sup>[P]</sup> <sub>[SEP]</sub>	General	2 - 2
6:15	The experience of the last year has shown the advantages of managing the situation proactively, rather than reacting to a situation that is spiralling out of control.	The Commission relies on experiences from Covid-19's first wave. It is not presented as scientific knowledge, but does seem to hold legitimitative weight. <sup>[P]</sup> <sub>[SEP]</sub>	General	3 - 3
6:17	A clearer scientific basis <sup>2</sup> will help to understand and manage the connection between the lifting of measures and the impact on COVID-19 incidence and mortality as vaccination accelerates.	The Commission does link past experiences to scientific knowledge. Albeit indirect through supranational institutions such as the ECDC. <sup>[P]</sup> <sub>[SEP]</sub>	General	3 - 3
6:18	A common path to safe and sustained re-opening	This communication provides insight into the Commission's idea of coordinated approaches to re-opening societies specifically. The DCC has been branded as a tool to re-open societies in the official Regulation. Therefore, this Communication indirectly provides insight into the Commission's idea of implementing the DCC. <sup>[P]</sup> <sub>[SEP]</sub>	General	1 - 1

6:31	The Council should remain attentive to the evolution of the situation in countries outside the EU, and particularly where reduced incidence of COVID-19 can be seen to have been driven down on a sustainable basis, for example by widespread vaccination with vaccines of demonstrated efficacy	Primacy of Council	LI	5 - 5
6:37	Member States also collect data from cross-border travellers entering their territory via national Passenger Locator Forms ('PLF'). Data exchange between Member States' contact tracing authorities can be particularly important when travellers are crossing borders in close proximity, such as in airplanes or trains. The Commission has developed a platform that enables the exchange of data between the PLF systems of the Member States.	Whereas the DCC is presented as a tool that only minimally registers personal information, other tools do complement this. The LPF form enhances MS' ability to track infected travelers and implement targeted measures. [P] [SEP]	General	7 - 7
6:63	With the risk of emerging variants, some Member States have extended or imposed new restrictions, causing disruption to citizens and supply chains.	Sovereignty of the MS	LI	2 - 2
6:66	All Member States would accept the certificate as sufficient proof where relevant in order to waive free movement restrictions – such as quarantine or testing requirements – put in place to limit the spread of COVID-19.	The DCC allows MS to control border policy	LI	4 - 4

7:9	<p>A third country that is interested in joining the EU system is first asked to assess its compliance with the technical specifications of the EU Digital COVID Certificate system. If, after this self-assessment, the third country considers that it is technically ready, it can send an official request to the Commission. The Commission then assesses the application, in order to ensure that all technical requirements are met. During this process, all third countries undergo the same technical screening and testing procedures as were applied to Member States when they connected to the system.</p>	<p>This highlights the Commission's representative position for securing the interests of the MS in regards to rolling out the DCC to third countries<sup>[P] [SEP]</sup></p>	General	5 - 5
7:12	<p>Due to the COVID-19 pandemic, a restriction on non-essential travel into the EU has been in place since mid-March 2020, which has been coordinated through a Council Recommendation<sup>14</sup>.</p>	Council as actor	LI	5 - 5
7:29	<p>vaccination certificates are to be issued by the Member State where the vaccine has been administered.</p>	<p>Territorial sovereignty is affirmed here. Even though all standards surrounding the issuance, verification and quality of DCC (and the tests/vaccination underlying to them) are homogeneous, the actual issuance of the certificate can only happen in the MS where the test/vaccine was administered.<sup>[P] [SEP]</sup></p>	General	14 - 14



7:53	<p>When it comes to the format of EU Digital COVID Certificates, some difficulties were reported in relation to paper versions of test certificates, and the need to be able to receive a paper format of these certificates. Some Member States do not issue test certificates in a paper format, arguing that sending test certificates via post would result in them arriving past their validity period. It was also reported that the issuance of EU Digital COVID Certificates in paper format by healthcare providers was not always free of charge</p>	<p>This is contradictory to the argument that the DCC has a limited scope of impact. Although it is mentioned 'some' MS have this problem, not the majority. <sup>[P]</sup><sub>[SEP]</sub></p>	General	15 - 15
7:62	<p>This success is also appreciated by citizens. According to a Eurobarometer survey published in September 2021, about two thirds (65%) of respondents agreed that the EU Digital COVID Certificate is the safest means for free travel in Europe during the COVID-19 pandemic</p>	<p>Shows the succes of the DCC roll-out</p>	General	18 - 18
7:64	<p>As of 13 October 2021, Member States have issued more than 591 million EU Digital COVID Certificates, made up of 437 million vaccination certificates<sup>5</sup> , 144 million test certificates, and 10 million certificates of recovery. A detailed breakdown per Member State is included in Annex I.</p>	<p>Shows the succes of the DCC roll-out</p>	LI	3 - 3

8:2	Despite efforts to establish a common approach to lifting restrictions, Member States continue to enforce varying measures, including border controls, quarantine and Covid-19 testing requirements.	MS remain sovereign in border policy	LI	2 - 2
8:7	Austria was expected to issue 'green passes' to persons who have been vaccinated against Covid-19, recovered from the disease, or have been recently tested negative for Covid-19.	Initiative taken by MS	LI	3 - 3
8:8	On 6 April, Denmark launched a corona pass to certify that someone has either been fully vaccinated, has tested negative in the previous 72 hours, or has tested positive two to 12 weeks earlier.	Initiative taken by MS	LI	3 - 3
8:9	Together with the WHO, Estonia has been working on a digital Covid-19 vaccine certificate since October 2020.	Initiative taken by MS	LI	3 - 3
8:10	On 29 April 2021, France began testing a digital green certificate for Covid-19 tests (on flights to Corsica and the French overseas départements).	Initiative taken by MS	LI	3 - 3
8:11	In March 2021, it was reported that Bulgaria was preparing the European 'green e-certificate' for tourists.	Initiative taken by MS	LI	3 - 3

8:12	According to press reports, Czechia and Hungary are considering joining Israel's 'green pass' initiative	Initiative taken by MS	LI	3 - 3
8:13	Finland is preparing a Covid-19 vaccination certificate to be issued by the country's national eHealth infrastructure. In April 2021, the Lithuanian prime minister announced plans to roll out a national digital Covid-19 pass, a QR code named 'Freedom ID', that will exempt people from some restrictions, for instance on indoor dining, sporting events and large parties. The pass will be built into the EU digital green certificate. In January 2021, Poland announced plans to issue a vaccine certificate. In April 2021, Spain began working on implementing the EU digital green certificate. On 23 April 2021, Sweden's national eHealth agency announced a digital vaccine certificate that could be accessed and downloaded from a dedicated web portal using electronic ID.	This section in its entirety discusses the plethora of initiatives initiated by individual MS to re-open its borders and allow transboundary movement. It implies MS are interested in re-opening their borders. It also suggests the primacy of MS in initiating the DCC. <sup>[P]</sup> <sub>[SEP]</sub>	LI	3 - 3
8:20	Member States remain responsible for deciding which public health restrictions can be waived for travellers holding the certificate.	Primacy of the MS	LI	5 - 5

8:27	ensuring that certificates do not serve as travel documents and become a precondition for travelling thus penalising people without the certificate; ensuring that holders of the certificate are not subject to additional restrictions on free movement (such as quarantine, self-isolation or testing);	Important to note is that the Council did not want the DCC to be prerequisite for traveling.	General	4 - 4
8:30	ensuring that the certificate works alongside any initiative set up by the Member States;	Interoperability is very important.	LI	4 - 4
8:31	ensuring that personal data obtained from the certificates is not stored in destination Member States and that no central database is established at EU level;	A recurring condition that has been posed regarding the DCC proposal is that integration should not occur regarding storing and/or collecting personal data in centralised EU-level hubs, <sup>[P]</sup> <sub>[SEP]</sub>	General	4 - 4

8:33	<p>According to the Commission proposals, the certificate issued to EU citizens and their family members will be valid in all EU Member States, and possibly in Iceland, Liechtenstein, Norway and Switzerland. However, the regulation concerning certificates issued to other resident third-country nationals is not directly applicable to Denmark and Ireland. Ireland is free to take part in its adoption and Denmark can decide within six months whether to implement the regulation. A proposed amendment by Council would require the acceptance of such certificates issued by Ireland on the basis of reciprocity. Since the regulation will become part of the Schengen acquis, it will also be applicable to Bulgaria, Croatia, Cyprus and Romania.</p>	<p>This section nicely summarizes the situation of Denmark, Finland and other special positioned MS. The goal of the DCC is to re-open the borders of the internal market, in that regard it is very sensible that multiple paragraphs are dedicated to establishing special legal arrangements for these MS.<sup>[P]<sub>SEP</sub></sup></p>	General	6 - 6
8:35	<p>. However, Member States may also accept, for the same purpose, Covid-19 vaccines having been granted marketing authorisation by the competent authority of a Member State pursuant to Directive 2001/83/EC or Covid-19 vaccines that have received WHO Emergency Use Listing.</p>	<p>MS are obliged to accept EMA approved vaccines. De facto MS' discretion here is limited and integrated to an EU-level institution (namely EMA). This passage does however explicitly mention that the MS enjoys extra discretion to approve other non-EMA approved vaccines, so long it follows the Directive mentioned. Hence, MS retain some discretion.<sup>[P]<sub>SEP</sub></sup></p>	General	6 - 6

8:39	<p>According to guidance issued by the Council of Europe, whereas the harmonisation of certificates for administrative purposes for travel and medical reasons is commendable, the possible use of such certificates for purposes not strictly medical, e.g. giving individuals exclusive access to rights, services or public places, raises numerous human rights questions. In a January 2021 resolution, the Parliamentary Assembly of the Council of Europe emphasised that states must 'ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated'.</p>	<p>Provides insight into the Council of Europe's position regarding the DCC proposal. <sup>[P]</sup><sub>[SEP]</sub></p>	General	8 - 8
8:41	<p>Concerns about discrimination are also raised in the context of uneven access to vaccination across the EU. For example, it is argued that, since 'vaccination is currently not readily accessible for all, this could lead to a two-tier society, with the vaccinated enjoying unrestricted free movement while others face restrictions that render their right to free movement difficult or impossible to exercise in practice'.</p>	<p>This passage exemplifies the not only the priority to re-open the internal borders of the Union, but also that re-opening has to be equitable across all populations. The Commission is expected to facilitate this proces, which explains the funding the Commission has granted for this purpose. <sup>[P]</sup><sub>[SEP]</sub></p>	General	8 - 8

8:46	They also argue that the certificate should 'be limited to Covid-19, including its variants', and urge that the proposal 'expressly provide that access and subsequent use of the data by Member States once the pandemic has ended is not permitted', providing clear indications in this regard, 'including a clear review and sunset clause'.	This is statement refers to EDPB and EDPS. <sup>[P]</sup> <sub>[SEP]</sub>	General	10 - 10
8:53	After the pilot stage scheduled for May 2021, the EU gateway is expected to be ready in June for the Member States to join. A significant number of Member States have already shown interest in participating in the pilot programme.	Eagerness of MS to join in.	LI	11 - 11
8:56	Although Parliament has demanded that the certificates be more clearly linked to the removal of restrictions, the Member States are to remain responsible for deciding which public health measures they consider necessary to tackle the pandemic.	Here a clear conflict of interests is highlighted. The Parliament (supranational body) seeks to increase the binding nature of certificates, whilst the MS seek to retain competency over public health policy and the use of certificates in that regard. <sup>[P]</sup> <sub>[SEP]</sub>	General	11 - 11
8:58	More recently, a number of governments, organisations and companies have already launched or are preparing to launch digital vaccination certificate initiatives to certify vaccination, testing and/or immunity. 3	Exemplifies the willingness of various domestic actors (including private sector) to develop a digital certificate.	LI	2 - 2

8:72	<p>The remaining knowledge gaps regarding the virus could affect the usefulness of the certificate.</p> <p>As new knowledge is likely to become available in the future, it is crucial that the initiative remains sufficiently flexible to be able to adapt to new scientific evidence.</p>	The suggestion is made here that the DCC can be deployed in future crises.	General	11 - 11
8:78	On 14 April, the Council agreed on its negotiating mandate	The following passage highlights the position of the Council regarding the DCC. <sup>[P]</sup> <sub>[SEP]</sub>	LI	4 - 4
9:9	<p>Above all, of course, the Presidency, Ambassador Brito; the European Parliament, Chair López Aguilar; and the Commission, here the Commissioner Reynders. I thank you very much for this amazing work that has been done.</p> <p>You have found an agreement on our Commission's proposal in just two months, 62 days. So this is absolutely record time, I hope we will repeat that soon.</p>	Exemplifies the speed at which the Regulation has been passed.	General	1 - 1
10:12	Over the last weeks, this has been put to the test and there are good results from this first pilot phase so far. To this day, 17 Member States and Iceland have successfully tested their connection with the EU Gateway.	Exemplifies the eagerness of MS to join in on the gateway system.	LI	2 - 2