

CONVERGENT AND DIVERGENT LEGAL TRENDS IN ADDRESSING THE CORONAVIRUS PANDEMIC AT THE EU LEVEL

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Abstract: *The greatest humanitarian crisis of the 21st century, triggered by the pandemic emergence and spread of the Covid-19 coronavirus, has caused all European Union States to identify and apply rapid solutions to limit and stop this humanitarian disaster. The ways approached by each Member State in achieving this desideratum were different depending on the potential of assistance and endowment of the hospitals but also on the legal and legislative measures applied. The different percentages of the level of vaccination of the population that vary from state to state show how important is the unitary approach of information measures, strategic organization but also the convergent legislative correlation at the European Union level in stopping this scourge. The percentage of vaccination has proved to be closely linked to saving lives, a conclusion which leads to the need to address a convergent strategy across EU Member States on the measures needed to achieve the highest possible percentage of vaccination at the level of all EU Member States to stop this virus and return to normality.*

Key words: *Pandemic crisis, divergent views, the convergence of decisions, individual rights, European Union*

1. Introduction

In 2019, the pandemic of the 21st century is triggered, the coronavirus pandemic (COVID-19), caused by the disease that bears the same name as the virus, respectively COVID-19. The first case is registered on December 1, 2019, in Wuhan, Hubei Region of the People's Republic of China. Chinese researchers have managed to isolate a new coronavirus, named "2019-nCoV", which was 70% similar to what was found in the "SARS-CoV" gene sequence.

The "2019-nCoV" coronavirus was first detected in Wuhan-China when people began to develop a form of pneumonia with a special specificity, for which the known vaccines

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or treatments did not prove to be effective. The incubation period is about two weeks, with symptoms including fever, shortness of breath, cough, and weakness. The virus spread from person to person quickly, and the transmission rate escalated in mid-January, statistics proving that there were more cases than those reported by China. The first cases of coronavirus in Romania are registered on February 26 (Radio Romania Libera, February 26, 2020), and on March 7, 2020, the first cases in the Republic of Moldova are registered (Ministry of Health of the Republic of Moldova, March 7, 2020).

On March 11, the WHO declares the outbreak of coronavirus as a pandemic phenomenon (Branswell & Joseph, 2020). The globally felt effects of the pandemic develop social and implicitly economic instability in different parts of the world. Xenophobia, hatred, racism towards Chinese citizens, generally Asian, were exacerbated by spreading various conspiracy theories online (Clamp, 2020).

2. European Union Approach

Once the pandemic is triggered, the European Union is faced with an unexpected challenge, with virology specialists in the Union resorting to a strategy based on two pillars, namely ensuring the optimal yield of vaccines in the Union and imposing sufficient reserves for all Member States by making and signing commitments on the purchase of vaccines with accredited producers of confirmed vaccines. This action is triggered through the Emergency Support Instrument. Through the same mechanism, producers have access to additional funds but also to other forms of support, by adapting the EU regulatory framework in accordance with the created emergency (European Commission, 17 June 2020)

The EU regulatory framework has been adapted to take into account the current emergency. Regulatory flexibility mechanisms have been used to allow the acceleration, development, authorization, and provision of vaccines while maintaining appropriate standards for their quality, safety, and efficacy.

The European Commission has adopted a strategy to accelerate the development, manufacture, and making available to the population of vaccines to stop COVID-19, a vaccine that is effective and safe in eradicating this virus. The vaccine is the main and definitive solution to this crisis caused by the pandemic, in which time is an essential factor, every day less earned to find such a vaccine helping to save lives, and many billions of Euros spent on expensive treatments and hospital congestion. The Commission's strategy proposes a common EU approach and builds on the mandate completed by consensus of the health ministers of the EU Member States, determined to support efforts to accelerate the development and delivery of safe and effective vaccines in a short period, of maximum 12-18 months, maybe even shorter. Achieving this aim required clinical trials, investments in production capacity to calculate the potential to produce the estimated amount of millions or even billions of doses of viable vaccine, The European Commission is focused on mobilizing all that is meant to support these efforts of vaccine developers. This action is not just a European process but a global one, as the European Union will only be safe when all countries of the world have access to a vaccine, so the EU and its Member States must ensure responsibility and interest for such a vaccine to become available globally.

Thus, with the establishment of an inclusive alliance by France, Germany, Italy, and the Netherlands to create a viable and effective type of coronavirus vaccine, the EU strategy to stop the SARS-CoV 19 Coronavirus pandemic can be achieved through a common approach, following the objectives: ensuring the quality, safety, and efficacy of vaccines; ensuring rapid access to vaccines for the Member States and their citizens, while at the same time being the spearhead of global solidarity; ensuring equitable access to an affordable vaccine as soon as possible (European Commission, 17 June 2020).

Funding will be able to be provided largely from the € 2.7 billion budget of the Emergency Support Instrument and additional support will be available in the form of loans from the European Investment Bank.

3. Convergent and Divergent Legal Trends in Addressing the Manifestations of the Pandemic at the EU Level

Under Articles 9 and 168 of the Treaty on the Functioning of the European Union (TFEU) and Article 35 of the Charter of Fundamental Rights of the European Union, a high level of protection of human health is ensured in the definition and implementation of all Union policies and activities. (European Parliament, EU Council, 24 March 2021).

Article 168 TFEU provides that the Union shall complement and support national health policies, encourage cooperation between the Member States and promote coordination between their programs, with full respect for the responsibilities of the Member States for defining their health policy and for organizing, managing, and the provision of health and medical care services.

In this whole context, the strategy approached at the level of the EU Member States has shown distinctions in the fight against the pandemic and the crisis generated by Covid 19, generating results with essential differences at the states' level. With almost three-quarters of the adult population fully vaccinated against COVID-19, the European Union is a world leader in vaccine administration. But the large number of available doses reveals that serum administration is uneven on the Union map. The European Center for Disease Prevention and Control (ECDC) shows that European countries, such as Ireland, Portugal, Denmark or Malta, have managed to immunize their population by about 90%, while countries such as Romania and Bulgaria have vaccinated with the complete scheme against the SARS-CoV-2 virus only 33% and 22% of adults, respectively, according to a CNN analysis.

Thus, in Romania, in the first decade of October 2021, the level of vaccination against Covid 19 reached the following percentages: Rural - 16.31%, Urban - 31.20%, Municipalities: 33.03% (National Information Platform on Vaccination against COVID-19, October 5, 2021), Portugal, on the other hand, having the highest vaccination rate in Europe and the world against coronavirus, with at least 84% of the entire population immunized with the full scheme and 86% with the first dose of an anti-Covid vaccine at the end of September 2021 (Corriere della Sera, September 21, 2021).

Conversely, France is a more special case, so far almost 70% of the population of France has been vaccinated against COVID-19 with the full scheme, when vaccination opponents organize demonstrations every weekend in the cities.

Romania and its southern neighbor, Bulgaria, are no exception as countries facing

difficulties in anti-COVID vaccination at the population level. The European Union as a whole is divided into two worlds, with half of the Member States managing to immunize almost the entire population, while, in the other half, the effort to persuade as many people as possible to be immunized strikes the wall of a deep lack of confidence in these types of vaccines.

The line that delimits the strange convergence and divergence is marked by the division of the Community Bloc and manifests itself like the border outlined by the Iron Curtain, which in the second half of the twentieth century divided Europe, marking the differences between East and West.

All former Western countries, except Greece, have succeeded in fully vaccinating at least 70% of the adult population. In comparison, none of the eastern states has yet managed to reach this level.

Of the 27 Member States of the Union, the 15 countries with the highest performance in terms of anti-COVID vaccination rates are those that once formed the Western Bloc, and the 10 states that are on the last places in the European ranking of immunization among the population are the former countries that formed the Communist Bloc. Greece and Lithuania are the countries that do not follow this trend, Lithuania being in 16th place and Greece occupying 17th place.

It seems that the inequality between the states at the bottom of the ranking and the role played by the media in the vaccination campaign but also the involvement of government authorities is in a directly proportional relationship.

Bulgarian political scientist Ivan Krastev states that "the issue of administering vaccines against SARS-CoV-2 did not divide Bulgarian society on partisan grounds, as most people were generally united in their distrust of the political class. It was much more of an election campaign than a vaccine campaign", Krastev said, adding that "neither the former government nor the interim government has made vaccination a priority." At the same time, the political scientist declares that the media played a major role in the failure of the immunization campaign, stating that "to make the debate more interesting, they presented the pro-vaccine and anti-vaccine opinions as equally valuable so that people are confused."

Regarding the argument identified by the Romanian government, the failure of the vaccination campaign is due to false news as well as conspiracy theories spread both online and on social networks, but also the distrust sown among the population by most clergy of the Orthodox Church.

Strong inequalities are also identified in the Bloc of former Communist States. The Roma communities in Romania, Hungary, Bulgaria, and the Republic of Moldova are among the least immunized. Dimitar Dimitrov, director of the Roma program at the Institute for an Open Society in Sofia, specified that this unpleasant situation is the result of the still tense relations between these communities and society.

Another aspect is the fact that the population in rural areas has difficulties in accessing vaccination units. "If you have to take a bus or a train and travel 100 kilometers to get to the hospital and then wait in line, that takes time and money. The vaccination itself is free, but getting to the vaccination point costs money", Dimitrov explained. In this context, the Romanian Government has invested additional resources to ensure access

to the units where the serum against COVID-19 is administered, so that all those interested in immunization can benefit from vaccines, including ensuring access to on request home visits from a doctor for people in difficulty.

Poland is the sixth state to immunize people with a low immune system with the third dose of anti-Covid vaccine. Anna Nicińska, an assistant professor at the Faculty of Economics at the University of Warsaw, analyzed the reasons for distrust in vaccination and concluded that historical landmarks also play a particularly important role in influencing immunization decisions. Nicińska and her university colleagues researched data on confidence in the complex health systems as well as in the specific medical authorities in the area of 100 countries and concluded that mistrust is much higher among states that have a history of harsh, Soviet-style communism. "People who have directly experienced the lie of their governments have struggled to trust the authorities, even many years after the fall of the communist regime in their country," Anna Nicińska explained, who added that the longer people lived under communism, the greater the distrust of state authorities. The conclusion is that the strict requirements imposed on the population for vaccination cannot lead to a significant increase in the immunization rate in these countries.

Poland, with about 38 million inhabitants, immunized about 18.6 million people with the complete anti-COVID-19 scheme, which means almost 50% of the Polish population, but there is still a downward trend in vaccination. "A decision of a citizen to get vaccinated must be based on trust in the public health system. Any form of obligation becomes counterproductive", said Anna Nicińska, who added that "we must remember that in many countries there is a long tradition of resistance to the state, so people are finding ways to avoid compulsory vaccination."

Recently, the European Commission found that the low rate of immunization through vaccination in some EU Member States is a real problem. "As long as the virus is not defeated in all Member States, the virus is simply not defeated," said EU executive spokeswoman Ursula von der Leyen.

4. Conclusions on Conceptual Differentiation Trends on Vaccination at Eu Member State Level

The clear differences between the states of the former Communist Bloc and the states of Western and Northern Europe are obvious and eloquent, except for France, which has encountered real difficulties in facing the wave of violent demonstrations against compulsory vaccination.

The introduction of the mandatory COVID-19 health certificate for access to bars, restaurants, cinemas, stadiums, many commercial spaces, or long-distance transport has been a measure with huge potential in training the population to immunize by vaccination.

The EU Council welcomes progress on vaccination as well as trends in improving the epidemiological situation and emphasizes the need to continue vaccination efforts and to coordinate developments in the emergence and spread of other variants of the SARS-CoV virus. Agreements on the EU's green digital certificate on COVID 19 and the revision

of the Council's recommendations on intra-EU travel as well as non-essential travel to and from the EU will facilitate safe cross-border travel.

The EU Member States will implement them in such a way as to ensure a full return to free movement as soon as the public health situation allows it.

Stimulating global production of vaccines and universal access to them, in particular through the COVAX mechanism, will make real progress in eradicating the Covid 19 pandemic and returning to normalcy, all producing countries and producers actively contributing to efforts to increase the supply of vaccines, raw materials, treatments and therapeutic means against COVID-19 by coordinating actions on the occurrence of blockages in supply and distribution.

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