Theorising the impact of the Covid-19 crisis on European Health integration: Crisis-induced reforms

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Abstract: By looking into the case of the latest EU health policy reforms, the author analyses whether the European integration theories are equipped for an explanation of integration outcomes during the Covid-19 pandemic. The author primarily considers theories that hypothesise crises as a critical factor in integration dynamics, i.e., neofunctionalism and post-functionalism. In the last decade, multiple crises have been hitting the European Union (EU), and there have been many attempts to theorise their impact on European integration. Nevertheless, the answers are far from clear-cut regarding whether crises have been beneficial or detrimental to further integration, either in terms of its scope (widening the EU policy areas and/or membership) or level (increasing the EU institutions' competences and/or capacities). After analysing how the crisis has been handled and the reforms taken in the health policy sector, the author concludes that post-functionalist expectations about the crisis triggering Euroscepticism and identity-driven mass politicisation, thereby precluding further integration, have not materialised so far. On the contrary, the Covid-19 crisis has led to an increase in the EU's capacities in some essential policy sectors. Health policy is one. So far, this policy has seen reforms that neofunctionalism would call a build-up – a transfer of more authority to supranational institutions without expanding its formal mandate. As neofunctionalism would expect, the coronavirus crisis triggered an elite politicisation that created an environment conducive to further integration rather than disintegrative outcomes.

Keywords: crisis, Covid-19, European Union, integration, neofunctionalism, post-functionalism, politicisation, health policy.

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The Covid-19 pandemic is a global health crisis, but it is making a tremendous socio-economic and political impact apart from the indisputable health consequences. In the EU Member States, the crisis affects their economies and societies but also challenges their supranational integration accomplishments. The EU and its Member States found themselves in a difficult necessity to balance their societies' immediate health and economic needs and the already undertaken joint achievements. The Covid-19 pandemic prompted member states' responses, which appears to have affected some of the most important EU attainments on which the EU bases its identity and/or public support (e.g. the free movement within the continent and its monetary union). The crisis's impact is so strong that it triggered the question of the European Union's purpose, but more directly, the issue of the impact of this unprecedented crisis (Wolff and Ladi 2020, 1025, 1027, 1036) on the further integration process.

This paper contributes to understanding the effects of the Covid-19 crisis on European integration by embedding it within the framework of the European integration theories. More specifically, it calls on the theories that posit the crises and a consequent politicization to be in the heart of the integration dynamics. Two such theories seem relevant – neofunctionalism and post-functionalism. Two theories have the opposite view of the possible effects of crises and politicization on further integration. Although the impact of crises on the European integration process has been studied vastly and integration theories have been tested against several previous major crises (Börzel and Risse 2017; Genschel and Jachtenfuchs 2017; Schimmelfennig 2015; 2017; 2018), Covid-19 pandemic deserves special scholarly attention as it created the so far unprecedented crisis, both in terms of its impact, handling, and its substance. As such, the Covid-19 crisis impact on the EU integration process provides for a new venue suitable for integration theory testing. The endeavour is even more meaningful considering the possibility that this health crisis could be an impetus for furthering integration in one of the least integrated policies, namely the health policy, and perhaps lead to the European Health Union (EC COM[2020] 724 final) or a European Health Area.

Some of the research work on the Covid-19 pandemic impact on the EU's institutional change and governance has already been done but mainly within the realm of historical, discursive, and rational-choice institutionalism (Ladi and Tsarouhas 2020; Schmidt 2020; Wolff and Ladi 2020). However, the framing of the Covid-19 pandemic within the European integration theories that focus on internal crisis dynamics has not yet been done (to the best of our knowledge). So, this article aims to fill this gap. In addition, the case of health integration (except in rare cases, such as Bengtsson and Rhinard 2019; Helderman 2015; Vollaard, van de Bovenkamp, and Sindbjerg Martinsen 2016, 159) remained outside the typical

political science research program. The Covid-19 pandemic seems to be bringing back this policy domain to the forefront of the EU's decision-making agenda and thus scholarly attention (Brooks and Geyer 2020; Purnhagen et al. 2020).

The crisis in the EU is understood in this paper as an unexpected situation of uncertainty that is yet to be resolved either in a disintegrative outcome or in a solution preserving or advancing European integration. The Covid-19 pandemic came as an exogenous shock, but it triggered an endogenous EU crisis by provoking the EU's and its Member States' reactions that created the situation of uncertainty. In this way, it can be observed as an internal crisis dynamic rather than simply an external or exogenous shock, as intergovernmentalist accounts would suggest (Schimmelfennig 2017, 317–319). This uncertainty has been reflected in revoking some of the most important integration achievements and demonstrating some of the institutional and policy failures in satisfying the immediate needs of Europeans. This situation could not have been solved without taking further measures.

The paper starts with sketching the important neofunctionalist and post-functionalist positions relevant for understanding the impact of crises and politicization on the European integration process. After that, follows the analysis of the EU and its Member States' reactions to this new crisis from March 2020, when the World Health Organization (WHO) declared the pandemic, till the present day. It is argued that the EU's response to the crisis was conditioned by the EU's previous integrative steps and structural problems already existent before the Covid-19 pandemic. Although it came to the EU externally, the new crisis emphasised these internal structural defects (or insufficiencies in some cases). This is particularly visible within the health policy, but also in economic union and in the EU's freedom of movement regime.

The article claims that these policy areas are mutually connected or linked and that these linkages themselves are a factor pushing for spilling-over of integration to the health area. In a crisis situation, such as the Covid-19 crisis, these linkages get additionally emphasised as the crises open new "windows of opportunity" for policy areas spill-overs. Some previous works have also identified crises as "catalysts" for changes in health policy area in the EU (Helderman 2015; Vollaard, van de Bovenkamp, and Sindbjerg Martinsen 2016, 159; Brooks and Geyer 2020, 1057–1058). This article builds on these arguments by looking into the effects of the Covid-19 crisis on EU health integration and putting it in the neofunctionalist and post-functionalist perspectives.

The paper studies the importance of supranational institutions' agency in health policy reforms that came as a direct response to the Covid-19 crisis by looking into the Commission's role that actively promoted the European Health

Union agenda. Finally, the paper explores how politicisation and Euroscepticism worked in this crisis, as post-functionalism would suggest these factors to be influencing the member states governments' ability to take on substantial EU policy reforms. This is even more important to discuss as the member states' unilateral actions led to abandoning some of the vital common market, state aid, and Schengen rules at the onset of the crisis.

After gathering data on the reactions of member states, societies, and EU institutions and critically analysing them, the paper concludes by discussing how these could be explained with the help of European integration theories and what they mean in terms of the future integration. The article thus seeks to contribute to the ever-growing literature on the European Union crises by discussing whether the crisis is conducive to further integration or not as the EU has been usually understood as a crisis-driven process and the crisis mode of EU governance has become the EU's regular thing. The research contributes to the academic body of literature on testing the major regional integration theories on crisis issues.

Theoretical framework: The EU as a crisis-driven process

Both neofunctionalism and post-functionalism see crises and subsequent conflicts and politicisation as moving forces of regional integration, which is conceived of as an incremental process. The two regional integration theories developed the tools for theorizing regional integration and its possible reverse process – disintegration (in neofunctionalist terminology – a spill-back), which is particularly relevant for understanding the effects of crises on regional integration. Apart from similarities between the two theories, they diverge on the question of the effects of conflicts and politicisation on European integration.

The paper first summarises neofunctionalist positions, and afterward, the post-functionalist as the latter theory came on the wings of criticism of the first one. However, the first task is rather difficult because neofunctionalism is an overly rich theory, very self-reflective, and often revised to respond to numerous critics (Niemann and Schmitter 2009). Therefore, only its most relevant claims will be presented here without the ambition to present the full range of either neofunctionalist or post-functionalist propositions.

Neofunctionalism hypothesised crises as an integral part of regional integration and its stimulatory role in the process (Lefkofridi and Schmitter 2015, 4; Schimmelfennig 2017, 320–321). In Schmitter's words, "frustration and/or dissatisfaction generated by unexpected performance (whether better or worse)

in a sector for which specific common goals have been set will result in the search for alternative means for reaching the same goals" (Schmitter 1969, 162). To solve this crisis, the actors will reach out for solutions by resorting to cooperation in another related policy sector (widening the scope of integration) or by enhancing their cooperation in an existing policy area (increasing the level of integration) (Schmitter 1969, 162). The described mechanism is probably the best-known neofunctionalist concept – the spill-over.

Although the process is not automatic or inevitable, there exists a high probability that it will occur if the background conditions, such as an underlying interdependence between policy sectors, and the creativity of political elites, are set in place (Schmitter 1969, 162). What supports spill-overs, especially when these are supposed to happen outside strictly technical policy issues, is the occurrence of politicisation – a situation in which, after the controversiality of decision-making goes up, more actors become interested in integration. Actors start changing their starting positions and expectations, ending up in the redefinition of the previously set goals. Sometimes, actors even shift their loyalties towards a new center, which might be superimposed but does not replace their national loyalties (Schmitter 1969, 166).

Neofunctionalist revised theoretical framework (neo-neofunctionalism) also included forms of disintegration as a possible outcome (e.g. "retraction" or "spill-back") (Lefkofridi and Schmitter 2015, 5; Rosamond 2019, 37). For example, Schmitter imagined the integration process as a series of "crisis-provoked decisional cycles", leading not only to spill-over of integration into ever new policy areas but to other possible outcomes. Depending on what kind of change in the level and scope of integration would come out, there would be possible to discern between a "muddle-about" (member states preserving regional cooperation without changing institutions), a "build-up" (increasing the competences of EU institutions in policy areas already encompassed by regional integration) or "spill-back" (retracting the integration in a particular policy sector), to name only a few (Schmitter 1970, 845–846).

However, what will prevent the integration from spilling back or disintegrating would be the avoidance of potential crossing of an "integration threshold" (Haas 2004, xxix–xxx). The integration threshold is imagined as the point of no return, after which a disintegration, or spill-back, would mean the abandoning of benefits from the previous integration achievements. In other words, disintegration would produce greater costs or losses than it would be the case with advancing the integration further or at least remaining at the same level ("integrative plateau", Haas 2004, xxix–xxx). Thus, neofunctionalism hypothesises that already developed interdependence would force the integration actors to continue with integration

and even upgrade it further (spill-over). Under the probable prevalence of utilitarian interests over the identitarian ones (Haas 2004, xv), European integration would proceed further.

After the crisis with the French president de Gol in the 1960s, Haas amended the theory to account for the appearance of the national sentiments (2004, xv–xxx). He acknowledges that integration is based on ephemeral and unstable pragmatic interests instead of "deep ideological and philosophical commitment" and thus is susceptible to reversal or disintegration. Despite that, Haas hypothesized that the integration would progress if the political leaders and major societal elites would share a functional commitment to incremental, pragmatic steps (2004, xxiv–xxv). Hence, by accounting only for the statesmen and "major elites in the society", he remained within the realm of elite politics disregarding the potentially critical role of a wider public opinion and mass politics.

This issue of almost certain existence of favorable conditions, functional pressures, and absence of identity mass politics is the point at which neofunctionalism and post-functionalism diverge. Neofunctionalism omitted what post-functionalism became famous for – the mass public contestation, politicisation, and public interest in European integration. Post-functionalism claims that, in contrast to early decades and conditions of a permissive consensus, contemporary European integration develops under the circumstances of "constraining dissensus" (Hooghe and Marks 2008, 5). The theory argues that the tension between rapid jurisdictional change in the EU and slow change of identities has become salient and mobilised by Eurosceptic parties. Post-functionalism proposes that there is a tension between functional/efficiency demand for increasing the scale of government and the level of community support for this which basically brought in identity politics (Genschel and Jachtenfuchs 2021, 350–351). Nowadays, European integration is not driven by efficiency but is constrained by identity considerations. Genschel and Jachtenfuchs explain that according to post-functionalism, "solidarity, trust and collective identity only develop in bounded groups" (2021, 350). This means that political elites would be limited by their domestic public opinion when deciding on European integration issues and whether to increase the EU's competences. Thus, the politicisation of identity issues in national arenas must be accounted for when discussing further integration and a transfer of jurisdiction in a multi-level polity (Hooghe and Marks 2008).

Crises are seen as raising the "salience of Europe (...) in public debate", but also dividing mainstream parties and upsurging Eurosceptic parties in the member states (Hooghe and Marks 2018, 116). As such, crises critically contribute to the emergence of a transnational cleavage rooted in mass politicisation and opposition to European integration (Hooghe and Marks 2018, 109). The cleavage occurs on

the non-economic, identity-based GAL/TAN dimension and is reflected in the organisation of political parties in the member states (Hooghe and Marks 2018, 113-125).[2] Due to these new transnational cleavages, deepened with the crises that hit Europe after 2008, member state governments decided to resort to incremental reforms only in order to avoid major EU treaty reforms and the consequent public debates, parliamentary votes, and referendums (Hooghe and Marks, 116–117).

Thus, similar to neofunctionalism, post-functionalism understands crises as triggers of politicisation. Contrary to neofunctionalism, it hypothesises that politicisation would lead to the rising of the Eurosceptic forces at the domestic level, which would preclude or slow down further integration and disintegrative outcomes become more likely. This even more true, the argument goes, "if Eurosceptical parties gain control of the government in one or two countries or if a simple majority of the public of one or two countries votes 'No' in a referendum" (Hooghe and Marks 2008, 18).

Analysis and discussion on responses to Covid-19 pandemic

The politicization of the Covid-19 crisis and the impact of Euroscepticism

Moving away from theory to the "real world" of handling the pandemics, if we would be only analysing the narratives surrounding the Covid-19 crisis in the EU, we could easily be made to think that the time is ripe for a big decision regarding the purpose and the future of the EU and that some major steps in furthering integration are about to be made. However, to this point, the result is not so far-reaching, and there are differences across policy domains in the direction and pace that European integration took. There have been numerous examples when politicians, analysts, and experts characterised this crisis time as the moment of opportunity, a "pivotal" moment in European history (European Council 2020), or even "an existential moment" (Borrell 2020, 12). Now is the time, the narrative goes, for the policymakers to "take a clear stand on the future of the European project" (Diamantopoulou 2020, 2), seize the moment that "represents a new opportunity" (Krastev and Leonard 2020, 2) and use it to "heal the wounds from

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[2] GAL stands for the Green/Alternative/Libertarian, and TAN stands for the Traditionalism/Authority /Nationalism (Hooghe and Marks 2008, 16).

the previous crises" and "win over the hearts and minds of Europe's citizens" (Borrell 2020, 12). These narratives indicate that some level of politicization, at least among political and economic, governmental, and non-governmental elites, is taking place and that their attention and expectations have been turned to the supranational institutions and joint policy-making.

In addition, the EU's handling of the coronavirus crisis has been covered widely by media in Europe, and it attracted widespread public attention (Purnhagen et al. 2020). Predominantly, criticism has been expressed towards the EU and its member states, ranging from the EU's inability to help Italy to the lack of solidarity among member states and, later on, the slow roll-out of vaccines, to mention only a few. Covid-19-related protests have been organized in many countries, but these have been mainly directed to national Covid-19 lock-down measures and not to the EU's handling of the situation. Thus, the pandemic-related actions and expectations towards the EU have been mostly contained within the circle of governmental and non-governmental elites and Europe-oriented media rather than spreading among the masses. In other words, a kind of top-down politicisation has been happening at least at the beginning of the crisis (Wolff and Ladi 2020, 1027, 1032).

It is important to note that some level of public opinion support for EU health competences has been recorded. Several surveys have documented the EU citizens' positive attitude towards sharing the EU health competences between the EU and its member states. When asked about the level at which the health policy can be dealt with most efficiently, 55% of Europeans say, "Equally at the EU and the national level", 19% "only or mainly at the EU level" and 25% "only or mainly at the national level" (European Parliament and European Commission 2021, 150). Compared to the pre-pandemic, 2018 Special Eurobarometer findings, these shares changed only slightly, with 51% responding "equally" at both levels, 24% in favor of the national level, and 22% opting for the EU level (European Commission 2018, 141).[3]

At the same time, new public opinion surveys show citizens' acceptance of the possibility of the EU developing a common health policy as a response to the coronavirus pandemic. The last Standard Eurobarometer shows that citizens, as the first three priorities of the EU, see the "rapid access to safe and effective vaccines" (36%), establishing "a European Strategy for facing a similar crisis in the future" (28%), "developing a European health policy" (27% of responses) (European

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[3] We should also be careful with conclusions as these two surveys are not completely comparable as the question from the one in 2018 is about "Health and food safety" and not only about "Health" as the survey in 2021 frames it.

Commission 2021c, T55–T56). Overall, health is seen as the most important issue citizens, member states, and the EU face at the moment of the survey (February–March 2021). Another Eurobarometer survey that tackled the issue of the EU's future found that 25% of citizens considered "a common health policy" to be most helpful for the future of Europe ("comparable living standards" and "stronger solidarity among member states" being the first two most desired goals, chosen by 35% and 30% respectively). Of course, there are differences among member states, with 45% of Portuguese citizens choosing "a common health policy" and only 11% of Finns (European Parliament and European Commission 2021, 146–148).

European Parliament's special surveys on the citizens' attitudes towards the course of pandemic and the EU's role in it found that around two-thirds of the EU citizens would like the EU to have more competences to be able to fight health crises. In the same type of surveys done repeatedly over the course of 2020, the majority of citizens think the EU should have more financial resources available at its disposal to fight the consequences of the pandemic (European Parliament 2020). These surveys show that the coronavirus crisis has finally brought the issue of common health policy to public attention and that it would probably be acceptable to establish it as a shared competence of the EU and the member states.

The question is how the described, mostly elite, "moment of opportunity" narratives have translated into action. In other words, combined with the absence of a mass politicisation surrounding the crisis, and the relative support of public opinion for sharing the health policy competences, have they supported actual policy changes and further integration steps? Or, as post-functionalist theory would suggest, have the Eurosceptic forces in member states gained so much strength as to preclude further integrative steps? Has the identity politics stepped in to impede the reforms that would lead to increasing the EU level of governance competences?

Although research on the politicisation of pandemic issues is still scarce, some early sketches can be made. Compared to previous crises, such as the sovereign debt crisis, the Covid-19 pandemic did not provoke major politicisation, although there were attempts by the opposition parties, especially populist parties, and movements, to do so. As usual, "right-wing populists" have been sticking to the nationalist rhetoric advocating the closure of national borders, while "left-wing populists" have criticised governments for the lack of social and healthcare investments to fight the pandemic. On the other hand, parties in government took the strategy of depoliticisation by using expert/technocratic language and argumentation (Lembcke 2021, 82). However, contrary to expectations based on previous crises experience, Bobba and Hubé find that due to the specific, emergency nature of the first phase of pandemic, Eurosceptic and populist political forces did not acquire much political gain from the Covid-19 crisis (Bobba and Hubé

2021, 132). Compared to the eurozone crisis that developed since 2008, which provoked massive protests at the streets of the European capitals and caused many governments to fall (Schimmelfennig 2017, 331), the Covid-19 crisis seems to have a different effect on politicisation.

It seems that the very nature of this unprecedented health crisis outlined the form and nature of politicization surrounding it. Calls for EU intervention in health policy also came from Europarties (i.e. EU party groups and transnational party federations). In a series of declarations, press releases, and other publications, the Party of European Socialists and its corresponding party group in the EP, the S&D group, called for increasing EU competences in health (S&D 2020) which should be addressed at the Conference on the Future of Europe (PES 2020). In a similar vein, the European People's Party (EPP), in an ambitiously titled statement – "EPP proposal on the COVID-19 challenge: Calling for EU Health Sovereignty" called for "better preparing the EU for future health emergencies, enabling it to react quickly and decisively as well as reduce dependencies on third countries in the area of health" (EPP 2020). However, the opposing, Eurosceptic voices could also be heard, like the one coming from the Identity and Democracy Party (ID) in the European Parliament who started a campaign "to expose lies of the European Union and governments during the Covid-19 crisis" (Identity and Democracy Party 2020).

Suppose we account only for the first reactions by the member states when they resorted to the closure of the borders and prevented the free movement of persons and goods, including the ban of exports. In that case, it seems that the post-functionalist predictions about the Eurosceptic, identity-based arguments have prevailed and that the European integration indeed seemed destined to fail. However, the described pro-integrationist narratives and calls for solidarity and big decisions have balanced these initial disintegrative moves and out loud the Eurosceptic demands. Thus the environment for diverse policy outcomes was created. While freedom of movement in the EU has been seriously impaired and the solutions to reestablish normal, non-essential travel are still on the way, some genuine advances have happened in other policy fields, such as budget and fiscal policy, but also health policy.

Nevertheless, it falls out of the scope of this analysis to account for the differences in policy outcomes across EU policy domains and the conditions that led to them. This article focuses on how the crisis affected the integration in health policy. Thus, the next chapter is dealing with the actual Covid-19-generated reforms in the EU health policy.

The actual handling of Covid-19 crisis
and crisis-provoked health policy reforms

More than a year after the beginning of the Covid-19 pandemic, the results of the EU's action to deal with the crisis are not so far-reaching as the expectations from the start of the crisis would suggest. Along with the elites' motivational narratives, however, the first phase of dealing with the pandemic was marked by the member states' unilateral and uncoordinated actions that threatened both solidarity in the EU and its major integration accomplishments. The majority of governments decided to derogate from at least some of the Union rules, whether Schengen acquis, state aid, and competition rules or even prohibition of exports of medical equipment and supplies. As the pandemic by its definition involves a cross-border dimension and cross-border threats (Speakman, Burris and Coker 2017, 1022), the Member States started closing their crossings, and traveling in Europe soon became a mission impossible. This "isolationism" and uncoordinated action were largely the consequence of the fact that the Sars-CoV-2 struck the groups of EU Member States in different ways and at different times and that the immediate impulse was to protect the citizens and the health care systems. Covid-19 pandemic, just as some earlier crises in the EU, caused the problem of compliance with certain previously established norms and exposed the shortcomings of a number of already set cooperation frameworks.

But before any evaluations are made about handling this health crisis and the reforms taken, it is important to make several notes about the policy and legal framework in which these actions operated. Despite several earlier crisis-provoked reforms (Vollaard, van de Bovenkamp, and Sindbjerg Martinsen 2016, 159), health policy has mainly remained in the hands of the EU member states. According to the Lisbon Treaty, the EU has no right to regulate or harmonise national legislation in this policy field (TFEU 2016, Article 168.5). Health is not the Union's exclusive competence, not even the competence that the EU is sharing with the Member states. The EU can only "support, coordinate or supplement" national actions in "protection and improvement of human health" (TFEU 2016, Article 6).

However, pressures stemming from functional linkages between policy sectors pushed for EU action in health issues. First EU health strategies back in 2006 came out of the EU's concerns about the fiscal pressures and financial sustainability of governments' health systems, which has been relevant for the functioning of the economic and monetary union (Helderman 2015, 51–52). In addition, by using its powers in the internal market and aiming at removing barriers to trade and free movement, the EU often factually regulated within the health policy. One example would be its 2011 Cross-border Healthcare Directive which allowed the patients

to access healthcare services in another EU member state and use the insurance of their home country (Directive [EU] 2011/24/EU). The Directive was brought with regard to the Article 114 of the Treaty on the Functioning of the European Union (TFEU), which allows the Council and the Parliament to "adopt the measures for the approximation of the provisions laid down by law, regulation or administrative action in Member States which have as their object the establishment and functioning of the internal market" (TFEU 2016, Article 114).

Notwithstanding formal treaty limitations regarding its competences in health, the EU has faced many expectations coming both from its Member States and other actors. Thus, it took a number of measures to fight the health crises, and these regularly brought further health integration steps. For example, the European Centre for Disease Prevention and Control (ECDC) was established in response to Severe Acute Respiratory Syndrome (SARS) burst back in 2003. The swine flu in 2009 gave an impetus for the establishment of a joint vaccines procurement mechanism and the 2013 Decision on Serious Cross Border Threats to Health (Bengtsson and Rhinard 2019, 360–361; Brooks and Geyer 2020, 1057–1058). This Decision also established a previously informal group called the Health Security Committee to give it a formal mandate for the monitoring, early warning, or combating of threats to human health (Decision [EU] 1082/2013). When the Covid-19 pandemic struck, similar expectations occurred, even though the member states' early responses were quite inward-looking, reflected in closing the borders and banning the exports of medical supplies to other countries, to mention only a few.

Nevertheless, the existing formal EU competences and the EU's mostly intergovernmental crisis mechanisms (such as the Civil Protection Mechanism) proved insufficient for dealing with the newest crisis. These mechanisms rely almost exclusively on the information shared by the member states, while the EU's institutions' role is limited to coordination of member states' actions (Brooks and Geyer 2020, 1058–1059). Thus, new initiatives in health integration had to be taken, but so far, these remained within the confinement of the current EU treaty framework. In other words, no immediate EU treaty change was expected to take place within health policy.

In contrast to the initial member states' isolationism, the Commission took over the integration engine role by initiating several important measures to cope with the pandemic detrimental effects. The Commission's president, Ursula von der Leyen, in her State of the Union speech, called for an ambitious aim of creating the European Health Union and learning or drawing lessons from the Covid-19 crisis (European Commission 2020b). She also called for the increased EU's health competences to be the task for the upcoming Conference on the Future of Europe.

"As a building block of the European Health Union", in November 2020, the Commission initiated a proposal for a Regulation on serious cross-border threats to health which should provide for a "strengthened framework for health crisis preparedness and response at EU level by addressing the weaknesses exposed by the COVID-19 pandemic" (European Commission 2020a). If it would be adopted by the European Parliament and the Council, the Regulation would repeal the existing Decision on the same issue with a view to boosting the coordination and monitoring role of the EU institutions and the existing bodies working in the health policy, such as the Health Security Committee. It would strengthen the reporting and planning procedures on health crisis, pandemic, and health indicators both in the member states and the EU, and it would allow for the declaration of an EU emergency situation. As part of the same anti-crisis package, the Commission proposed the reinforcing of mandates of the European Medicines Agency (EMA) and the European Center for disease prevention and control (ECDC) through separate legislative proposals.

As part of the European Health Union package, the Commission adopted the EU Vaccines Strategy, the centralised approach on procuring Covid-19 vaccines on behalf of the member states in 2020, and the Strategy for the development and availability of therapeutics in 2021. These actions have aimed to support the accessibility of COVID-19 vaccines and therapeutics throughout the EU. It also prevented the competition in obtaining the vaccines between the member states. Direct support to the member states' health care sectors has been made possible by the EU and national budgets by creating the Emergency Support Instrument and the *RescEU* common stockpile of equipment.

Although still in its inception, the Commission proposed as part of its European Health Union plan, the establishment of another body – the Health Emergency Preparedness and Response Authority (HERA) "to support the development, manufacturing, and deployment of medical countermeasures during a health crisis of natural or deliberate origin" (European Commission 2021a).

Additionally, in accordance with the Commission's proposal, the Council and the European Parliament adopted the new health programme – "EU4Health" for the 2021–2027 period, which will make available 5.1 billion Euros for improving health in the Union with regard both to communicable and non-communicable diseases (Regulation [EU] 2021/522). This single programme is said to have a budget "ten times that of previous health programmes" (European Commission 2021b).

It is important to note that the European Commission has been reasoning all these proposals by setting them firmly within the crisis-response framework. In other words, these proposals, some of which have been adopted already, have

been initiated as a direct consequence of the Covid-19 pandemic which allowed the Commission to use the crisis as an opportunity for change. However, the Commission referred to the linkages with other policy sectors by denoting health as "a prerequisite for a dynamic economy stimulating growth, innovation and investment" (EC COM[2020] 724 final). In addition, a justification of the set of initiatives under the European Health Union agenda was found in a necessity to restore the previously established mechanisms and procedures which the Covid-19 pandemic has disrupted. Put differently, new initiatives were necessary to protect and enable the functioning of previously taken integration steps, namely the normal functioning of the EU's internal market in almost all of its aspects.

Conclusion

Even though the coronavirus has been understood as an external threat, the Covid-19 pandemic represents an internal crisis for the European Union. It amplified the tensions coming from the flaws of the previously taken integrative steps. Internal market (free movement of people, goods, services, and capital) has been launched among the EU Member States without integrating all the relevant policies and setting strong institutional and procedural mechanisms necessary for an uninterrupted cross-border movement. One of these policies is obviously health policy which seems to be finally attracting the attention of political actors from the outset of the pandemic. In other words, since the Covid-19 pandemic has been seriously limiting the EU internal market and other EU integration achievements, it revealed the unavoidability of some level of health policies harmonisation or even health regulation. The crisis pointed to and accentuated the issue of the inability to comply with the established internal market rules and free movement mechanisms and at the same time retain the existing regime of the health policies management. With Covid-19, health policy proved to be linked to the free movement more than anybody could ever anticipate.

Despite the prevailing and longstanding determination to keep the health policy within the realm of national competences, the simultaneous pressures stemming from the crisis, policy linkages, and supranational institutions' agency worked in favour of developing new mechanisms and instruments for governing health policy in the EU and particularly increasing the EU capacities for health emergency response. So far, this has been done through secondary legislation and soft law by enhancing the role of existing institutions, such as the Commission, the ECDC, and the Health Security Committee, and substantially increasing the

funds dedicated to health matters. However, despite the ambitiously titled proposal for a European Health Union by the Commission, these were not major changes that significantly increased the EU competences in health policy. Despite the recorded public support, nothing close to the shared competences regime between the EU and the member states has been established so far. Significant transfer of competences from the member states to the EU would demand the EU treaty change, which is still off the EU's agenda. In other words, no neofunctionalist spill-over has happened yet. Instead, one may speak about a build-up as an outcome of the so far crisis-provoked decisional cycles, meaning the EU institutions' and bodies' roles have been reinforced, and the funds available for this policy have increased considerably.

Compared to post-pandemic changes in other policy areas, especially in the fiscal domain where the Commission gained the right to borrow money on the financial markets by issuing bonds, which also led to the adoption of new Own Resources Decision, health policy integration pace remains rather modest (or incremental, on a positive note). However, the health policy is one of the items on the agenda of the Future of Europe conference that started in May 2021, and it is still to be seen if any more substantial changes in the field would be agreed upon.

So far, a top-down, elite politicisation surrounding the EU's handling of the crisis has been favourable to further integration in many policy areas, including health, that saw some important building up of EU institutions' and bodies' capacities. Rather than supplying a fertile ground for constraining dissensus, as post-functionalism would expect, this crisis created a moment of opportunity for a new consensus on (still modest) further integration. In contrast to the sovereign debt crisis from 2008 onwards, the nature of the Covid-19 emergency seems to have been silencing Eurosceptic political forces, at least until now. Rather than closing in their smaller national communities, political actors even opted for solidarity, at least in health policy. However, it remains to be seen whether the Conference on the Future of Europe will make use of this pivotal moment before identity politics gets back to its grips and preclude EU and member states' governments from taking serious integration steps.

Finally, it needs to be said that neofunctionalism provides the tools for understanding the reforms in the EU health policy. As the theory would suggest, these reforms have been installed to respond to the crisis and as a need to preserve the previous European integration achievements, particularly its internal market. In addition, the case of the latest health policy reforms showed the centrality of supranational institutions for moving integration, specifically the Commission's readiness to grasp the opportunity and initiate new proposals. However, by focusing on crises as internally driven rather than as external shocks, the question for further

research arises – whether neofunctionalism and/or post-functionalism are fit to explain the initial reactions of EU member states at the onset of the pandemic when they started re-installing the national borders in order to protect their societies. These moves are important to understand, even though these derogations from the EU *acquis* should be only temporary. However, by focusing on the issue of EU health integration, it was out of the scope of this paper to provide answers to this question or the question of varied outcomes across policy sectors.

References

Bengtsson, Louise and Mark Rhinard. 2019. "Securitisation across borders: the case of 'health security' cooperation in the European Union". *West European Politics* 42(2): 346–368. DOI: 10.1080/01402382.2018.1510198.

Bobba, Giuliano and Nicolas Hubé. 2021. Between Mitigation and Dramatization: The Effect of the COVID-19 Crisis on Populists' Discourses and Strategies. In: *Populism and the Politicization of the COVID-19 Crisis in Europe*, edited by Giuliano Bobba and Nicolas Hubé, 131–143. Cham: Palgrave Macmillan.

Borrell, Josep. 2020. "The post-coronavirus world is already here". Policy Brief. European Council on Foreign Relations. 30 April 2020. https://www.ecfr.eu/publications/summary/the_post_coronavirus_world_is_already_here/.

Börzel, Tanja A. and Thomas Risse. 2017. "From the euro to the Schengen crises: European integration theories, politicization, and identity politics". *Journal of European Public Policy* SI: "Theory Meets Crisis" 25(1): 83–108.

Brooks, Eleanor, and Robert Geyer. 2020. "The development of EU health policy and the Covid-19 pandemic: Trends and implications". *Journal of European Integration* 42(8): 1057–1076. DOI: 10.1080/07036337.2020.1853718.

Decision (EU) 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC (Text with EEA relevance), Official Journal, L 293, 5 November 2013. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32013D1082.

Diamantopoulou, Anna. 2020. "Five Ways that coronavirus should transform the EU". European Council on Foreign Relations. 3 June 2020. https://www.ecfr.eu/article/commentary_five_ways_that_the_coronavirus_should_transform_the_eu/.

Directive (EU) 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare,

Official Journal, L 88, 4 April 2011. https://eur-lex.europa.eu/legal-content/ EN/TXT/?uri=celex%3A32011L0024

[EC] European Commission. 2020. Building a European Health Union: Reinforcing the EU's resilience for cross-border health threats. COM(2020)724 final, Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of The Regions, 11.11.2020. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri =CELEX:52020DC0724.

European Commission. 2018. "Special Eurobarometer 479 – Future of Europe – Report". Brussels, October–November 2018. https://europa.eu/eurobarometer /surveys/detail/2217.

European Commission. 2020a. Proposal for a Regulation of the European Parliament and of the Council on serious cross-border threats to health and repealing Decision No 1082/2013/EU. Brussels, 11.11.2020, COM(2020) 727 final, 2020/0322(COD). https://eur-lex.europa.eu/legal-content/EN/TXT/HTML /?uri=CELEX:52020PC0727&from=EN.

European Commission. 2020b. "Building the world we want to live in: A Union of vitality in a world of fragility". State of the Union Address by President von der Leyen at the European Parliament Plenary. Brussels, 16 September 2020. https://ec.europa.eu/commission/presscorner/api/files/document/print/ov/sp eech_20_1655/SPEECH_20_1655_OV.pdf.

European Commission. 2021a. "Health emergency preparedness and response authority (HERA): European Commission launches public consultation". Press release, 6 April 2021, Brussels. https://ec.europa.eu/commission/presscorner /detail/en/IP_21_1522.

European Commission. 2021b. "Questions and Answers: EU4Health Programme 2021–2027". Accessed 5 June 2021. https://ec.europa.eu/commission/ presscorner/detail/en/qanda_21_1345.

European Commission. 2021c. "Standard Eurobarometer 94 – Winter 2020-2021 – Public Opinion in the European Union – Annex". Brussels, May 2021. https://europa.eu/eurobarometer/.

European Council. 2020. "This is historic. We renewed our marriage vows for 30 years. Europe is there, strong, standing tall". Report by President Charles Michel at the European Parliament on the Special European Council of 17–21 July 2020. https://www.consilium.europa.eu/en/press/press-releases/2020/07/23/ this-is-historic-we-renewed-our-marriage-vows-for-30-years-europe-is-there-strong-standing-tall-report-by-president-charles-michel-at-the-european-parliament-on-the-special-european-council-of-17-21-july-2020/.

European Parliament. 2020. Eurobarometer: The EP and the expectations of European citizens. Accessed 20 May 2021. https://www.europarl.europa.eu/at-your-service/en/be-heard/eurobarometer/public-opinion-in-the-eu-in-time-of-coronavirus-crisis-3.

European Parliament and European Commission. 2021. "Special Eurobarometer 500 – Future of Europe – Report". Brussels, March 2021. https://europa.eu/eurobarometer/surveys/detail/2256.

Genschel, Philipp and Markus Jachtenfuchs. 2017. "From Market Integration to Core State Powers: The Eurozone Crisis, the Refugee Crisis and Integration Theory". *JCMS: Journal of Common Market Studies* 56(1): 178–196. DOI: 10.1111/jcms.12654.

Genschel, Philipp and Markus Jachtenfuchs. 2021. "Postfunctionalism reversed: Solidarity and rebordering during the COVID-19 pandemic". *Journal of European Public Policy* 28(3): 350–369. DOI: 10.1080/13501763.2021.1881588.

Haas, Ernst B. 2004. *The Uniting of Europe: Political, Social, and Economic Forces 1950–1957*. Notre Dame, Indiana: University of Notre Dame Press.

Helderman, Jan-Kees. 2015. "The crisis as a catalyst for reframing health care policies in the European Union". *Health Economics, Policy and Law* 10: 45–59.

Hooghe, Liesbet, and Gary Marks. 2008. "A Postfunctionalist Theory of European Integration: From Permissive Consensus to Constraining Dissensus". *British Journal of Political Science* 39(1): 1–23. DOI: 10.1017/S0007123408000409.

Hooghe, Liesbet, and Gary Marks. 2018. "Cleavage theory meets Europe's crises: Lipset, Rokkan, and the transnational cleavage". *Journal of European Public Policy* 25(1): 109–135.

Identity and Democracy Party. 2020. "Identity and Democracy Party launches massive campaign to expose lies of the European Union and governments during the Covid-19 crisis". Accessed 10 June 2021. https://www.id-party.eu/campaign_covid_19.

Krastev, Ivan and Mark Leonard. 2020. "Europe's pandemic politics: How the virus has changed the public's worldview". Policy Brief. European Council on Foreign Relations. 24 June 2020. https://www.ecfr.eu/publications/summary/europes_pandemic_politics_how_the_virus_has_changed_the_publics_worldview/.

Ladi, Stella and Dimitris Tsarouhas. 2020. "EU economic governance and Covid-19: Policy learning and windows of opportunity". *Journal of European Integration* 42(8): 1041–1056. DOI: 10.1080/07036337.2020.1852231.

Lefkofridi, Zoe and Philippe C. Schmitter. 2015. "Transcending or Descending? European Integration in Times of Crisis". *European Political Science Review* 7(1): 3–22. DOI:10.1017/S1755773914000046.

Lembcke, Oliver W. 2020. "Germany: The AfD's Staggering Between Reason and Resistance". In: *Populism and the Politicization of the COVID-19 Crisis in Europe*, edited by Giuliano Bobba and Nicolas Hubé, 73–86. Cham: Palgrave Macmillan.

Niemann, Arne and Philippe C. Schmitter. 2009. "Neofunctionalism". In: *European Integration Theory* edited by Antje Wiener and Thomas Diez, 45–66. New York: Oxford University Press.

[PES] (2020). PES Presidency Declaration: Affordable and quality healthcare for all. Adopted by the PES Presidency on 25 June 2020. https://pes.eu/export/sites/default/.galleries/Documents-gallery/EN-Presidency-Declaration-Europe-Day-05052020.pdf_2063069299.pdf.

Purnhagen, Kai P., Anniek de Ruijter, Mark L. Flear, Tamara K. Hervey, and Alexia Herwig. 2020. "More Competences than You Knew? The Web of Health Competence for European Union Action in Response to the COVID-19 Outbreak". *European Journal of Risk Regulation* 11(2): 297–306. DOI:10.1017/err.2020.35.

Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ("EU4Health Programme") for the period 2021-2027, and repealing Regulation (EU) No 282/2014 (Text with EEA relevance), Official Journal, L 107, 26 March 2021. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2021.107.01.0001.01.ENG.

Schimmelfennig, Frank. 2015. "Liberal intergovernmentalism and the euro area crisis". *Journal of European Public Policy* 22(2): 177–195. DOI:10.1080/13501763.2014.994020.

Schimmelfennig, Frank. 2017. "Theorising Crisis in European Integration". In: *The European Union in Crisis* edited by Desmond Dinan, Neill Nugent and William E. Paterson, 316–335. Red Globe Press.

Schimmelfennig, Frank. 2018. "European integration (theory) in times of crisis. A comparison of the euro and Schengen crises". *Journal of European Public Policy* 25(7): 969–989, DOI: 10.1080/13501763.2017.1421252.

Schmidt, Vivien A. 2020. "Theorizing institutional change and governance in European responses to the Covid-19 pandemic". *Journal of European Integration* 42(8): 1177–1193, DOI: 10.1080/07036337.2020.1853121.

Schmitter, Philippe C. 1969. "Three Neo-Functional Hypotheses About International Integration". *International Organization* 23(1): 161–166. DOI:10.1017/S0020818300025601.

Schmitter, Philippe C. 1970. "A Revised Theory of Regional Integration". *International Organization* 24(4): 836–868.

S&D. 2020. Position paper: A European Health Union - Increasing EU Competence in Health – Coping With Covid19 and Looking to the Future. 12.5.2020. https://www.socialistsanddemocrats.eu/position-papers/european-health-union-increasing-eu-competence-health-coping-covid19-and-looking.

Speakman, Elizabeth M., Scott Burris, and Richard Coker. 2017. "Pandemic legislation in the European Union: Fit for Purpose? The need for a systematic comparison of national laws". *Health Policy* 121: 1021–1024.

[TFEU] Consolidated Versions of the Treaty on European Union and the Treaty on the Functioning of the European Union. 2016. Official Journal of the European Union, C 202, June 7. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:12016ME/TXT.

Vollaard, Hans, Hester van de Bovenkamp, and Dorte Sindbjerg Martinsen. 2016. "The making of a European healthcare union: a federalist perspective". *Journal of European Public Policy* 32(2): 157–176. DOI: 10.1080/13501763.2015.1034160.

Wolff, Sarah, and Stella Ladi. 2020. "European Union Responses to the Covid-19 Pandemic: Adaptability in times of Permanent Emergency". *Journal of European Integration* 42(8): 1025–1040, DOI: 10.1080/07036337.2020.1853120.

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RAZUMEVANJE UTICAJA PANDEMIJE KOVIDA-19 NA EVROPSKU INTEGRACIJU U OBLASTI ZDRAVLJA: KRIZA KAO PODSTICAJ ZA REFORME

Apstrakt: Posmatrajući slučaj najnovijih reformi zdravstvene politike Evropske unije (EU), autorka analizira sposobnost teorija evropske integracije da objasne ishode procesa integracije tokom pandemije Kovid-19. Autorka prevashodno uzima u obzir teorije koje pretpostavljaju da su krize ključan činilac u dinamici integracije, a to su neofunkcionalizam i postfunkcionalizam. U poslednjoj deceniji, EU su pogađale višestruke krize i bilo je dosta teorijskih pokušaja da se objasni njihov uticaj na evropsku integraciju. Međutim, na pitanje da li su krize bile podsticajne ili štetne po integraciju, bilo po njen obuhvat (širenje oblasti delovanja i/ili članstva EU), bilo po nivo (uvećavanje ovlašćenja i/ili kapaciteta institucija EU), odgovori su daleko od jednoznačnih. Nakon analiziranja faktičkog bavljenja krizom i reformi koje su preduzete u oblasti zdravstvene politike, autorka zaključuje da se nisu ostvarila očekivanja postfunkcionalista da će kriza izazvati evroskepticizam i identitetski motivisanu masovnu politizaciju i time sprečiti napredovanje integracije. Upravo suprotno, kriza izazvana Kovid-19 pandemijom ishodovala je uvećanjem kapaciteta EU u nekim od ključnih oblasti, među kojima je i zdravstvena politika. Do sada je ova politika doživela reforme koje bi neofunkcionalizam nazvao „nadgradnjom" (*buid-up*) – davanje dodatnih ovlašćenja nadnacionalnim institucijama bez uvećanja njihovih formalnih nadležnosti. Kao što bi neofunkcionalisti očekivali, kriza je pokrenula politizaciju među elitama što je, umesto dezintegrativnih ishoda, stvorilo pogodno okruženje za napredovanje integracije.

Ključne reči: kriza, Kovid-19, Evropska unija, integracija, neofunkcionalizam, postfunkcionalizam, politizacija, zdravstvena politika.