EMERGENCY SUPPORT INSTRUMENT

EMERGENCY SUPPORT WITHIN THE EU

What is the Emergency Support Instrument?

The general objective of the Emergency Support Instrument (ESI) in 2020 was to provide needs-based emergency support, complementing the efforts of Member States, aimed at preserving lives, preventing and alleviating human suffering, and maintaining human dignity, wherever the need arose as a result of the COVID-19 pandemic. The nature and consequences of the pandemic are large-scale and transnational, affecting all Member States, due to the quick spread of the virus, and requiring a comprehensive response to allow the EU as a whole to address the crisis in a spirit of solidarity. The ESI provides added value by directly supporting the healthcare systems of Member States through targeted measures that can be deployed strategically and in a coordinated manner to have a greater impact on mitigating the large-scale consequences of the pandemic.

Why is it necessary?

The ESI complements the efforts of Member States, in close cooperation and consultation with them, and intervenes only in exceptional circumstances where no other instrument available to Member States and to the EU is sufficient. The scale and nature of the COVID-19 pandemic across all Member States require a comprehensive response. Other EU instruments are limited in scale and scope and do not provide a sufficient response to address the exceptional and widespread needs resulting from the pandemic in a timely manner.

The EU is better placed than Member States, acting alone and in an uncoordinated manner, to mobilise appropriate levels of financing and use them to implement operations of a potentially life-saving nature in an economic, efficient and effective manner by means of its scale, speed of deployment or capacity to provide EU-level solutions to underpin cross-border cooperation. Given the unprecedented consequences of the pandemic for all citizens and all sectors of the economy, and considering the need for rapid and efficient action as well as the complementarity of the emergency support provided, the instrument does not go beyond what is necessary to achieve its objective.

Outlook for the 2021-2027 period

In March 2021, the Commission proposed reinforcing the budget of the ESI, with an amount of EUR 251.7 million, in order to provide urgent additional funding for the COVID-19 response in 2021, in particular to underpin the development of digital green certificates and to address emerging variants of the virus. The instrument expires on 31 January 2022 and hence no appropriations are requested for 2022. By then the actions currently financed by the ESI are expected to be covered by the new generation of programmes, in particular EU4Health, as appropriate.

Budget implementation (in million EUR) (*)

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<thead>
<tr>
<th>EXECUTED COMMITMENTS</th>
<th>EXECUTED PAYMENTS</th>
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<td>2 700.0</td>
<td>2 231.2</td>
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(*) The analysis of the budget and its implementation only focuses on 2020, when the instrument was used to tackle the COVID-19 crisis. The previous activations of the instrument in the 2014-2019 period, notably to tackle the migration crisis, are not taken into account here.

Evaluations/ studies conducted

The 2016-2019 activation of the ESI in response to the refugee crisis in Greece was subject to an evaluation in 2019. For further information, see: https://europa.eu/!Vq34DU

How is it implemented?

A specific internal governance arrangement was put in place, including a steering committee composed of the co-delegated authorising officers, together with the Secretariat-General and the Directorate-General for Budget, to provide strategic coordination of the ESI. The ESI is centrally managed by the Commission and implemented mostly through direct management.

Legal basis


More information

https://europa.eu/!TD74kT

Budget allocation 2020 (*)

EUR 2 700 million

Overall execution (2020)

100%
Where are we in the implementation?

- The ESI was activated in 2020 for a limited period of time to meet the urgent needs associated with the rapidly evolving pandemic. The implementation rate for commitment appropriations was 100% as concerns the EUR 2.7 billion voted budget credits, which were mobilised in amending budgets over the course of 2020. Of the EUR 750 million in external assigned revenue from Member States’ contributions received by 15 December 2020, some EUR 416.6 million remains to be committed. These funds will be used to further extend funding available for the promising vaccine candidates. Financial execution for the instrument – both in terms of commitments and payments – is on track.

- As concerns payments, the initial voted budget credits of EUR 1.38 billion for 2020 proved inadequate, largely because the objective of the instrument is to provide emergency support and hence payment appropriations are generally needed very shortly after contracts are signed. In July 2020, the European Parliament and the Council of the European Union agreed to the Commission’s request to transfer of an initial EUR 140 million in payment appropriations to the ESI. A further EUR 1.09 billion in payment appropriations was transferred to the instrument in September 2020, bringing the total payment appropriations available to EUR 2.61 billion. Of this, some EUR 2.231 million had been used by the end of 2020, which represents an implementation rate of 85% of the available credits.

- Due to delays in the reception of relevant supporting documents or in the finalisation of the contracts, some payments initially planned for 2020 were postponed to 2021. Moreover, several payments will be due in 2021 for other actions.

- The payment appropriations in the 2021 budget were not expected to be sufficient to honour all these outstanding commitments. Therefore, some EUR 378.88 million in payment appropriations was carried over to 2021 by a Commission decision. Most of the remaining payments are set to be executed by the end of 2021.

- As concerns the external assigned revenues from Member States’ contributions, payment appropriations amounting to the equivalent of the remaining commitment appropriations remain to be executed. As these appropriations are intended for use as part of the vaccines initiative, payments are expected to follow swiftly once the remaining advance purchase agreements are signed.

- Given the need for urgent additional funding for the COVID-19 response in 2021, in particular to allow for the financing of the digital green certificates, waste water monitoring and testing of new variants, in March 2021 the Commission proposed the mobilisation of the ESI for an amount of EUR 231.7 million.

Performance assessment

- The ESI is needs-based, in the context of a quickly evolving pandemic. No performance framework or indicators are prescribed in the legal basis since the instrument was designed to be adaptable to emerging needs.

- The ESI has proven its effectiveness in quickly mobilising resources towards the needs identified in the context of the COVID-19 pandemic, and therefore it has met its objective of responding to the urgent, evolving and diverse needs of Member States in responding to a crisis.

- Over the course of 2020, the major focus of the instrument (requiring some 96% of available funding) has been to conclude advance purchase agreements with pharmaceutical companies developing COVID-19 vaccines, providing the necessary investment to advance the scientific progress and production capacities. As a result, 2.6 billion doses of COVID-19 vaccines were secured for Member States once they had been proved safe and effective.

- The instrument allowed all Member States to have access to the antiviral ‘remdesivir’ at a time when contracts were not available to individual countries and remdesivir was the only medication approved in the EU to treat COVID-19. The ESI secured some 200 million rapid antigen tests for Member States. Grants were awarded to 49 projects totalling EUR 150 million to support cargo transport of essential medical supplies into the EU at a time of limited cargo transport availability and accordingly higher costs. Furthermore, some 280 medical personnel and around 40 patients were transported across borders to ensure the best deployment of available infrastructures and save lives. The ESI funded solutions to support interoperability between national contact tracing apps: 16 national tracing apps are now connected through the EU gateway, and 13 Member States received support to adapt their apps and back-end servers in order to connect to the gateway. Working with the national branches of the International Federation of Red Cross and Red Crescent Societies, the instrument ensured the stepping-up of testing capacities across the seven Member States that expressed an interest: 3 500 volunteers and professionals have been trained in testing techniques, and 75 mobile testing teams have been established. Across the EU, 15 000 professionals in 750 hospitals have been trained in intensive-care unit skills, and the Commission has been approached by non-EU countries wishing to join the training programme. The instrument has also funded the supply of at least 200 ultraviolet disinfection robots to hospitals across the EU. The instrument delivered some 10 million masks to medical staff in the early phase of the crisis. A first batch of 1.5 million masks purchased and distributed to Member States did not meet the necessary quality standards and was destroyed; under the terms of the contract the supplier provided replacements, and a quality-control contract was put in place to ensure that the necessary standards were met before the replacement and future batches were exported.

- The European Court of Auditors’ review in January 2021 of the EU’s initial contribution to the public health response, as published on 18 January 2021, addressed the state of play of the instrument as of 30 June 2020. It noted the role of the instrument in complementing Member States’ and other EU responses. It did not make recommendations but acknowledged that it was a challenge for the EU to rapidly complement the measures taken within its formal remit, as public health is primarily a national competence. With regard to the Commission’s financial support for vaccine development, the Court highlighted that the Commission had mitigated the inherent risk linked to vaccine development by investing in a range of vaccine technologies and companies.

- In February 2021, the Commission reported on the allocation of funding to ESI actions in 2020, which also provided an update on the state of play of implementation.

Concrete examples of achievements

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<th>2.6 billion</th>
<th>1 500</th>
<th>283</th>
<th>150</th>
<th>10 million</th>
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<td>doses of COVID-19 vaccines secured for delivery once vaccines have proved safe and effective, with the potential for Member States to purchase more. Deliveries started in December 2020.</td>
<td>cargo operations involving over 1 000 flights and 500 transports by road, rail and sea between April and September 2020, delivering medical supplies life-saving personal protective equipment, and testing and medical equipment.</td>
<td>medical personnel and 34 patients transported according to needs during 2020.</td>
<td>local blood- or plasma-collection centres were awarded grants for blood-collection services to step up programmes for collecting plasma from recovered COVID-19 patients from January 2021.</td>
<td>masks for healthcare workers distributed to Member States from July to October 2020.</td>
<td>ultraviolet disinfection robots, together with transport, installation and training of operating staff, started to be delivered on 26 February 2021. Monthly batches of 30 robots or more will be delivered throughout 2021.</td>
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