

Basic information	
2020/2780(RSP) RSP - Resolutions on topical subjects	Procedure completed
Resolution on COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market Subject 4.20 Public health 4.20.01 Medicine, diseases 7.10.02 Schengen area, Schengen acquis Legislative priorities The EU's response to the Covid-19 pandemic	

Key events			
Date	Event	Reference	Summary
15/09/2020	Debate in Parliament		
17/09/2020	Decision by Parliament	T9-0240/2020	Summary
17/09/2020	End of procedure in Parliament		

Technical information	
Procedure reference	2020/2780(RSP)
Procedure type	RSP - Resolutions on topical subjects
Procedure subtype	Resolution on statement
Legal basis	Rules of Procedure EP 136-p2
Stage reached in procedure	Procedure completed

Documentation gateway				
European Parliament				
Document type	Committee	Reference	Date	Summary
Motion for a resolution		B9-0257/2020	17/09/2020	
Motion for a resolution		B9-0259/2020	17/09/2020	
Motion for a resolution		B9-0261/2020	17/09/2020	
Motion for a resolution		B9-0265/2020	17/09/2020	
Motion for a resolution		B9-0267/2020	17/09/2020	
Motion for a resolution		B9-0269/2020	17/09/2020	
Text adopted by Parliament, single reading		T9-0240/2020	17/09/2020	Summary

Document type	Reference	Date	Summary
Commission response to text adopted in plenary	SP(2020)597	11/02/2021	

Resolution on COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market

2020/2780(RSP) - 17/09/2020 - Text adopted by Parliament, single reading

The European Parliament adopted by 595 votes to 50, with 41 abstentions, a resolution on COVID-19: EU coordination of health assessments and risk classification and the consequences for Schengen and the single market.

The text adopted in plenary had been tabled as a joint resolution by the EPP, S&D, Renew, Greens/EFA and GUE/NGL groups.

Parliament expressed its concern about the increase in the number of cases of COVID-19 in several Member States since June 2020 and stressed the need for shared and coordinated health management in order to effectively combat this pandemic. It believes that reassuring citizens about the consistency of measures taken from one Member State to another would help to persuade citizens to adhere to these measures.

Return to a functioning Schengen area

With the recent increase in new cases of COVID-19 across the Union, Member States have once again taken different and uncoordinated measures applicable to the free movement of persons from other EU countries, in some cases closing borders.

Recalling that the free movement of EU citizens is a fundamental right enshrined in the EU treaties, Members considered it crucial to swiftly return to a fully functional Schengen area. They urged Member States to discuss with Parliament, the Council and the Commission a recovery plan for Schengen, including the ways and means to return to a fully functioning Schengen area without internal border controls and contingency plans as quickly as possible. It is also essential to commit to common measures that will rebuild trust between Member States in order to resume the free movement of goods and services within the internal market.

Common definitions, methods and health criteria

The European Centre for Disease Prevention and Control (ECDC) continues to highlight disparities in data collection and reporting by Member States. This lack of harmonisation does not provide a clear and complete picture of the spread of the virus in Europe at any given time. Moreover, each Member State has followed the recommendations of its own Scientific Council and there has been limited coordination with other Member States or the Commission.

Members believe that the ECDC should be able to evaluate the risk of the virus spreading and publish a weekly updated risk map based on a common colour code according to the information collected and provided by Member States. Its resources and staff should be increased.

The Commission was invited, *inter alia*, to:

- promote a common methodology for collecting health data and for counting and reporting the number of deaths;
- assess the possibility of using reliable, but inexpensive, 15-minute tests;
- develop a harmonised passenger locator form with the aim of generating trust in an EU-wide monitoring system; the use of the form should fully respect data protection rules;
- conduct a comprehensive and cross-sectoral analysis of EU economies to understand the extent of the effects felt during the COVID-19 pandemic.

Member States were urged to:

- opt for the same definition for a positive case of COVID-19, for a death by COVID-19 and for recovery from infection;
- opt for the same definition of a positive case of COVID-19, a death due to COVID-19 and recovery from the infection, in order to allow a common analysis of the epidemiological risk at EU level;
- define a common framework of health measures that public authorities should adopt in affected areas to avoid the spread of the virus, such as hygiene measures, physical distancing and limiting gatherings, using face masks in specific settings, teleworking arrangements, extensive testing, isolation of cases, quarantine of close contacts and protection of vulnerable populations;
- agree on a common quarantine period with regard to essential and non-essential intra-EU travel, and essential and non-essential travel into the EU from third countries;

- adopt for a common protocol for the follow-up of asymptomatic patients, measures regarding the isolation of patients who have tested positive for COVID-19 and isolation measures for the contacts of those patients.

Parliament called for the adoption of a common testing strategy under which test results would be recognised in all Member States and adequate testing capacities would be provided to ensure that everyone who needs to take a test can do so without any disproportionate waiting times. Testing for travel purposes, where necessary, should preferably be carried out in the country of origin.