Katarzyna Kołodziejczyk (ed.)

The EU Towards the Global South During the COVID-19 Pandemic

The subject of the publication is the European Union’s (EU) policy towards the countries of the Global South during the COVID-19 pandemic. The book focuses on the EU’s external response to COVID-19 intentionally ignoring the topic of pandemic management in relation to Member States and the EU’s single market. The aim of this publication is to show the EU’s activities supporting the fight against the pandemic in the countries of the Global South in regional dimension and to seek answers to the questions among others: Has the pandemic changed EU policy towards the countries of the Global South in terms of development cooperation and humanitarian aid? How effective were the actions undertaken by the EU in the fight against the pandemic in the countries of Global South? How are the EU’s actions perceived by the countries of the Global South?

Katarzyna Kołodziejczyk holds a Ph.D. with habilitation in political science. She is a scholar at the Faculty of Political Science and International Studies of the University of Warsaw, Poland. She concentrates her academic efforts on topics such as EU economic integration, problems of the Economic and Monetary Union, EU trade policy, EU’s relations with OMCPS countries, and the EU’s development and humanitarian policy.
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Translated by Joanna Roderick
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Introduction

Pandemics have accompanied mankind since the dawn of time; they have claimed countless lives and given rise to political, socio-economic, and demographic changes. The coronavirus, which has been spreading around the globe since December 2019, prompted WHO Director General Dr Tedros Adhanom Ghebreyesus to declare a pandemic on 11 March 2020, caused for the first time by the SARS-CoV-2 virus. To date, the death toll amounts to 6.35 million lives.

The current COVID-19 pandemic is not only a health crisis, but also a crisis which, in times of globalization and interdependence, impacts the world economy and individual countries, exacerbating their problems with economic growth, unemployment, public debt or foreign trade disruptions, among others. It is also a crisis that affects all social groups in both rich and poor countries, albeit in different proportions, leading to dangers such as social exclusion, a deteriorating situation of women, a lack of access to remote education, and increased xenophobia or psychosocial disorders caused by lockdowns. Finally, it is a crisis that in the very near future will lead to a deepening of existing development inequalities in the modern world, questioning the feasibility of the 2030 Agenda for Sustainable Development. Jayati Gosh, a member of the United Nations High-Level Advisory Board on Economic and Social Affairs, said, “In the North, there are signs of economic recovery as vaccination rates increase, but in developing world this crisis is just starting and the world needs to respond with more urgency.” The foregoing sentence best reflects the situation of the world’s poorer countries, which will experience the long-term effects of the COVID-19 pandemic to the utmost severity.

The poorer countries are interchangeably referred to as “developing countries” and the countries of the Global South in this publication. This term is commonly used in literature to describe a group of countries with a low level of socio-economic development. It is a broad concept comprising a variety of states with diverse levels of economic, cultural, and political influence in the international order.¹ The problem, however, may be the methodology of distinguishing developing countries since there are no uniform criteria that qualify individual

states to the group of developing countries, with the exception of the Least De-
veloped countries (LDC) constituting a specific sub-group of developing coun-
tries. This leads to freedom in the application of methods to divide countries in
terms of their economic development, as is the case with various international
organizations, such as the World Bank, the United Nations, OECD, the Inter-
national Monetary Fund, or the World Trade Organization. Without going into
the academic discourse regarding the validity and different dimensions of the
interpretation of the term Global South, for the purpose of this publication the
term refers to countries classified by the World Bank as low- or middle-income
countries per capita, located in Africa, Asia, Oceania, Latin America, and the
Caribbean.²

The European Union (EU) does not use the term Global South in its official
documents, instead it applies the terms “developing countries” or “partner coun-
tries.” In the document ‘The European Consensus on Development,’ it was clearly
stated that developing countries are included in the Official Development Assis-
tance (ODA) recipient list prepared by the Development Assistance Committee
under the OECD.³ This list encompasses all countries whose Gross National
Income (GNI) per capita as calculated by the World Bank falls under the low-
and middle-income categories, except for G8 members, EU Member States and
countries with a firm date for entry into the EU. The list of ODA recipients also
includes LDC countries as defined by the United Nations. Similarly, the anal-
ysis of another document – ‘The New European Consensus on Development’ –
shows that the EU identifies developing countries with low- and middle-income
economies. They are the main beneficiaries of the EU’s development coopera-
tion policy (commonly referred to as development policy), which, by becoming
part of the EU’s external action, contributes to sustainable development and
the eradication of poverty, the supporting of democracy and protecting human
rights through international partnerships that endorse and promote European

² The World Bank divides world economies into four groups: low-income economies
($1,045 or less), lower-middle-income economies ($1,046–4,095), upper-middle-in-
come economies ($4,096–12,695) and high-income economies ($12,696 or more).
For the World Bank, all countries, except for high-income economies are classified as
developing countries. <https://datatopics.worldbank.org/world-development-indicat-
ors/the-world-by-income-and-region.html>.

³ Joint statement by the Council and the representatives of the governments of the
Member States meeting within the Council, the European Parliament and the Com-
mission on European Union Development Policy: ‘The European Consensus’ Official
values. The EU collaborates with partner countries in Africa, Asia-Pacific, Latin America, and the Caribbean.

In 2012, the European Union recognized that the concept of developing countries as a group is becoming irrelevant because of the economic transformation of the previous decade and the growing role of China, India, Brazil, and other emerging economies at the fore of global economic growth.\(^4\) The variety of developing countries, in turn, implied changes in the selection of EU policy instruments addressed to developing countries, as well as a diversified EU approach to the volume of assistance and the nature of partnerships. In accordance with the principle of a differentiated development partnership, LDCs as well as fragile and conflict-affected countries are at the heart of EU development policy, followed by middle-income countries that continue to struggle with poverty, social inequalities, and social exclusion. With more advanced developing countries, the EU announced the development of the “innovative cooperation,” because, in its opinion, these countries need less preferential forms of assistance or do not need it at all. Nevertheless, these countries are of key importance for the 2030 Agenda and since they are large economies, they exert influence within their regions, and creating a partnership with them will contribute to the implementation of global challenges through the exchange of best practices, technical assistance, and knowledge sharing.\(^5\) The idea of a diversified partnership is consistent with the European Union's trade instrument supporting socio-economic development, i.e. the General System of Preferences (GSP), which since 2014 has been addressed only to countries classified by the World Bank as low and middle-income economies.

The COVID-19 pandemic has been an unprecedented crisis for the present-day European Union since the founding of the European Economic Community (EEC), which forced it to undertake internal and external actions, limited by the specific management system of the European Union and the division of competences between the EU and its Member States. After a brief period of chaos and a lack of cooperation in key areas such as public health, economy and the Schengen area, the European Commission began to coordinate the European response to the pandemic, although Member States themselves are primarily responsible for health protection and the EU only complements national health

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\(^4\) ‘Trade, growth and development. Tailoring trade and investment policy for those countries most in need,’ COM (2012) 022 final, 27 January 2012, p. 3.

policies in terms of public health. The EU’s external response to the COVID-19 pandemic reflected the “EU’s external action” set out in Title V of the Treaty on the Functioning of the European Union, relating in particular to development cooperation and humanitarian aid activities where EU and Member State actions complement and support one another.

The subject of the publication is the European Union’s policy towards the countries of the Global South, where the virus has led to an enormous humanitarian crisis generating a number of challenges for socio-economic development. For this reason, the book focuses on the EU’s external response to COVID-19, knowingly and intentionally ignoring the topic of pandemic management in relation to Member States and the EU’s single market. Given that the EU has the competence to undertake actions and pursue a common policy in the field of development cooperation and humanitarian aid, the publication focuses on actions of the EU as an entirety taken by EU institutions in line with their respective competences, while disregarding the activities of individual Member States. The EU, as the largest ODA donor and humanitarian aid provider, could not remain passive in the light of the destruction caused by the pandemic in the countries of the Global South, and the fight against the virus verified the principle of solidarity and the objectives of establishing partnerships with third countries, as set out in Chapter 1 of Title V of the Treaty on European Union.

The world of science has been dominated by the subject of the pandemic, and the extensive literature relating to COVID-19 acknowledges that fact. In the case of the issues discoursed in the publication, there are no studies comprehensively presenting the European Union initiatives supporting the fight against the pandemic in developing countries and falling within the scope of the EU’s external actions. While there are publications relating to the impact of the pandemic on developing countries in various dimensions: economic, social, educational, and environmental, it is difficult to find them when we want to analyze EU actions taken in developing countries during the pandemic. For this reason, individual chapters are based primarily on source materials, in particular on European

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Union documents, reports from various international organizations or statistical data on EU development assistance and humanitarian aid and the global vaccination status against coronavirus. Interesting texts relating to the EU’s response to the pandemic are among the publications of the European Centre for Development Policy Management (ECDPM), mainly by authors such as San Bilal, Mariella Di Ciommo, Katja Sergejeff, or Dirk Wilem te Velde. A reference to the impact of the pandemic on EU development policy can be found in a study by Svea Koch, Ina Friesen, I. and Niels Keijzer N. called EU Development Policy as a Crisis-Response Tool? Prospects and Challenges for Linking the EU’s COVID-19 Response to the Green Transition, issued by the German Development Institute. Due to the topicality of the COVID-19 pandemic, websites of the EU, WHO, COVAX, the WTO, the IMF, and others were extremely helpful in the pursuit of data and information. It should also be highlighted that a lot of valuable, current information on the pandemic and developing countries can be found on the websites of non-governmental organizations such as OXFAM, or on the DEVEX development media platform or the EURACTIVE online journal.

The publication’s turning point was determined by the outbreak of the COVID-19 pandemic and naturally narrowed the academic considerations to the period from the beginning of 2020 until the book was submitted for publishing, nevertheless the authors are fully aware of the ongoing fight against the virus, overshadowed by the Russian aggression on Ukraine on 24 February 2022.

The aim of this publication was to show the EU’s activities supporting the fight against the pandemic in the countries of the Global South and to seek answers to the questions: Has the pandemic changed EU policy towards the countries of the Global South in terms of development cooperation and humanitarian aid? How effective were the actions undertaken by the EU in the fight against the pandemic in the countries of the Global South? How are the EU’s actions perceived by the countries of the Global South? Has the EU competed for influence in the countries of the Global South during the pandemic? Will the pandemic affect the evolution of the EU’s existing relations with the countries of the Global South? Based on these questions, a hypothesis has been formulated that the European Union has tapped into the pandemic to increase its role in international relations and influence the countries of the Global South. Because of the collective nature of this volume, each of the Authors had the right to put forward their own hypothesis, bearing in mind, however, the aforementioned common purpose of the publication.

Research methods characteristic of social studies were applied in the publication. The research process was underpinned by inductive reasoning, which, through empirical determination and factual analysis, allowed for an emphasis
of certain regularities in the EU’s development and humanitarian policy towards the countries of the Global South during the pandemic. The fundamental research method was the observation method since it enabled the collection of research material on the EU’s global response during the pandemic and its impact on the countries of the Global South. This method was applied to describe the phenomena in the relations between the EU and the countries of the Global South resulting from the COVID-19 pandemic. One of the authors (Chapter V) enhanced his observation by conducting a survey among ambassadors and high-ranking diplomats of EU delegations in the Asia-Pacific region. Furthermore, the work also incorporates the following methods: source and statistical, which were used to analyze and subsequently to verify EU documents and instruments of other international organizations involved in the fight against the pandemic, as well as to collect and analyze statistical data on coronavirus morbidity rates, the level of vaccine manufacturing and their availability, and the number of people vaccinated, among others.

The topicality of the problem highlighted in this publication was the motivation for undertaking the study, but at the same time became its main limitation. The presentation of EU initiatives supporting the countries of the Global South during the pandemic has been conditioned by many variables, including the continuous dynamics of statistical data on the number of coronavirus cases or the level of vaccination. The authors frequently struggled to capture the current data and are fully aware that at the time of publication, it may already be outdated. The pandemic is not over, and its duration is another factor influencing the volatility of events that are difficult to predict in international reality. Russia’s aggression against Ukraine has made the world forget about the pandemic for a moment, but the pandemic continues, and it is unknown how it will develop in the future. The Russian-Ukrainian conflict was not discussed in individual chapters of the book, as it is not its main subject, but the authors are aware of its possible implications for the EU’s policy towards the countries of the Global South.

The book is so structured to present in the first instance a chapter introducing and emphasizing the EU’s external actions in the context of the principle of solidarity and is an attempt to answer the questions whether the principle of solidarity was actually implemented in the actions undertaken by the EU and whether the pandemic changed the EU’s policy towards the countries of the Global South. Due to the nature of the crisis, i.e. the pandemic, the chapter focuses on EU actions in the areas of development cooperation (commonly referred to as development policy) and humanitarian aid provided to victims of natural or man-made disasters. The subsequent chapters focus on the regional dimension, highlighting EU initiatives to combat the pandemic in the
Mediterranean, sub-Saharan Africa, the Middle East, Asia-Pacific, and Latin America and the Caribbean. Each chapter presents the scope, methods and mechanisms of support provided by the EU to countries in a given region in the face of a new form of threat posed by the COVID-19 pandemic. The structure of each chapter is analogous, i.e. it contains an introduction, an analysis of a specific chapter goal and conclusions.

This publication aims to be a link between three elements that appear separately in the literature, namely the EU, COVID-19 and the countries of the Global South. Analyzing the EU’s policy towards the countries of the Global South in times of the pandemic may be an attractive proposition for those interested in international relations, in particular in the issues of external relations as well as development policy and humanitarian aid of the European Union.

Katarzyna Kołodziejczyk
Warsaw, July 2022
Abstract:
The pandemic, as a global crisis, forced the European Union to respond on a global scale and increase the need to undertake stronger and more effective actions in the international arena. In relations with Global South countries, the EU became an unquestionable leader in the COVID-19 pandemic response. This chapter is to emphasize EU external actions in the context of the solidarity principle and is an attempt to answer the questions of whether the solidarity principle was actually implemented in actions undertaken by the EU and whether the pandemic changed EU policy towards the countries of the Global South. Due to the nature of the crisis, i.e., the pandemic, the chapter focuses on EU actions in terms of development cooperation (commonly referred to as development policy) and humanitarian aid provided to victims of natural or man-made disasters.

Keywords: EU Development Policy, Team Europe, COVAX, Humanitarian Air Bridge, Global South

Introduction

The COVID-19 pandemic is a health, humanitarian and socio-economic crisis that affects all countries across the globe, irrespective of their geographic location or level of affluence. The poorest countries, however, affected by indigence, marginalization in international trade structures, foreign debt, and oftentimes conflict-ridden thus causing an array of humanitarian problems, will feel the long-term socio-economic effects of the pandemic to its utmost severity.

The pandemic as a global crisis forced the European Union to respond on a global scale and increased the need for stronger and more effective international action in accordance with the Global Strategy for the Common Foreign and Security Policy (2016), the New European Consensus on Development (2017), and the objectives of the European Commission for the years 2019–2024, which its
President Ursula von der Leyen described as “geopolitical.”\(^1\) It also provided an opportunity to highlight the EU’s ambitions to play the role of a global leader, acting pursuant to the principles of the EU’s external action set out in Article 21 (1) of the Treaty on European Union, in particular the principle of solidarity. The slogan ‘no one is safe until everybody is safe’ became the motto of the EU’s actions in the fight against the pandemic, undertaken not only in the interests of the Member States, but also of the countries outside its structures.

The EU, as the biggest contributor to the Official Development Assistance (ODA) and a humanitarian aid donor, could not have remained indifferent towards the threats and challenges posed by the spreading virus.\(^2\) For the said reasons and thus taking into account the specific needs of the countries of the Global South, the EU became financially and logistically engaged in providing humanitarian aid, strengthening health care and water and sewage systems as well as mitigating the social and economic consequences of the pandemic. It also supported diagnostic works of the new virus as well as the treatment, development and roll out of vaccines to all countries of the world, emphasising the need to reach low and lower-middle-income countries with them.

The principal assumption of this chapter is the hypothesis that the EU’s actions in response to the COVID pandemic were directed at playing the role of a global leader and increasing its influence on the international arena. In view of the foregoing, questions arise as to whether the principle of solidarity was actually incorporated into the EU’s actions and whether the pandemic changed its policy towards the countries of the Global South. Due to the nature of the crisis, i.e., the pandemic, we are referring to a policy in the field of development cooperation (commonly referred to as development policy) addressed directly to the countries of the Global South, as well as humanitarian aid provided to victims of natural or man-made disasters. Both the EU’s development policy and humanitarian aid constitute fundamental forms of the EU’s external policy, as confirmed by the Treaty of Lisbon, which placed them among the so-called external actions of the EU. The structure of the chapter serves to verify the hypothesis and find answers to the questions posed, hence the EU’s multilateral actions in response


\(^2\) In 2020, the EU and its 27 Member States provided for 46.2% (66 bn euros) of the general ODA aid. The EU is also the greatest humanitarian aid provider, providing c. 36% of global humanitarian aid.
to the pandemic, its engagement in the process of global vaccine distribution and subsequently the nature of humanitarian aid provided to the countries that required it the most due to the pandemic have been presented as first. The chapter ends with conclusions that answer the questions posed and define the greatest challenges arising from the COVID pandemic that the EU is to face in its policy towards the countries of the Global South.

1. The European Union’s multilateral response to COVID-19 in aid of the countries of Global South

The pandemic is a global problem and therefore the EU’s response could not have been any different than to promote multilateralism, which is one of the principles underpinning the EU’s external actions, especially in terms of solving common problems. Multilateralism is referred to by, among others, the Treaty of Lisbon (2009), the Global Strategy for the Common Foreign and Security Policy (2016), the New European Consensus on Development (2017), and finally the conclusions of the EU Council comprehensively defining the EU’s actions to strengthen rule-based multilateralism (2019). Multilateralism also underpins the activities of the 2019–2024 European Commission, whose President Ursula von der Leyen said that ’multilateralism is in Europe’s DNA.’3 The worldwide and rapidly spreading virus became not only a common problem, but also a global crisis that verified EU declarations of commitment, partnership, and responsibility for forming common security.

Following the EU’s initial response, which turned out to be far from fortunate to maintain its image as a global leader, and due to, among others, the introduction of a system restricting export of medical equipment outside the EU (mainly masks and safety glasses), the Commission began to undertake an array of actions to prove its commitment to the idea of multilateralism. The conceptualization of a Joint Communication by the European Commission and the High Representative of the Union for Foreign Affairs and Security Policy on 8 April 2020 as regards the EU’s global response to COVID, clearly indicated not only the EU’s commitment to multilateral cooperation under the UN, the G-20, the G-7 and international financial institutions, but also its intention to be a leader in international cooperation to combat the negative effects of the pandemic. The instrument also highlighted the gravity of Europe’s strong global partnerships

by joining internal efforts to fight the virus with support from countries in other regions of the world.\(^4\)

The establishment of Team Europe on 8 April 2020 was not only a response to the declaration of the G-20 issued following the extraordinary summit held on 26 March 2020, but also the EU’s reaffirmation of its former declarations and commitments to international cooperation. This stemmed from the need to increase the EU’s visibility in the global response to COVID in the circumstances where, on the one hand, Donald Trump forewent global leadership, and, on the other, China, whose position was growing, began to be the most visible actor in the first weeks of the pandemic due to its ‘mask diplomacy.’\(^5\) Team Europe demonstrated that the EU, being the largest development aid donor, proved to be able to mobilise funds not only from the EU and its Member States, but also from other sources, namely: the European Investment Bank (EIB), the European Bank for Reconstruction and Development (EBRD) and other European development finance institutions. Team Europe’s funding, amounting initially to 20 billion euros and currently to 46 billion euros, is earmarked to address the most urgent humanitarian needs, to strengthen health, water, and sanitation systems, and to mitigate the negative social and economic consequences of the pandemic in partner countries from Africa, covered by the European Neighbourhood Policy, as well as Western Balkans, Middle East, Asia, Latin America and the Caribbean.\(^6\)

The Global Response Summit, held on 4 May 2020 and co-organized by the European Commission, validated the EU’s competence to play the role of a global leader in response to the pandemic. It promptly collected financial means of a total of 7.5 billion euros (corresponding to 8 billion dollars) not only from governments of more than 40 countries, but also from United Nations institutions, non-governmental institutions, the private sector, as well as private persons for general research and diagnostics in the field of testing, treatment, and prevention.

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6 According to the data from 6 December 2021, out of the total amount of 46 bn euros, 34 bn euros were paid out, including: 1.8 bn euros earmarked for humanitarian response, 6.3 bn euros to strengthen the health systems and 25.8 bn euros to mitigate the socio-economic consequences. Data from Factsheet Team Europe, 6 December 2021, www.ec.europa.eu.
of the COVID-19 pandemic. The culmination of the so-called marathon of declarations was a global pledging summit co-organized with Global Citizen on 27 June 2020 under the slogan ‘Global Goal: Unite for Our Future’. As a result of this multilateral cooperation a total of almost 16 billion euros was collected, 11.9 billion euros of which was pledged by EU Member States, the European Commission, and the European Investment Bank.7 These funds were intended to support not only the Access to COVID-19 Tools (ACT) Accelerator initiative, but also to combat the economic consequences of the pandemic in the most vulnerable countries and regions of the world. The ACT Accelerator is a pillar of global cooperation in fighting the pandemic, initiated by the World Health Organization (WHO), French President Emanuel Macron, President of the European Commission Ursula von der Leyen and the Bill and Melinda Gates Foundation in April 2020. The EU, which provided not only financial but also organisational support, was the first international organization to join this initiative, proposing three types of partnerships to globally govern the ACT Accelerator. The Vaccine, Therapeutics and Diagnostics Partnerships were proposed in a manner fully consistent with the ACT Accelerator pillars (diagnostics, treatment, vaccines, and health system strengthening) and to engage the already involved institutions without the need to create any new structures.

Besides mobilising funding to combat the pandemic, the EU also engaged in activities supporting the efforts of the world’s poorest countries in servicing foreign debt. In April 2020, G20 Finance Ministers and Central Bank Governors agreed to a timely suspension of debt service payments of the most impoverished member countries of International Development Assistance (IDA) and countries on the Least Developed Countries (LDC) list that repay their debt to the IMF and World Bank on an ongoing basis (73 low and lower-middle-income countries). The Debt Service Suspension Initiative (DSSI), comprising all official bilateral creditors, has been formally linked to the IMF since any country seeking debt relief had to use or apply for funding from the IMF’s special emergency credit lines.8 Countries covered by the initiative are supposed to use the generated funds to increase social, health or economic expenditure related to the pandemic. The objective of the initiative was to find fiscal space in the poorest

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countries and to redirect the released funds to combating the effects of the pandemic in lieu of allocating them to debt servicing. The DSSI was in force from 1 May 2020 and was extended twice in October 2020 (until the end of June 2021) and in April 2021 (until the end of December 2021). The current rules of the Common Framework for Debt Treatment beyond DSSI established by G20 Finance Ministers and Central Bank Governors in November 2020 allow for case-by-case debt treatments with the possibility to involve private sector creditors.9

Since the DSSI was part of a broad package of measures to help low-income countries to service their debts undertaken by the IMF, the European Union engaged in funding an IMF instrument – the Catastrophe Containment and Relief Trust (CCRT). The CCRT’s objective was to provide debt relief to the poorest countries and those affected by natural or public health calamities, including the current pandemic. The debt relief released funds that the CCRT-eligible countries (31 countries) could allocate for indispensable health or socio-economic assistance related to the COVID pandemic.10 This approach corresponded to the global recovery initiative advocated by the President of the European Commission in May 2020, linking debt relief with the Sustainable Development Goals. For this reason, the EU became the largest donor of CCRT funds, providing it with 183 million euros, which accounts for 28% of all contributions. As Commissioner for Economy Paolo Gentiloni said, the EU’s contribution to CCRT is ‘a contribution to multilateralism and a contribution to the IMF debt relief trust.’11

The European Union’s actions to promote cooperation in public health research financed under Horizon 2020 also falls within the multilateral response. The European and Developing Countries Clinical Trials Partnership (EDCTP), operating since 2003, has proven, and even more so during the pandemic, the importance of joint research and the sharing of its outcomes in the face of diseases which know no borders. The EDCTP’s mission is to enhance research potential in order to more effectively prevent poverty-related communicable diseases in sub-Saharan Africa and to increase African countries’ capabilities to combat such diseases in the future. The Partnership is an integral part of the

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10 On 15 December 2021 the fifth and final tranche of debt service relief under CCRT was approved for 25 countries from 11 January to 13 April 2022. See more: IMF Policy Paper, 10 December 2021.

cooperation between the EU and the African Union in terms of policy dialogue on science, technology, and innovation. In the initial response to the pandemic, the EU decided to redirect 28 million euros, allocated for the 2014–2020 EDCTP programme, to assist in COVID research. The scientific cooperation to combat infectious diseases in sub-Saharan African countries will be continued under the Global Health EDCTP3, which is an integral part of Horizon 2020 for 2021–2027, as one of ten European partnerships between the EU, Member States and/or an industry, for the implementation of which 10 billion euros were earmarked. The programme aims at developing and implementing a minimum of two new technologies to combat communicable diseases by 2030 and supporting at least 100 research institutes in 30 countries to develop medical technologies preventing recurrent epidemics, which will ultimately translate into global health security and contribute to the Sustainable Development Goals.

2. The EU’s vaccination policy for the countries of the Global South

Since the very beginning of the pandemic, the European Union has taken the stance that the most effective tool to combat it would be to develop and roll out a vaccine against the virus. In the strategy for COVID vaccines of 17 June 2020, the EU stressed that high-income countries should accelerate the development and manufacturing of a safe and effective vaccine, not only for their own interest, but also to supply it to all regions in the world. This position was in line with the slogan ‘no one is safe until everyone is safe’ and required global endeavours to not only accelerate research on a vaccine development and its manufacturing, but also its worldwide distribution. To achieve this, the EU supported both financially and organizationally the ACT Accelerator initiative and, on 18 September

12 Under the EDCTP programme, there are currently 40 research grants dedicated to COVID, 22 of which commenced in 2020, and 18 in 2021. Data from <https://www.edctp.org/edctp2-project-portal/>, accessed 12 July 2022.
2020, acknowledged its participation in the COVAX programme (COVID-19 Vaccines Global Access), a key pillar of the ACT Accelerator.\(^\text{15}\) 

Global distribution of vaccines, enabling all countries in the world, even those financially unable to procure vaccines, to access the most effective tool to combat the pandemic is COVAX’s priority. The prime objective was to supply 2 billion vaccine doses by the end of 2021, half of which was to reach 92 countries with a gross national income per capita below 4,000 dollars and other economies eligible for International Development Association (IDA) via the GAVI COVAX Advance Market Commitment (AMC) mechanism, the purchase of which was to be at least partially financed by Official Development Assistance, private sector contributions and philanthropy. Irrespective of the foregoing, these countries may also be required to share the cost of COVID vaccines and their supply (e.g. purchase at very affordable prices).\(^\text{16}\) A total of 1.3 billion doses of vaccines have been delivered via COVAX to 87 low and middle-income countries.\(^\text{17}\) The European Union is a leading participant of the COVAX programme and a vaccine supplier to developing countries under the programme. Out of 526.6 million doses pledged by the EU to COVAX, 131.3 million doses were pledged (but are yet to be donated), 109 million doses were donated to COVAX, and 286.3 million doses were shipped to recipient countries via COVAX.\(^\text{18}\) The following Member States are the largest suppliers of vaccines via COVAX to the countries of the Global South: Germany, France, Italy, and Spain. The main recipients of the donated doses are, in the descending order of the number of received doses, countries from: Africa (39.5 million), Asia and the Pacific (23 million),

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the Southern Neighbourhood (13.8 million), Latin America (7.7 million), the Western Balkans (188 thousand) and the Eastern Partnership (187 thousand). Including Member States’ donations, Team Europe’s financial contribution to COVAX exceeded 3 billion euros.

While COVAX remains the EU core platform for the supply of vaccines to the countries of the Global South, Member States can also share vaccines through bilateral donations. The EU vaccine sharing mechanism announced in January 2021 allowed the EU to donate vaccine doses to third countries, in particular the Western Balkans, North Africa, the Middle East and sub-Saharan Africa. EU Member States have provided 48.9 million doses of vaccines to poorer countries through the vaccine sharing mechanism. This is of vital importance in the EU’s policy since it believes that sharing vaccines is not only a tool in combating the spread of the virus, but also a mean to stop its further mutations and, ultimately, the best mechanism to mitigate the negative consequences of the pandemic on public health and the economy. The EU’s priority is to meet the global vaccination target of 70% by 2022 and to share at least 700 million doses of vaccines by mid-2022 with low and lower-middle-income countries.

What is more, 2.4 million doses of vaccines have been exported by the European Union to more than 150 countries, making it the main exporter of COVID vaccines with 39.6% market participation in the global export of COVID vaccines, ahead of China (32.2%) and the United States (15.7%). More than a half of all vaccines manufactured in the EU were earmarked for export. Besides the vaccine policy, the EU assists in efforts to develop local vaccine, drug, and medical technology manufacturing capacities. Africa, which is extremely dependent on the import of medical products, importing 99% of vaccines and 94% of drugs, can also count on particular assistance. At the Global Health Summit in Rome in May 2021, the EU announced the Team Europe’s initiative to support the production of vaccines for Africa in Africa. Projects are currently under way in Rwanda, Senegal, Egypt, Morocco, and South Africa.

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19 Data from Factsheet Team Europe as of 6 December 2021. At that time, the number of donated doses of vaccines by the EU to recipient countries amounted to 72.7 million, www.ec.europa.eu.


3. The EU’s humanitarian aid towards the Global South during COVID

Even though pandemic preparedness had not been a separate part of the EU’s actions in terms of humanitarian aid, its response in that respect was instantaneous. The Humanitarian Air Bridge (HAB) launched on 22 April 2020 evidenced it the best. Its primary objective was to provide assistance to the countries most affected by the restrictions in air transportation caused by the pandemic. Thanks to that, it was possible not only to supply indispensable medical resources, but also to reach medical and humanitarian workers in the regions that needed it the most. The HAB was frequently the only way to get in and out of a country (e.g., the Democratic Republic of the Congo), to supply medical masks, medical suits, protective goggles, disinfectants, COVID tests, medical supplies to treat other diseases, etc. According to the Humanitarian Logistics Network, coordinating aid logistics for over 50 humanitarian organizations, the ‘Humanitarian Air Bridge has been able to address the unprecedented situation created by this international health crisis: the shutdown of borders, the suspension of international flights, and the lockdown measures, that seriously impacted the distribution of humanitarian aid to the most vulnerable groups over the past months.’

The European Commission, EU Member States, countries on the receiving end of HAB aid as well as humanitarian and civil society organizations were involved in the organisation of the HAB. The European Commission financed 100% of the transportation costs while humanitarian and civil society organizations were responsible for cargo and supplies carried on board the aircraft. 96 flights to 30 countries in Africa, Asia, the Middle East, and Latin America (e.g., Afghanistan, Haiti, Yemen, the Central African Republic, Peru, Sudan, South Sudan, Venezuela) have been conducted so far as part of the established air bridge.

The Humanitarian Air Bridge can be perceived as the EU’s response to the United Nations’ appeal formulated in the Global Humanitarian Response Plan. Its idea is consistent with humanitarian logistics services incorporated in factors and conditions facilitating the implementation of the strategic priorities of the Plan, including the containment of virus dissemination and the reduction of morbidity and mortality rates. Providing indispensable humanitarian aid was

crucial for the EU, therefore it endorsed the appeal of UN Secretary General
Antonio Guterres for an immediate global ceasefire in the light of the pandemic,
and High Representative for Foreign Affairs and Security Policy Josep Borrell
urged the warring parties to abide by international humanitarian law and guar-
antee unimpeded access to humanitarian aid.24 The EU additionally responded
to the UN’s appeal by allocating subsequent funds earmarked for humanitarian
aid in the light of the growing needs caused by the pandemic. Countries in the
regions of the Sahel, the African Great Lakes, the Horn of Africa, as well as Syria,
Yemen, Palestine, and Venezuela, among others, have been on the receiving end
of that assistance.

The EU Civil Protection Mechanism, thanks to which required aid was pro-
vided to countries such as Brazil, Bolivia, Egypt, Ethiopia, India, Kenya, Iran, and
Tunisia, also helped in the supply of medical equipment and vaccines indispen-
sable to fight the pandemic to the countries of the Global South.25 The European
Union (via Team Europe) is also the leading donor of the COVAX Humanitarian
Buffer, providing access to COVID vaccines to the most vulnerable groups of
167 million people, including refugees, people in conflict zones or areas con-
trolled by non-state armed groups, stateless persons, persecuted minorities and
migrants in difficult situations.26 Humanitarian aid funded by Team Europe has
now reached 1.8 billion euros.

Conclusions

The analysis of the European Union’s external response to the COVID pandemic
demonstrates that its activities were directed, citing the words of President of
the European Commission Ursula von der Leyen, at proving that ‘Europe is
able to take the global lead on the major challenges of our times’.27 The COVID
pandemic has turned out to be not only the largest global crisis caused by a

24 ‘Declaration by the High Representative Josep Borrell on behalf of the EU on the UN
Secretary General’s appeal for an immediate global ceasefire’. Press Release, 3 April
February 2022.
26 Examples of the aid provided: vaccine deliveries to Afghan refugees in Iran (1.6 million
doses) and to Rohingya refugees in Thailand (720k doses). Data from Factsheet Team
27 von der Leyen, U. ‘Political Guidelines for the Next European Commission 2019–2024,
communicable disease in years, but also the greatest challenge with multi-faceted consequences. Following the first shock of the rapidly spreading virus and selfish actions of individual Member States, the EU began to gradually take the lead in the global response to COVID. Team Europe, responsible for global assistance in combating the pandemic, became an instrument demonstrating the EU’s global leadership.

Difficult experiences in combating the pandemic positively verified the EU’s ability to act when faced by a previously unknown threat. It was a singular challenge for the EU since it grappled with the obligation to undertake internal, as well as external, actions from the outbreak of the pandemic, and EU representatives stressed the role of ‘two-fold multilateralism’ as a tool for effective and coordinated action at the European and global level.

The European Union proved to be a leader, co-organising and co-financing the ACT Accelerator with its vaccine pillar – COVAX. In various forums (e.g., G-20, G-7, WHO), it repeatedly emphasized that vaccines are the most effective instrument to combat the pandemic and called for access to safe and inexpensive vaccines worldwide, especially in developing countries. Although COVAX is an undisputed example of international cooperation, the disproportion in the level of vaccination coverage proves the lack of international solidarity, let alone national egoism. The foregoing is best reflected by the words of WHO Director General Tedros Adhanom Ghebreyesus, ‘It’s frankly difficult to understand how, a year since the first vaccines were administered, three in four health workers in Africa remain unvaccinated.’

15 months from the administration of the first COVID-19 vaccine, in low-income countries, 3.3% of the population was fully vaccinated, in lower-middle-income countries – 25.9%, in upper-middle-income countries – 61.4%, and in high-income countries – 67.2%. Out of over 10 billion doses of vaccines administered, only 10% of people in low-income countries received at least one dose. The EU is not the only one to blame for this state of affairs, but rather all affluent countries that focused on providing

vaccines for their own citizens. This attitude not only prolonged the pandemic, but also increased the risk of new virus mutations and negative socio-economic costs of the pandemic. It was also ethically questionable to administer a third (or even a fourth) dose in rich countries, while in poorer countries an enormous percentage of the population did not receive any dose of the vaccine. Drawing attention to that problem, WHO appealed to rich countries: ‘halt boosters, let the world get vaccinated’. The WHO’s call for a moratorium on the administration of boosters (initially by the end of September and later by the end of December 2021) was not really accepted, resulting in the persistence of vaccine inequalities. Data from December 2021 indicated that at least 126 countries issued recommendations as regards boosters or additional doses. The majority of those countries are classified as high-income or upper-middle-income economies.

The European Union did not actually reject the WHO moratorium, as did the US, but the level of vaccination of EU citizens, after the said 15 months following the administration of the first COVID-19 vaccine, allows one to formulate a thesis that it contributed to the preservation of vaccine inequalities. According to data from the European Centre for Disease Prevention and Control, 70% of the EU population were vaccinated with two doses and 43.4% of the EU population benefited from a booster dose. Analysing only the data for those aged 18 and over, it transpires that 81.3% of the adult population in the EU were fully vaccinated, and 52.7% of vaccinated adults received a booster dose. Such figures can be morally outrageous bearing in mind that only 7.7% of the total population of 1.37 billion in Africa were fully vaccinated. The EU’s image seems intact since it is the leading participant of the COVAX initiative and the main exporter of COVID vaccines. In reality, however, the total number of vaccine doses supplied by the EU to the recipient countries via COVAX as compared to the pledged ones was less than 17%. Increasing the number of doses delivered directly to recipient countries was especially important for Africa, which benefits the most from vaccines donated via COVAX (45.1% of the total supply, compared to 16.1% delivered under bilateral agreements).

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could for obvious reasons benefit from EU vaccine exports, hence Japan, the UK, Turkey, and the US became their main export markets. Bilateral vaccine support was also controversial, as it gave rise to the classic dependence of the recipient country on the donor country and was part of the ‘vaccine diplomacy’ through which donor countries pursue their strategic goals. It was also an outlet for the disposal of vaccines with short shelf life since a number of countries wanted to avoid the narrative that vaccines expired in their countries.

From the beginning of the second quarter of 2022, there was a noticeable progress in the vaccination rate, resulting in the percentage of the fully vaccinated population in low-income countries rising to 14.1%, in lower-middle-income countries to 51.8%, in upper-middle-income countries to 73.9% and in high-income countries to 73.8%. Nevertheless, the significant imbalance in vaccination rates remains, especially between poor and rich countries. The current problem is not the supply of vaccines, but their unequal distribution, which unfortunately proves that the solidarity that the EU was supposed to follow in this crucial element of the fight against the pandemic, did not work. While it is understandable that EU Member States tried to protect the safety of their citizens in the first place, announcing to share 700 million doses with the countries of the Global South at a time when 70% of the EU population was fully vaccinated could be construed as hypocrisy.35

The European Commission’s reluctance to waive patents on COVID vaccines can also be perceived as far-removed from the principle of solidarity. The initiative to temporarily suspend the protection of intellectual property rights on vaccine manufacturing was submitted by India and South Africa at the WTO forum on 2 October 2020, and has gained the support of over 100 mainly low and lower-middle-income countries, as well as the USA, China, and Australia.36 Proponents claim that patent waiver would allow for the vaccines to be produced in poorer countries with manufacturing capacity, while opponents believe

35 Vaccination efforts are to be supported by an agreement signed by the EU and the US on 21 September 2021 supporting the aim to achieve the global level of vaccination of 70% by the second half of 2022.
it would discourage pharmaceutical companies from investing in research, ignoring real vaccine supply constraints and stifling innovation. According to the Commission, trade barriers (e.g., restrictions on vaccine export) and the lack of raw materials and components required to produce vaccines constitute a real problem.\textsuperscript{37} Regardless which solution would be better for a more equitable distribution of vaccines, the European Commission’s position ignoring the appeals for patent waiver by a number of international and European organizations, and even a resolution of the European Parliament calling for the temporary suspension of COVID vaccine patents, could be perceived as detached from the idea of solidarity.\textsuperscript{38} EU Communication to the WTO (the WTO General Council and the Council for TRIPS) from 4 June 2021 failed to gain ground in treating vaccines as a global public good. The EU called on WTO member states to ease trade and lift export restrictions on health products, to undertake measures supporting the manufacture of vaccines, including non-profit sale to low-income countries, and, in the context of the protection of intellectual property rights discussions, it recognized voluntary licenses as the most effective instrument facilitating the expansion of production and the sharing of know-how.\textsuperscript{39}

The agreement adopted by the WTO at the Ministerial Conference in June 2022 for a temporary, 5-year waiver of intellectual property rights for COVID-19 vaccines has a symbolic dimension. As a result of the protracted negotiations and no problems with the supply of vaccines, the agreed arrangements will not have a significant impact on vaccine manufacturing in developing countries. The agreement has been criticized both by representatives of pharmaceutical companies and proponents of the initiative submitted to the WTO forum. President and Chief Executive Officer of the Pharmaceutical Research and Manufacturers of


\textsuperscript{38} The initiative has been accepted by WHO, UNITAID, UNAIDS, the Human Rights Watch, Amnesty International, the European Committee of the Regions, the European Trade Union Confederation and Pope Francis, among others. The European Citizens’ Initiative ‘No Profit on the Pandemic’ has been collecting signatures on a petition to consider anti-pandemic vaccines and treatments as a global public good. The deadline for submitting signatures is 1 September 2022. In order for the initiative to be considered by the European Commission, 1 million signatures must be collected.

America (PhRMA), Stephen Ubl, said in a statement. “Rather than focus on real issues affecting public health, like solving supply chain bottlenecks or reducing border tariffs on medicines, they approved an intellectual property waiver on COVID-19 vaccines that won’t help protect people against the virus.” On the other hand, India’s Minister of Commerce and Industry Piyush Goyal noticed that: “What we are getting is completely half-baked and it will not allow us to make any vaccines. It’s just too late; there is no demand for vaccines anymore.” The EU, the UK and Switzerland’s position hindering broad intellectual property waiver was unequivocally criticized by Max Lawson, Co-Chair of the People’s Vaccines Alliance and Head of Inequality Policy at Oxfam, who highlighted that: “The conduct of rich countries at the WTO has been utterly shameful. The EU has blocked anything that resembles a meaningful intellectual property waiver. The UK and Switzerland have used negotiations to twist the knife and make any text even worse. And the US has sat silently in negotiations with red lines designed to limit the impact of any agreement.” It is hard to say what actually determined the Commission’s negative stance – was it the concern for innovation or the fear to provide China with the production technology for modern medications against COVID – as former German Chancellor Angela Merkel highlighted. From the point of view of the solidarity concept, the unfortunate result is that, on the one hand, there is an imbalance in the global level of vaccination and, on the other, the profits of pharmaceutical companies are soaring.

The pandemic has not changed the EU’s policy towards the countries of the Global South since all classic mechanisms of development policy and humanitarian aid worked. The pandemic, however, gave rise to an array of new challenges that will be handled pursuant to the existing solutions, as aptly explained

by the title of the European Commission’s Communication from 10 March 2021 ‘On Humanitarian Action: New Challenges, Same Principles’. This implies that the EU policy towards the countries of the Global South will adapt their development and humanitarian needs to new threats, but within the already-existing principles of EU development cooperation or humanitarian aid. Even though humanitarian aid differs from development assistance since it a response to unexpected events and serves to safeguard the fundamental rights and needs of a population, the EU and its Member States treat humanitarian aid and development cooperation in a coherent and complementary manner. The COVID pandemic has proven that interim measures will affect the reconstruction and development of poorer countries, therefore they must complement each other.

The global and multidimensional crisis caused by the virus impacts mainly the implementation of the Sustainable Development Agenda since the global average SDG Index Score decreased for the very first time since the adoption of the Sustainable Development Goals (SDGs) in 2015. From the perspective of EU development policy objectives, i.e., the gradual reduction and ultimate eradication of poverty, the current trends indicating that the pandemic will increase the number of people living in extreme poverty (living on less than 1.90 dollar a day) by about 120–150 million are extremely worrisome. This phenomenon mainly affects sub-Saharan African countries and other low and lower-middle-income economies, where the pandemic will exacerbate human development issues and perhaps highlight the need to revisit activities that had previously been vital in EU policy, but lost their momentum due to the emergence of new strategic EU priorities, such as migrations, peace and security, climate, or the creation of new workplaces. Challenges such as food security, servicing foreign debt (in particular in terms of African countries’ political and economic dependence on China), and strengthening the health sector are also significant for the EU’s development policy. Preliminary conclusions from the COVID pandemic drawn by the European Commission indicate that it will be crucial for the EU to incorporate greater preparedness into the relations with the countries of the Global South in the event of a pandemic. It applies not only to improving information exchange and response in a crisis, but also to the strengthening of health systems,

universal health protection and increasing the number of locally manufactured medical products.  

Maintaining actions aimed at implementing the SDGs and providing assistance to countries of the Global South in counteracting the negative socio-economic impacts of the pandemic requires amplified financial support. In the adopted long-term EU budget for 2021–2027, the newly established initiative – the Neighbourhood, Development and International Cooperation Instrument (NDICI) received 79.46 billion euros earmarked for the execution of external activities (‘Global Europe’), exclusive of any instruments for pre-accession assistance or for the benefit of Overseas Countries and Territories, but including the European Development Fund. It is 12% higher than the previous long-term budget for 2014–2020. The funds are primarily to be used to implement the SDGs in partner countries, where, taking into consideration the geographical allocation of funds, priority is given to the countries of sub-Saharan Africa (29.18 billion euros) and those under the Neighbourhood Policy (19.32 billion euros). 8.49 billion euros was allocated for the countries of Asia and the Pacific, and 3.39 billion euros to Americas and the Caribbean. The extensive development objectives are to be implemented with the support from additional financial means earmarked for NDICI thematic and emergency response programmes. The EU, taught by the experience of raising money in the initial phases of the pandemic, decided to ‘set aside’ 9.53 billion euros, out of the total 79.46 billion euros, to flexibly supplement any NDICI element in case of unexpected events. Whenever the EU development policy is evaluated, the amount of financial aid becomes a moot point, and, also in this case, it is debatable whether the amount of 79.46 billion euros allocated for the 7-year period for approximately 130 countries, including those with vast development needs (like LDCs), is sufficient. This is vital because the EU development policy’s efficiency has lately been confronted with the growing role of China, mainly in African countries. For this reason, the EU, besides providing financial assistance, should also engage in solving the problem of growing indebtedness in many developing countries and increasing private investment as an alternative to China. To this end, the EU may avail itself of Team Europe that may become a ‘hallmark’ of EU development policy in the upcoming years and will increase the EU’s visibility in the international arena.

since it is a tool supporting the EU policy objectives, i.e., demonstrating global leadership, responsibility, and solidarity.47

The pandemic exacerbated already-existing humanitarian crises in developing countries and highlighted the problems of famine, conflicts, climate change, the lack of health care and the decline of the education system. As has been mentioned hereinabove, humanitarian aid cannot be detached from long-term development goals. Therefore, the pandemic will also enhance the EU’s humanitarian aid, which will be more closely linked to development policy as well as peace-building and conflict-resolution initiatives. Real challenges in terms of humanitarian aid, similarly to the development policy, are insufficient financing provided for the growing humanitarian needs on the one hand, and the global humanitarian financing gap on the other. The EU, as the largest humanitarian aid donor, allocated 11 billion euros, amounting to approximately 1.65 billion euros per annum, to humanitarian aid in the multiannual budget for 2021–2027. For 2022, the Commission earmarked 1.5 billion euros to humanitarian aid in its annual budget. A question, however, arises as to whether the foregoing amounts allow for an effective alleviation of humanitarian crises in such countries as Syria, Yemen, Haiti, Bangladesh, Venezuela, or in sub-Saharan Africa.

The upcoming years will be crucial to the countries of the Global South in the fight against the pandemic and its negative socio-economic consequences. They will also be of vital importance to the EU in its ambition to play the role of a leader in the international arena since they will verify its abilities to politically and economically influence developing countries.

References:


Wiesław Lizak

European Union Initiatives Supporting the Countries of the Mediterranean Basin in Combating the COVID-19 Pandemic

Abstract:
The outbreak of the COVID-19 pandemic became the starting point for the development of international cooperation to strengthen the ability of states in order to counteract the health, social and economic consequences of this phenomenon. In the Mediterranean region, the European Union used this period to strengthen the scope and intensity of its activities aimed at the countries of the Global South, treating it as a way of strengthening its own position and at the same time supporting partner countries in the process of increasing the potential for their stabilization and modernization processes. The aim of this chapter is, therefore, to answer the question as regards the scope, methods, and mechanisms of cooperation among the countries of the Mediterranean region in the face of a new threat affecting all countries in the area to a similar extent.

Keywords: Mediterranean region, Barcelona Process, Southern Partnership, medical sector, humanitarian assistance

Introduction

The Mediterranean region plays a significant role in European Union policy. The Mediterranean Sea is a body of water that separates mainland Europe from Africa and Asia (the Middle East), constituting, on the one hand, a barrier separating distinct geopolitical and civilization territories, and, on the other hand, an area of forming special ties between regions, whose close geographical proximity was somewhat imposed. In the past, there were times when the Mediterranean Sea connected the lands of three continents within a single cultural, civilization, and state territory (the ancient civilizations of the region, including the Roman Empire), but since the fall of Rome and the subsequent expansion of the Islamic Caliphate, it has become an area separating regions of diverse civilizations, and several attempts to restore the unity of the region (Arabs, Turks, or European colonial powers in more modern times) generated partial and short-term results at best.
Nowadays, the Mediterranean Sea separates highly developed European countries, the majority of which united their efforts to create the most advanced integrated entity in the modern world, from the Arab-speaking states of North Africa and the Middle East, as well as from Israel and Turkey – two countries with a strong sense of distinctiveness from the Arab world and aspirations to actively shape their immediate international environment.

The stimulus to elevate cooperation to a higher level in the Mediterranean region came with the end of the Cold War, when, in the atmosphere of the victory of democracy over authoritarianism and free market over statism, ambitious plans to reduce development disproportions through deepened cooperation aimed at supporting transformation processes in the countries of the South were born. This ultimately translated into the Euro-Mediterranean Partnership, concluded at a conference of interested countries in Barcelona in November 1995 (the so-called Barcelona Process). ¹ This mechanism of cooperation incorporated an array of bilateral agreements (association agreements) that created formal, legal and political mechanisms of cooperation with individual states, furthering conditions for building a regional community, which, through the engagement of the EU and its Member States, were to support transformation processes in the countries of the Mediterranean Basin. The countries that adopted the relevant cooperation instruments were Algeria, Egypt, Israel, Jordan, Lebanon, Libya (negotiations on the agreement were suspended in February 2011 and are yet to be resumed due to a domestic conflict), Morocco, Palestine, Syria (an association treaty was initialled but was not signed due to the outbreak of the civil war) and Tunisia. Since 2003, the countries of the Mediterranean Basin have been covered by the European Neighbourhood Policy,² comprising, among others, countries of North Africa and the Mediterranean coast of the Middle East. These mechanisms have not always fully reflected the expectations and possibilities of individual countries and societies, often arousing more or less justified criticism (e.g., in the context of the Arab Spring events and the subsequent lack of adequate EU response towards them). Nevertheless, their existence creates room

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for mutual cooperation, without which the development of the Mediterranean countries could recede even further/could suffer further recession.

The study focuses on the Southern Partnership countries (Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine/Palestinian Authority, Syria, Tunisia), all of which – save for Israel – belong to the Global South. A cursory glance at the list of Southern Partnership countries shows their enormous diversity, which can be researched from the vantage point of a number of different criteria (geography, culture, religion, economy, politics, or structure). At the same time, the large number of states involved in regulatory activities undertaken in the region is also an element which hinders the pursuit of common goals and interests, both in the socio-economic dimension, as well as in terms of political and regional security. The latter should be particularly noteworthy since the instability of several states in the region as well as international controversies and conflicts constitute a vital element determining the opportunities and prospects for cooperation in the Mediterranean region. In this context, it is worth highlighting such issues as the Arab-Palestinian conflict over the division of Palestinian territory within its mandated borders (prior to 1948), the instability of several Arab states arising from social disturbances of the Arab Spring, which in certain cases turned into local conflicts with a high level of internationalization (e.g. Libya and Syria), the Cypriot crisis being the aftermath of Greek-Turkish conflict relations or the involvement of some states in crisis relations stemming from their superpower aspirations (such as Israel or Turkey). The Mediterranean region is an area where stability zones (Western Europe) border with zones of a high potential for conflict.³

For EU Member States, the Southern and Eastern Mediterranean region is a source of challenges and threats, the consequences of which are significant for the stability and development prospects of these countries. A vital problem that may generate tensions and crises are development imbalances between developed countries and developing countries, to which – except Israel – the Mediterranean countries of Africa and Asia belong. Development disproportions subsequently lead to discrepancies in the living standards of the inhabitants of these countries, which may be exacerbated by the political instability and inefficiencies of socio-economic systems. As a consequence, the Mediterranean Sea

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has become an area of migration influx to European countries (not only from countries geographically bordering with the European Union but also from Sub-Saharan Africa and conflict-ridden countries in the Middle East as well as Central and South Asia). The so-called 2015 European migrant crisis was the cumulative effect of growing demographic pressure and socio-political tensions, necessitating the redefinition of the migration policy in the EU and its Member States.

Additional consequence of the persistent development disproportions is greater susceptibility of Global South countries to various crises. The emergence of dysfunctional countries in the region (Libya, Syria, Lebanon) generates a series of phenomena, the consequences of which span beyond their borders. The weakness of individual states, among other things, is one of the reasons for the development of Muslim fundamentalism, with its extreme forms, for which the Western world, together with any hostility directed at it, constitutes a reference point for jihadist visions of the future of the world based on conservative interpretations of religious tenets of Islam, built on the rubble of the existing international order. And even though these visions are unquestionably utopian in their nature, they nevertheless trigger explicit forms of terrorist activity disrupting the functioning of states and societies on the northern, eastern, and southern shores of the Mediterranean.4

Recognising the existence of potential challenges and threats generated by the historical shaping of the civilisation border in the Mediterranean region has contributed to the decision to adopt long-term programmes aimed at overcoming current developmental differences, resolving local conflicts, and building relations in the region underpinned by the values of peace, security, human rights, and the rule of law. The willingness to develop relations with Asian and African countries in the Mediterranean dimension occurred rather early, which was mainly due to the traditions of political, economic, and cultural ties shaped during the European colonial expansion. In the case of France, Italy, and especially Great Britain, historical ties from the colonial era paid off with expressed interest in countries previously in the sphere of influence of these powers, and, following the establishment of the European Communities, it was furthered in the forms of cooperation agreements proposed by these countries.

The outbreak of the COVID-19 pandemic at the turn of 2019 and 2020 proved to be a challenge for all countries in the region, but also an opportunity to

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instigate a new phase in mutual cooperation. The need of international cooperation to deal with the pandemic was clear-cut from the very beginning, therefore, in the region in question, actions aimed primarily at strengthening states’ abilities to counteract its health, social and economic consequences were undertaken with an international perspective in mind. The objective of this chapter is, therefore, to answer the question as regards the scope, methods, and mechanisms of cooperation among the countries of the Mediterranean region in the face of a new threat affecting all countries in the area to a similar extent. In the hypothesis arising from the foregoing, it can be concluded that the European Union tapped into this period to strengthen the scope and intensity of its activities aimed at the Global South countries located in the Mediterranean region, treating it as a way to consolidate its own position, and, at the same time, to assist partner countries in their capacity-building efforts to pursue the stabilization and modernization processes.

1. The challenges and threats generated by the COVID-19 pandemic

The COVID-19 pandemic, which broke out in the first months of 2020, extremely quickly turned out to be a phenomenon that required collective and multifaceted responses to the challenges and threats to public health, economic systems, as well as the political stability of countries susceptible to disturbances arising from actions aimed at curbing the spread of the virus. As a result of the instabilities to the socio-political situation of the countries in the region, a number of threats emerged jeopardising the plans for implementing strategies in line with the idea of sustainable development, approved and prioritized by many leaders of developing countries located in the region. As it was the case in a significant number of other regions of the world, the pauperization process of certain parts of these countries’ societies began – a slowdown of economic activity in sectors such as tourism (being one of the most important economic sectors for some countries, e.g., in Egypt or Tunisia) contributed to an unemployment surge and subsequently a slump in the income of employees hired in this service department. Aspects of social exclusion were yet again revealed on a larger scale, especially among previously marginalized groups, such as women or young people.

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Thus, the postulate of equal opportunities on the labour market assumed greater importance. The growing scale of social exclusion highlighted at the same time the role and significance of the actions of local communities, which – as a result of the severance of economic relations on a global scale caused by the policy of limiting interpersonal interactions – became the fundamental source of support and professional elicitation of people deprived of their former livelihoods. Trade relations amid the countries of the region also deteriorated. Due to development discrepancies and asymmetry of relations in international trade (e.g., trade between the countries of the Southern Neighbourhood accounts for only 5% of the trade in goods in the Mediterranean region, and 15% is the exchange between Europe and North Africa6), the less developed countries were the ones that incurred higher costs resulting from severance of cooperative ties.7

The pandemic has also revealed obstacles to the implementation of the basic organizational functions of a state. In terms of education, it turned out that limited access to the Internet in some regions, resulting both from scarce access to the network and a lack of adequate IT equipment caused by poverty, leads to the inability to tap into remote education, thereby exposing children and adolescents to the risk of compounded educational exclusion. A similar observation can be made in the context of online access to services related to state administration. The activities executed by various informal institutions (civil society) as a source of solutions supporting the lack of competences and actions of the state were also highlighted. What is important, such non-state institutions often proved to be the primary source of aid for people particularly affected by the consequences of lockdowns and the disease, relieving the state from fulfilling its obligations.8

Healthcare systems also turned out to be unprepared to take on the challenges as the pandemic unfolded,9 although this conclusion also applies, to some

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6 Trade relations between the EU and its Southern Mediterranean partners and their potential impact on sustainable development, Information Report, European Economic and Social Committee, REX/538.
8 Sustainable development in the Mediterranean region, Information Report, European Economic and Social Committee, REX/526.
extent, to highly developed countries. Their underinvestment as exemplified, for instance, by the shortage of an adequate number of hospital beds, insufficient staffing, the deficit of suitable medical equipment, the scarcity of modern technology to save human lives, insignificant levels of prevention and monitoring, combined with environmental and social factors, has left the epidemic’s control with a lot to be desired, and the morbidity and mortality rates would arguably be much lower, should the foregoing shortcomings have been overcome.\(^\text{10}\) Among the Mediterranean countries that are of interest in this study, the following countries were affected by the pandemic (as of the end of March 2022) the most severely: Jordan – 1.69 million (166 thousand per 1 million), Morocco – 1.16 million (31.5 thousand per 1 million), Lebanon – 1.09 million (160.1 thousand per 1 million) and Tunisia – 1.04 million (87.6 thousand per 1 million inhabitants).\(^\text{11}\) This data shows that the scale of the virus’ dissemination varied greatly in individual countries, although some of these differences may be attributed to non-medical reasons, such as the different approaches of the authorities to combating the pandemic as well as varied levels of medical infrastructure for detecting infections. The fact is that in each of these countries a certain proportion of infections remained undetected and inadequate access to medical infrastructure (characteristic of less developed countries) translated into a more pronounced “grey area” in detecting coronavirus infections.

Furthermore, other challenges have emerged in the region in the course of the pandemic. In the majority of the Southern Partnership countries, the standards governing the functioning of their political and administrative systems vary from those of the EU Member States. As the pandemic unfolded, processes aimed at strengthening authoritarian methods of exercising control over society

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\(^{10}\) See: Augier, P., Moreno-Dodson, B., Blanc, P., Gasiora, M., Mouley, S., Tsakas, C., Ventelou, B., (2022). Post Covid-19: opportunities for growth, regional value chains and Mediterranean integration, pp. 98–106, Center for Mediterranean Integration (CMI), Euro-Mediterranean Forum of Institutes of Economic Sciences (FEMISE), February. For example, in the countries of the region, the number of physicians per 1000 inhabitants amounted from 0.7 in Morocco to 2.3 in Jordan. In terms of nurses, the amounts were, for the same countries respectively, 1.4 and 2.8 per 1000 residents.

\(^{11}\) High morbidity rates have also been registered in Turkey – 14.9 million of infection (176.5 thousand per 1 million of inhabitants) and in Israel – 3.94 million (426.9 thousand per 1 million). Data from: Worldometers, <https://www.worldometers.info/coronavirus/>, accessed 3 April 2022.
became more apparent, and health threats were a reason for increased state control over society. At the same time, the authorities limited access to information, hindering a proper response and decision-making in situations requiring the intervention of external entities or related to the non-governmental sector. The costs of restrictions in interpersonal contact and economic activity introduced during the pandemic contributed to growing opposition sentiments and the contestation of state institutions. In the Mediterranean region, an example of this type of situation is Tunisia, where mass demonstrations in 2021 arising from the deterioration of residents’ financial situation (including due to the shutdown of the tourism industry) contributed to President Kajs Su’ajjid’s seizure of power in July 2021 (an unconstitutional limitation of the role of the parliament, followed by its dissolution in March 2022). In practice, it translated into curbing the achievements of the Arab Spring in a country that became the only Arab democracy following that event. In these circumstances, the European Union, with humanitarian and development aid in mind, also had to take into consideration the political dimension of the effectuating changes in a manner that protects the scope of civil liberties and freedom, and, at the same time, account for the challenges and needs generated by the prevailing pandemic. The threats to internal stability increased in virtually all partner states due to the diminished economic activity and the social costs of the virus’ dissemination.

2. EU forms of assistance to combat the pandemic

The European Union’s assistance to the countries of the Global South at the outbreak of the pandemic was reoriented into actions heading in two directions. Firstly, the objective of the undertaken endeavours was to prevent the spread of the virus and to strengthen the quality of medical services in the face of new epidemiological challenges. As the morbidity wave surged, the European Union instigated a number of initiatives aimed at assisting partners from the Southern


Neighbourhood in securing suitable measures for the prevention and detection of infections, as well as increasing the capacity of medical services to act effectively at various stages of the disease’s development. These activities usually translated into the allocation of additional funds for the procurement of equipment and materials along with the training of medical personnel, and, in some cases, information campaigns to raise public awareness as regards the existing epidemiological threats. This form of assistance was implemented in cooperation with other international entities having appropriate experience and personnel with competences to effectively tap into these funds (e.g., institutions of the United Nations system), as well as in communication with relevant administrative bodies of the recipient state responsible for medical services and non-governmental institutions, especially in terms of humanitarian aid. Secondly, the rising social and economic costs of the pandemic resulted in the need to allocate new funds to counteract its negative consequences and to restore the potential for economic growth following its cessation, which not only had an economic but also a political dimension as highlighted hereinabove in the context of threats to the instability of the countries in the region.

The European Union’s actions with regards to the Southern Neighbourhood countries were implemented at various levels:

First of all, at the regional level, i.e., in the countries of the Mediterranean Basin – the main objective was to increase the ability to collaborate in containing the pandemic by establishing international mechanisms to coordinate efforts to expand the capacity of epidemiological services and improve the quality of medical services. It translated into the ‘EU Initiative for Health Security’, and one of the crucial actions in this context was the signing of a cooperation agreement with the European Centre for Disease Control.14

Secondly, EU cooperation with individual Southern Neighbourhood partner countries gained intensity. In this area, efforts were focused on strengthening national crisis response capabilities through the supply of medical equipment and materials, personnel training as well as technical support for medical units. It frequently involved adapting the already implemented aid programmes to the challenges arising from the pandemic and, depending on the needs of individual countries, translated into a flexible response to the local situation in that regard.

Table 1. EU funds allocated to support healthcare sectors and the reconstruction of social and economic potential during the pandemic in the Southern Partnership region in 2020–2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total amount of assistance (in euros)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>78 million</td>
</tr>
<tr>
<td>Egypt</td>
<td>260 million</td>
</tr>
<tr>
<td>Jordan</td>
<td>416 million</td>
</tr>
<tr>
<td>Lebanon</td>
<td>371 million</td>
</tr>
<tr>
<td>Libya</td>
<td>65 million</td>
</tr>
<tr>
<td>Morocco</td>
<td>456 million</td>
</tr>
<tr>
<td>Palestine (and Palestinian refugees)</td>
<td>153 million</td>
</tr>
<tr>
<td>Syria</td>
<td>77 million</td>
</tr>
<tr>
<td>Tunisia</td>
<td>329 million</td>
</tr>
</tbody>
</table>


Thirdly – a vital level because of the scale and consequences of this phenomenon for the region and the EU itself – a number of actions were undertaken for the benefit of the refugee and migrant communities residing in the region, constituting groups particularly susceptible to infection due to poverty, social exclusion and living conditions – exacerbated by social isolation and a decline in economic activity in the countries of their residence in the periods of epidemiological restrictions on activity (e.g. challenges related to the crisis in Syria, the needs of Palestinian refugees and migrants in Libya).\(^{15}\)

The nature of the undertaken actions was extensive and corresponded to the specific needs of individual partner states. First and foremost, the aid was directed to institutions in charge of organizing and coordinating actions to

combat the pandemic at the national level; in the organizational dimension it meant also collaborating with local ministries responsible for healthcare. During the initial phase of the spread of the disease, the most important course of action was to strengthen the capacity of local institutions and societies to contain the dissemination of the virus, hence educational efforts (in Morocco and Libya) and the popularisation of protection equipment, i.e., masks and hygiene products, became a vital element of the activities. Hospitals and other medical facilities (including in Morocco, Palestine, Tunisia) were major recipients of the assistance. One of the priority criteria was to provide medical aid to the people most affected by the negative consequences of the pandemic (i.e., socially excluded groups) – which, among other things, directed the engagement to countries where forms of cooperation with the EU (for political reasons – due to internal instability) have been limited (such as Syria or Libya). Financial assistance was granted to the UN Relief and Works Agency for Palestinian Refugees (UNRWA), enabling 5.6 million Palestinian refugees residing in territories under Palestinian control and in neighbouring countries to receive medical and hygiene aid. The supply of protective equipment for medical personnel (in Jordan, Lebanon, Libya), additionally accompanied by training on their effective use, were also frequent forms of assistance. The assistance programmes also focussed on the issues of counteracting disinformation in relation to the nature and scale of the pandemic, connected with educational forms of shaping proper attitudes towards epidemiological threats (e.g., in Libya).

The emergence of COVID-19 vaccines inevitably led to the popularisation of actions of local communities towards building epidemiological immunity. Assistance provided to non-governmental organizations as a means to reach wider social circles and groups particularly susceptible to exclusion with information on public health issues and to expedite access to medical facilities (Egypt, Palestine) was one of the dimensions of this form of activity. The vaccine aspect was crucial, especially in aid programs for refugees and migrants (Jordan, Palestine, Libya, Syria). Children and adolescents were highlighted among the social groups to which the aid was particularly addressed. Non-medical activities, i.e., in the popularisation of e-learning to counteract educational exclusion, were also significant in this context.

3. EU assistance to Southern Neighbourhood countries – examples of involvement

The European Union’s assistance to Morocco included financial aid to reform the medical sector in order to strengthen its capacity to respond effectively to epidemiological threats (this was done in cooperation with the local Ministry of Health). The assistance provided to excluded groups (migrants) and those people most severely affected by the pandemic was also intensified. Children and adolescents benefited from measures to enhance remote learning capacities. Financial funding was also provided to the University of Al Qarawiyyin in Fez – a medical institution, for both educational purposes as well as the development of material potential (including the preparation of medical supplies for the healthcare services). The European Investment Bank allocated an additional 200 million euros to develop the production capacity of Moroccan industry in terms of medical and hygiene supplies and to subsidize hospitals.

In December 2020, the European Union delegation in Algeria signed an agreement with their Ministry of Health to allocate 43 million euros to support actions aimed at alleviating the consequences of the pandemic as well as to ensure the provision of any preventive measures. The United Nations Development Programme (UNDP), which was not only a partner of the said agreement but was also – according to the declarations of interested parties – invited to take part because of its extensive experience in these types of activities and its broad contact network allowing for the effective use of the allocated funds. Under the ‘European Solidarity Response to COVID-19 in Algeria’ programme which has been running since the start of 2021, Algeria was provided with medical equipment, along with protective clothing for personnel as well as test kits. What is more, training for about 3,000 Algerian healthcare personnel as well as an information campaign aimed at raising awareness as regards general medical knowledge of the threats of the coronavirus pandemic and promoting vaccinations was conducted. As part of the cooperation to contain the pandemic, Algeria also became a beneficiary of the COVAX programme, established with the Global Alliance for Vaccines and Immunization (GAVI), the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO to support less developed countries in gaining access to vaccines – a programme for which the European Union became one of the main donors, both financially and in terms of vaccine supply (Algeria was pledged to receive 2.2 million vaccine doses).17

17 “European Solidarity Response to COVID-19 in Algeria” implemented with a 43 million
In South-West Algeria, there are also 5 camps for refugees from the Western Sahara who have been benefitting from EU humanitarian aid for years. The COVID-19 pandemic exacerbated the already existing deficit of sanitary and medical supplies. In 2020, 500,000 euros were allocated from humanitarian aid funds to equip local hospitals with hygiene and medical supplies, and in the following year, 1 million euros were allocated to co-finance vaccination campaigns for the inhabitants of these camps. In 2022, 9 million euros were pledged for humanitarian aid for Saharans – including funds earmarked for combating the effects of the COVID-19 pandemic.

In 2021, at the request of the Tunisian authorities, the EU Civil Protection Mechanism was applied during the surge in morbidity and mortality rates caused by the COVID-19 pandemic. Under this mechanism, EU assistance was launched when the country’s authorities – due to economic difficulties and a deepening social crisis – were unable to take effective action against the pandemic, and the infection rates reached one of the highest levels in the Arab world. The assistance came from as many as 13 countries, namely Austria, Belgium, Croatia, the Czech Republic, France, Spain, Luxembourg, Latvia, Malta, Germany, Norway, Portugal, and Romania and were involved in a medical aid campaign for the residents of Tunisia. The support for Tunisia encompassed the supply of medical equipment, masks, oxygen concentrators, hospital equipment and 1.3 million doses of vaccines. The European Union also helped Tunisia, using its own funds in the amount of 700,000 euros. In addition, Romania sent medical personnel to support local needs.

In Libya, following the outbreak of the pandemic, humanitarian aid financed the activities of non-governmental organizations aimed at raising awareness of the threat, including educational activities, as well as promoting hygiene among the economically disadvantaged, such as refugees. Due to the role Libya played in the first decades of the twenty-first century as a transit country for migrants from other African countries, this issue became of particular interest to European politicians and analysts also in the context of the pandemic and its ramifications on international migration from the southern shores of the Mediterranean region to Europe. Special emphasis was placed on supporting migrants in promoting knowledge, hygiene, and vaccines, fearing that the consequences of the COVID-19 may turn out to be particularly catastrophic for that marginalized

social group, and at the same time they would become intermediaries in further transmission of the disease to other areas.\(^{18}\) Additionally, 3 million euros were allocated from humanitarian aid to co-finance vaccinations among that social group in 2022.

Refugees residing in Egypt also became the beneficiaries of humanitarian aid – and in 2022, 1 million euros were allocated to support them. Pursuant to a Decision from October 2021, the European Union embarked on a 2-year collaboration with the United Nations Children's Fund (UNICEF), which announced actions to improve the education and safety of refugee children in Egypt, including access to vaccines against COVID-19 (a total of 2.2 million euros were earmarked for the project).

In the organizational dimension, initiatives aimed at financially supporting activities supplying local healthcare systems with modern medical equipment and innovative solutions were also of vital importance. And it was not just about purchasing and delivering such equipment. In Jordan, for instance, by co-financing a local business incubator called ShamalStart, the EU became involved in works (carried out together with the Crown Prince Foundation's TechWorks) aimed at manufacturing a modern respirator, equipped with an electronic monitoring system that would provide ongoing data on a patient’s health to an analytical centre. The JADE (Jordanian Action for the Development of Enterprises) project was also funded, under which a programme searching for modern methods of eliminating threats related to the COVID-19 pandemic was launched. In Lebanon, EU funds were used, among other things, to strengthen the local crisis response system under which healthcare issues became one of the priorities (medical equipment was also supplied). The combination of social objectives with the strengthening of healthcare system potential also took place in Tunisia, where assistance was directed to the economic activation of women employed in the textile industry with the aim of increasing access to protective materials, such as hygienic masks.\(^{19}\)


Conclusions

The outbreak of the pandemic provided the EU with an excellent opportunity to demonstrate its readiness to undertake assistance actions. The EU’s actions directed at the countries of the Southern Neighbourhood were primarily aimed at supporting those countries’ efforts in building a crisis response system in the face of the developing pandemic. The assistance was both provisional, i.e., aimed at securing the current needs of partner countries and societies faced with epidemiological challenges and threats (the supply of masks, respirators, hygiene products, etc.), as well as comprehensive, i.e., aimed at improving the quality of healthcare systems by strengthening the medical potential of these countries in the long-term perspective (medical equipment, staff training, etc.). A characteristic feature of the EU’s actions in this context was also instigating collaboration with other organizations having the relevant experience and possibilities to effectively achieve their assumed objectives (i.e., organizations and agencies of the United Nations system).

The already existing funds aimed at supporting these countries (humanitarian aid and development assistance) were adapted to address the needs arising from the current situation – the allocation of funds was frequently modified to raise healthcare system potential in partner countries. New financial resources were also mobilized, which was of particular importance in the event of increased humanitarian needs, e.g., arising from the exacerbation of the social exclusion phenomena (unemployment due to lockdowns), or the change in the situation of refugees and migrants residing in these countries. The funds were adapted to the unfolding situation along with the needs of partner countries and earmarked to satisfy the shortages of local resources revealed following a shift in the social and living situation of individual groups to which the aid was addressed. In cases when relevant potential allowed, the scope of cooperation was also extended to joint research ventures aimed at developing new techniques and methods of treatment. With significant differences in the level of development of the countries of the North and the South, such situations occasioned rather infrequently, however, a similar initiative took place in relations with Jordan. Such cooperation, however, played a vital role in relations with Israel, whose scientific and research potential places this country at the forefront in terms of innovative potential.

In terms of the image, it seems that EU leaders tapped into the pandemic period rather effectively to enhance the prestige of the organization in the eyes of the public and the leaders of Southern Neighbourhood partner states. A somewhat large inflow of aid – that of the developmental and humanitarian and
directly dedicated to the medical sector – to partner countries was aimed at the most vulnerable groups and supported mechanisms and measures to address the problems generated by the pandemic. The provided assistance clearly could not supersede the actions of the recipient countries’ authorities, but it became an element of the European Union’s public diplomacy in a broad sense. It should also be emphasised that the assistance was not only an expression of solidarity with the less developed countries of the South but was also an element of satisfying the security needs of the donors – since the economic costs incurred by these countries due to the pandemic as well as any possible disturbances in internal stability arising therefrom, could, for example, exacerbate the already existing development imbalances and generate new waves of migratory movements.

It also appears that the expectations in partner countries as regards a more extensive exchange with the European Union were highlighted during the pandemic which generated needs that could not be addressed singlehandedly by these countries. The image of an amicable and supportive partner could have taken its toll in a situation of overly excessive expectations as compared to the real possibilities (especially when a number of EU Member States were unable to address their own medical needs at the peak of the pandemic) or the EU’s limited willingness to cooperate. And this was the case when the SARS-CoV-2 vaccination began. The adoption of the principle that the needs of the EU residents take priority over the needs of other countries contributed to the dissemination of the opinion that the EU is not ready for full solidarity in the face of the existing threats. The EU, nevertheless, made far-reaching commitments to globally finance vaccinations for the residents of developing countries, allocating over the entire period under review an amount of 3 billion euros to international institutions associated with the COVAX initiative (including donations from EU Member States). By February 2022, 319 million vaccine doses had been donated, a further 88 million were pledged for donations in the following months (of which c. 86% through the COVAX mechanism), and, by mid-2022, a total of 700 million doses were to be supplied. Nevertheless, the concentration of efforts in the first stage of vaccination in EU Member States had a negative impact on the


EU’s image (at least initially), which overshadowed the positive impressions that reverberated following the assistance actions. Undoubtedly, similar allegations are broader in nature and generally refer to relations between high- and low-income countries, but the European Union, as a ‘club of rich nations’, has also been perceived through that prism in the Southern Partnership states. Nevertheless, the fact remains that despite these accusations, the comprehensiveness, scale and scope of EU assistance aimed mainly at addressing the most urgent needs of the recipient countries, became a vital component of building a positive image of the European Union as a strategic partner in the long run.

References:


Kamil Zajączkowski

European Union Initiatives Supporting Sub-Saharan Countries in Combating the COVID-19 Pandemic

Abstract:

The chapter aims at an attempt to reconstruct and subsequently analyze the facts relating to the EU’s policy towards sub-Saharan Africa during the pandemic. The first part of the chapter focuses on the African continent, illustrates the scope of the COVID-19 pandemic and reviews its impact on the socio-economic and political situation of the continent. The following parts of the chapter are dedicated to the EU’s policy towards sub-Saharan Africa in the context of the pandemic. On the one hand, they present EU actions on the African continent to curb the negative consequences of the pandemic, and on the other, they show the evolution of the model of EU-Africa relations. At the same time, this chapter addresses EU-sub-Saharan Africa relations during the pandemic from the perspective of the rivalry of powers, and in this context, the position and role of the EU in the world.

Keywords: European Union as global actor, European Union Foreign Policy, EU-Africa relations, sub-Saharan Africa, partnership between EU and sub-Saharan Africa, power politics, China and sub-Saharan Africa

Introduction

The COVID-19 pandemic has affected every continent, including Africa. Its scope and intensity in Africa, however, turned out to be less extensive than had been originally expected. There was neither a humanitarian disaster nor complete paralysis of the continent.1 The foregoing, however, does not translate into the lack of any consequences for the African continent. The IMF, the World Bank

and other international organizations in their reports warn against being overly optimistic about the socio-economic situation and political stability in Africa. The short-, middle- and long-term consequences of the pandemic for the development of the continent have been highlighted. The outbreak of the pandemic coincided with the sixth EU-Africa summit scheduled for 2020, and the renewal of the Cotonou Agreement, regulating relations between the EU and African, Caribbean, Pacific, as well as sub-Saharan African countries. The significance of both of these events was confirmed by, in autumn 2019, the newly elected President of the European Commission Ursula von der Layen, who described the year 2020 as a “pivotal year” for EU-Africa relations. The pandemic forced both of these events to be postponed. Nevertheless, the pandemic turned out to be a stress test for the durability of the EU-Africa relations, and more broadly for the credibility of the EU as a global actor in a changing international reality.

The subject of the study in this chapter is the international activity of the EU in relation to the sub-Saharan Africa region during the pandemic. This analysis will allow the author to draw conclusions regarding the conditions, premises and challenges related to external activity of the EU. The main aim of the study is therefore an attempt to reconstruct and subsequently analyze the facts relating to the EU’s policy towards sub-Saharan Africa in the period specified hereinabove.

Selecting a research problem and the said objective in this chapter entailed the need to obtain answers to the following specific research questions:

- What was the magnitude of the COVID-19 pandemic in Africa and to what extent did it affect the socio-economic and political situation on the continent?
- What is the scope and dynamics of the evolution of changes in the EU’s policy towards Africa in the context of the pandemic?
- Does the existing model of EU-Africa relations actually allow, with the application of all available instruments, for a coherent and comprehensive implementation of strategic partnership between regions?
- To what extent do international situation (including the growing significance of other countries, in particular the so-called emerging powers) affect the success of EU actions in international relations?
- And to what extent does the pandemic in Africa determine the position and role of the EU in the world?

Pursuant to the posed questions, two research hypotheses were formulated. The first hypothesis relies on the assumption that, as a result of the pandemic, there is an evolution of the thematic and subject scope of individual components of the EU-Africa mutual relations. They increasingly incorporate more new areas of activity that were either previously overlooked or were of secondary importance.
At the same time, the current institutional formula does not seem to serve its purpose in implementing the strategic partnership between the EU and Africa. The second hypothesis assumes that sub-Saharan Africa is becoming an area of geostrategic and geoeconomic interests of various international actors, especially China. This state of affairs is illustrated by the cover of the weekly magazine *The Economist* on 9 March 2019 entitled ‘The new scramble for Africa’, which has been considerably emphasized by the pandemic. Such situation not only affects the EU’s position on the African continent, but also its broader position in international relations.

1. Africa and the pandemic

By the end of 2021, about 2 million COVID-19 cases had been reported on the African continent, compared to over 36 million cases in the USA and about 38 million in Europe in the same period. In Africa, it accounted for 2.7% of all confirmed COVID-19 cases worldwide. By comparison, North America saw 22% of all global cases; Europe more than a third.\(^2\) The death toll from COVID-19 in Africa was also lower (only 4 percent) than in other parts of the world. Among the 20 countries with the highest numbers of deaths worldwide, there are nine European countries but not a single African state. The worst affected among them, South Africa, is 26th in this ranking.\(^3\) Two years after the first COVID-19 case was identified in Africa, in Egypt, on 4 February 2020, WHO announced that the continent was showing a downward trend in COVID-19 infections after four waves of the pandemic. At the same time, WHO emphasized that “continued vigilance is key.”\(^4\) The highest morbidity rate in Africa was reported in rural

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areas, where over 55% of the continent’s entire population lives, as well as in the crowded and densely populated cities in Africa and the slums on their outskirts.\textsuperscript{5} Out of 54 countries on the continent, the highest morbidity rate, with 42% of all confirmed cases, was recorded in South Africa (it is ranked eighth in the world). It is worth highlighting that South Africa and 9 other African countries together accounted for 75% of all COVID-19 cases on the continent.\textsuperscript{6} In regional terms, the highest number of infections with the virus was recorded in Southern Africa, followed by East and West Africa.\textsuperscript{7}

When referring to such an insignificant number of infections and deaths from COVID-19 in Africa, two explanations are indicated. The first applies to natural features and conditions, as well as preventive actions taken by individual African governments. All this enables the African continent to display some immunity to the virus.\textsuperscript{8}

\begin{itemize}
  \item Shurkin, M., Noyes, A., Adgie, KM (2021), ‘The COVID-19 Pandemic…’, p. 3.
  \item The dissemination of the COVID-19 virus in Africa shows that there is no “single African coronavirus trajectory.” We are rather dealing with multiple factors that might contribute to low COVID-19 severity/mortality in Africa. Among the said factors, the following can be distinguished: it has the youngest population in the world, only 3 per cent of African populations are over 65; average population density is also lower in Africa than in other part of world; African residents spend more time in the fresh air rather than in closed rooms; the development of countries from West African affected by the Ebola epidemic in 2014 (and in their neighbors) “crisis management protocols that included a reorganization of health infrastructures to deal with the crisis combined with the deployment of an arsenal of tests, tracing measures and the isolation of patients suffering from the virus, coupled with prophylactic measures (use of hydro-alcoholic gel and protective equipment) and restrictions on national and international mobility”; prompt lockdowns (in March 2020) in most African countries, when the continent had not yet recorded too many infections; a degree of immunity resulting from the spread of similar viruses; very few old people’s homes in Africa (and there were the nursing homes in Europe or the USA where the highest morbidity and mortality occurred);
\end{itemize}
infections due to the low level of testing and the lack of “the expensive infrastructure to administer and track their results.”9 One newspaper, on the basis of new research, entitled its article: ‘Africa may have been hit harder by covid-19 than anyone knew.’10

Given all the foregoing comments regarding the number of COVID-19 cases in Africa, it should be clearly stated that there has been no rapid surge in infections with this virus among the inhabitants of Africa, which is somewhat a paradox. “Despite its crowded social life and poor personal hygiene practices, case fatality of COVID-19 has been paradoxically low in Africa compared to the Western World.”11

African governments, as well as the African Union and its agencies, undertook numerous bilateral and multilateral measures to curb the spread of the COVID-19 virus on the continent. Similar to other parts of the world, they were extraordinary in nature and included, among others: mandatory quarantines, social distancing, border closures, travel restrictions, bans on social and religious gatherings, and curfews.12 At the same time, individual African countries implemented various types of protective instruments into their economies, aimed at limiting the negative effects of the restrictive lockdown policy. These programs undeniably differed significantly from one another, which “can be explained in


10 Taylor, A., ‘Africa…’
part by unequal fiscal and budgetary rooms for manoeuvre, depending on the macroeconomic and financial situation that existed prior to the crisis.”

Among African countries with outstandingly active policy towards the pandemic, particularly noteworthy are those that were at the fore of the Foreign Policy’s COVID-19 Global Response Index, with Senegal and Ghana in the top five of this index. These two countries, as well as South Africa and Kenya, conducted a large-scale programme of society testing, and also provided adequate bed space for COVID patients and those potentially infected. For instance, Ghana used drones to collect testing samples and disseminated a contact-tracing phone app. In turn, Kenya converted factories into mask production facilities and launched e-learning initiatives. South Africa and Morocco were among the countries that introduced various types of support programmes for society and selected professional groups to the greatest extent due to the pandemic. In the former, where more than 2 million jobs were lost in the second quarter of 2020, the government of Cyril Ramaphosa unveiled a support plan of 500 billion rand (30 billion dollars), representing 10% of GDP. In the latter, nearly 2.8% of GDP was mobilized to provide a replacement income to the Moroccan population and to preserve the financial health of businesses, especially of SMEs and sectors most exposed to the crisis.

Systematically, though obviously not everywhere to the same extent, the efficiency and governance of the African health service has been improving, and the number of devices, equipment and personnel is increasing.

The Centre for Disease Control and Prevention (CDC), an AU agency established in 2016, plays a key role in coordinating anti-COVID activities on the African continent. The Africa CDC also established the Partnership to Accelerate COVID-19 Testing (PACT): Test, Trace, Treat and the Africa Medical Supplies Platform (AMSP) for facilitating procurement of medical and laboratory supplies. The Africa CDC also contributes to the Consortium for COVID-19 Vaccine Clinical Trial (CONCVACT), which removes barriers to clinical trials of vaccines and the eventual roll-out of a vaccine on the continent. In February 2020, health ministers of African states agreed that the Africa Joint Continental Strategy for COVID-19 Outbreak will be financed by the African Union COVID-19 Response Fund. The Africa Taskforce for Coronavirus (AFTCOR) was also established in collaboration with WHO to provide technical assistance to countries. “These initiatives demonstrate that African governments are willing and able to collaborate and lead the continent’s fight against COVID-19 through the Africa CDC.”

The role of African businesses in combating the COVID-19 virus is also worth highlighting. According to a report published by the EIB in July 2020, more than a hundred innovative solutions have been founded and implemented by African entrepreneurs in response to the pandemic. As the EIB notes “some are very simple from a technological point of view, while others are truly innovative.”

To sum up, the foregoing facts allow us to agree with the statement of Dr Matshidiso Moeti, WHO Regional Director for Africa that “Over the past two years, the African continent has gotten smarter, faster and better at responding to each new surge in cases of COVID-19.” This does not mean, however, that all problems and weaknesses related to combating COVID-19 on the African continent disappeared.

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20 “Morocoo launched a tracking application called Wiqaytna which has been downloaded more than a million times. FabLab, an innovation hub in Kenya, has developed an application called Msafari, which tracks public transporters.” Kateb, A. (2021), ‘EU-Africa relations…’, pp. 5–6.

21 ‘Africa on track…’
The conclusion is that “2020 was the year of the coronavirus pandemic,” 22 2021 was the year of the vaccine, 2022 is the year of the inability of African countries to absorb vaccines supplied to the continent. This, in brief, is Africa’s two-year battle over the vaccine problem. All of the above meant that, as of February 2022, 83% of people still had not received a single dose in Africa. 23 The African Union’s objective to vaccinate 60% of Africans by the end of 2022 is not going to be achieved.24

The continent needs 1.5 billion doses to vaccinate 60% of the population. Currently (as of July 2022), half of this number (670 million vaccine doses) has been secured.25 The cost of procuring and delivering these vaccines is another major problem. It will cost about 9 billion dollars. The problem of vaccine availability in Africa is also strictly related to vaccine approval procedures by European authorities, as well as to intellectual property rights and patents related to their manufacture. The controversy surrounding this issue, as one researcher emphasized, “illustrated the symbolic domination of Europe over Africa, even among those who vehemently denounce it.” 26 South African President Cyril Ramaphosa has spoken of ‘vaccine apartheid’. Over 90% of the available vaccines have been snapped up by a small number of rich countries.27

Even if African countries succeeded in securing vaccines, logistical issues and underdeveloped infrastructure on the continent will remain a challenge. “Only twenty-two countries have “a working cold-chain [storage] system for keeping vaccines at the proper temperatures, not to mention the extremely advanced storage requirements for the Pfizer and Moderna vaccines.” Another problem

23 Taylor, A., ‘Africa…’
is their absorption by individual African states. Although supplies of COVID vaccines have soared in recent months, countries such as Congo and Burundi used less than 20% of the available doses. Zambia, Chad, Madagascar, Djibouti, Somalia, Burkina Faso, and Uganda used only about one-third of doses that they received. “The problem seems no longer to be the level of donations” – claimed France’s Foreign Minister Jean-Yves Le Drian.28

Africa imported 99% of its vaccines, even before COVID-19. Cases, however, such as South African pharmaceutical company Aspen Pharmaceuticals manufacturing the Johnson and Johnson coronavirus vaccine should be highlighted. Currently, Aspen produces vaccines solely for the African market.29

Nowadays, approximately 10 African countries (including South Africa, Senegal, Rwanda and Morocco) are looking to ramp up the manufacturing of COVID vaccines (and other new vaccines) by repurposing existing manufacturing plants.30 These activities are largely part of the African Partnership for Vaccine Manufacturing.31

At the same time, attempts at developing their own vaccine are being made. South Africa’s Afrigen Biologics used the publicly available sequence of Moderna’s COVID-19 mRNA vaccine to make its own version of the shot, which could be tested in humans before the end of 2022.32

The COVID-19 virus has affected the African continent to a much lesser extent in comparison to other regions of the world. However, the indirect short,

31 ‘Africa transitioning…’.
medium, and long-term impacts of the pandemic, which are of an economic, social, and political nature have been and will remain substantial for Africa.

The negative consequences of the pandemic for the economic and social situation in Africa result from restrictive measures taken at the level of individual countries to prevent the spread of the virus, as well as from a considerable decline in energy resources, services (mainly tourism) and goods demand on global markets, including Africa, and the weakening of intra-African trade. Disrupted global supply chains have caused significant socio-economic turbulence on the African continent. “The pandemic has not only been a major setback for the substantial development achievements of the last decade but is also sure to deepen existing global inequalities.”

The data for the first year of the pandemic only (2020) illustrates the scale and scope of the negative effects of COVID-19 on the continent. Economic growth in sub-Saharan Africa dropped by 2% in 2020, leading to the continent's first recession in 25 years. Inflation increased by an average of 10% (particularly in LDCs – 16.4% and conflict-affected countries – 13.6%). State revenues fell from 12 to 16 per cent. According to the World Bank, remittances dispatched by migrant workers toward sub-Saharan Africa was set to decline by 9% and 6% in 2020 and 2021 respectively. In 2020, FDI to Africa decreased by 16%, from 47 billion dollars to 40 billion dollars. The IMF has forecast that the region's real per capita GDP would not return to pre-COVID-19 levels until 2025. The COVID-19 pandemic has pushed more than 40 million Africans into extreme poverty. Although fiscal responses have been much more limited in Africa than elsewhere in the world, government debt has risen across the continent – very considerably so in Ghana (from 63 per cent of gross domestic product in 2019

to 77 per cent thereof in 2020) and South Africa (62 per cent to 79 per cent). African countries have also become vulnerable to severe food insecurity.

Politically, as it has been quite aptly stated, “perhaps the clearest example of COVID-19 aggravating politically fraught situations is its effect on elections.” 20% to 30% of all African countries postponed national, local and/or by-elections, including Libya, Nigeria, Somalia, and South Africa. Changing the election calendar in individual African countries due to COVID-19 may result in (and has already done so in some states) serious constitutional crises and create a potential source of political conflicts. And what seems to be the greatest threat, “this [author’s note – the change of the election date due to COVID-19] could provide opportunities for some African regimes to manipulate electoral processes and perpetuate incumbency.” What is more, some African leaders, using populist rhetoric, de facto masked their ineptitude and incompetence in combating the pandemic.

The consequences of the pandemic, also for Africa, as highlighted in this chapter, have been and will continue to be a long-term process. Therefore, “post-pandemic development policy (in Africa – from the author) must promote

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41 “For example, Pierre Nkurunziza, the former President of Burundi, proclaimed that “God has cleared the coronavirus from Burundi’s skies” while Tanzania’s President John Magufuli cast doubt on the efficacy of COVID-19 tests and declared the country “coronavirus-free” thanks to “prayers by citizens.” Frimpong, O.B., Bihuzo, R.M., Commodore, R. (2020), ‘The COVID-19 Pandemic…’, p. 2.
structural transformation.” IMF writes directly “the region’s (Africa – from the author) prospects will depend on the availability of additional funding and transformational national reforms that will strengthen resilience (increased revenues, digitalisation, improved transparency and governance), accelerate medium-term growth, create opportunities for a wave of new entrants to the labour market and advance sustainable development objectives.” At the level of declarations, the EU policy and strategy addresses these challenges. However, it will be crucial for the development prospects of Africa, as well as for EU-Africa relations in the post-pandemic world, as to what extent the EU’s declarations towards Africa become real actions, and not only empty slogans.

2. The European Union and the pandemic in Africa

The European Union’s response to the outbreak of the global pandemic was the launch (in early April 2020) of a Team Europe initiative. Under this initiative, by the end of 2020, Africa was allocated 8 billion euros, of which 5.5 billion euros were dedicated to the sub-Saharan region.

Assistance in the supply of vaccines, as well as other indispensable medical and paramedical supplies was initially rather limited. From the second half of 2020, the EU intensified its efforts in this regard. For instance, it provided 7.5 tons of essential medical and humanitarian equipment and 900,000 coronavirus kits at that time.

Pursuant to the original assumptions, 2020 was supposed to be a pivot towards Africa and a turning point in mutual relations. The next EU-Africa summit was scheduled for 2020, and at its end, a new agreement between the EU and ACP countries was to be signed, replacing the Cotonou Agreement. On 8 December 2019, a week after the new European Commission began work, its President, Ursula von der Leyen, visited her AU counterpart Moussa Faki in Addis-Ababa, assuring him of “how much the African continent matters to the EU.” However, in February 2020 another visit of the head of the European Commission

43 Kateb, A. (2021), ‘EU-Africa relations...’, p. 3.
to Africa with the EU Commissioners took place. Those visits constituted an obvious “sign of new political momentum in a partnership and clear testament of Africa’s growing strategic relevance for the EU’s foreign policy agenda.”46 The European Commission, under the leadership of Juncker, saw Africa through the prism of the migration crisis, i.e., additional funds for the continent, job creation, and actions for the economic growth of Africa were to stop African migration to Europe. Under the leadership of the current European Commission, however, “Africa has become a cornerstone of Europe’s geopolitical aspirations.”47

On 9 March 2020, essentially a few days before the outbreak of the pandemic, the European Commission published a document entitled ‘Towards a Comprehensive Strategy with Africa.’ The instrument proposed partnerships covering the green transition, digital transformation, sustainable growth and jobs, peace, and governance, as well as migration and mobility.48 On 30 June 2020, the Council published a document re-stating its conclusions on Africa, which broadly endorsed the Commission’s strategy while refocusing the priorities of the Euro-African partnership around four areas: 1) the promotion of multilateralism; 2) peace, security, and stability; 3) inclusive and sustainable development; 4) sustainable economic growth.49

The summit eventually took place in February 2022 and the EU–ACP Agreement, also referred to as the post-Cotonou Agreement, was initialled in December 2020.50 The outbreak of the pandemic determined EU-Africa relations in 2020. As it was highlighted, “COVID placed a pause on the formal renewal of relations between Europe and Africa, but it has also brought new focus to old questions.”51 The Strategy for Africa presented by the European Commission in


47 Zeiss, M. (2020), ‘Europe’s pivot to Africa…’


March 2020 was “still not grounded on a shared reflection or on respect toward African counterparts. While the Commission’s proposal tries to take into account African priorities, it does so by cherry-picking the African Agenda 2063 points that are compatible with it and relevant to its own strategic priorities.”

It is emphasized that “Strategy with Africa’ is surprisingly imprecise. … Even in the strategy’s five areas of work, many questions remain unanswered.” The differences between the parties relate primarily to the means by which the goals contained in the Strategy can be achieved. Furthermore, AU representatives in their statements underscored the need for the EU to go “beyond the development aid paradigm.” At the same time, the last months before the outbreak of the pandemic showed an increasingly assertive attitude of African representatives towards the EU, as well as their frustration in the context of the “degree to which the European Commission is still approaching the relationship primarily through its aid, security and migration instruments.” The pandemic has compounded this state of affairs.

The coronavirus pandemic has been a ‘stress test’ for EU-Africa relations. The pandemic highlighted that “this is the time for the EU and Africa to do away with the old-fashioned post-colonial cooperation agreements and to build something new.”

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55 Tadesse, L. (2022), ‘The EU-AU Summit: Geopolitics, a pandemic and a partnership that struggles to thrive’, ECDPM commentary, 7 February.
The postponement of the EU-Africa summit and the deferred date of concluding the negotiations on the execution of the new EU-ACP agreement allowed both parties to ponder over existing relations and try to answer questions about their future. One of the analyses aptly referred to this situation, stating that “the AU-EU Summit didn't prove immune to COVID-19 – but that may be a blessing in disguise.”\(^\text{58}\) A blessing in a double sense. Firstly, “there are some smoldering fires in the AU-EU partnership that need to be extinguished. In that sense there is probably an advantage to delaying the summit.”\(^\text{59}\) Secondly, as indicated above, the growing frustration on Africa’s part regarding the EU’s approach to mutual relations implied that Africa did not share Europe’s enthusiasm for the AU-EU Summit.\(^\text{60}\)

Three challenges related to the pandemic in Africa, which determine the EU-Africa relationship to a great extent, should be highlighted. They refer to: debt relief for African countries, vaccine supply to Africa, and the transfer of the intellectual property rights related to the manufacturing of vaccines. These three issues that the EU was faced with (as well as the entire international community) are a specific litmus test for the EU’s potential as a global actor and the state of mutual relations.

In terms of the indebtedness of African countries, the EU conclusions on the EU-Africa partnership as of June 2020 emphasized the need to “consider the impact of COVID-19 and debt relief in the upcoming Africa-EU strategy.” This measure should certainly be assessed positively.\(^\text{61}\) EU Member States believed that debt relief (at least in part) should be applied as an immediate response to the negative consequences of COVID-19 in Africa, and at the same time as a factor positively affecting mutual relations. African states, however, expected debt relief to take place without any preconditions. Nevertheless, from the very beginning, it was clear that the EU would not agree to that demand. In this respect, EU representatives were somewhat disappointed with the attitude of the

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partners, “fearing that Africa is demanding a lot from the EU without taking strong commitments itself to undertake essential reforms in areas such as taxation and democratic governance.”

The issue of vaccines drove a major wedge between the EU and African countries. “Despite the narrative of a ‘united, global response to COVID-19’, the global response to the pandemic has been characterized by protectionism, vaccine nationalism and bilateralism.” This also applies to the attitude of the EU and its Member states. For example, the same Member States that supported the collection of vaccines under the COVAX mechanism, limited the supply of vaccines to the said instrument due to their particular interests, thus undermining its effectiveness and competence.

The EU (together with the UK and Japan) has consistently rejected calls to suspend the intellectual property rights of vaccine technology – to increase vaccine manufacture in Africa. A wave of irritation among African citizens and leaders was sparked by the EU’s decision that the EU’s digital COVID certificate does not apply to Covishield – the very same vaccine that the EU funded to reach African countries via COVAX.

One of the Euro-African experts, T. Haastrup, remarks: “If the EU wants partnership, why not let Africans produce [vaccines], the same as Europe did?” He also added: “It’s almost as though the EU is allergic to partnership!” This comment represents rather aptly the status of EU-Africa relations, especially in the context of vaccine availability and their production in Africa.

3. The pandemic and the implementation of Euro-African objectives

The negative consequences of the pandemic, especially those of an indirect nature, will be, as has already been highlighted, significant for the African continent. At the same time, the pandemic crisis may act as an accelerator and a stimulus for reforms and adaptation to the new post-pandemic reality. The

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64 Tadesse, L. (2022), ‘The EU-AU Summit…’
65 Tadesse, L. (2022), ‘The EU-AU Summit…’
process of permanent transformation of the African continent is unfolding, enforced by the crisis in some way. Changes are also taking place in mutual relations, especially on the European part. There is a belief that it is necessary to transcend the traditional model of cooperation: donor-recipient.

The attempts were already made by the EU just before the pandemic. This stemmed, on the one hand, from “an attempt to catch up with the ongoing transformative processes, and on the other, from dynamically changing geostrategic conditions on the African continent.” The COVID-19 pandemic has accelerated these attempts. It has created “a unique opportunity to boost some of the key priorities outlined in the comprehensive EU Strategy with Africa (e.g., digitalisation, green transition), it also underlines the need to move EU-Africa relations into a bold, new direction.”

The coronavirus pandemic is, therefore, an opportunity for structural reforms in Africa, as well as an opportunity to strengthen mutual relations between the EU and Africa. These changes will incorporate the reconstruction of the socio-economic model in African countries, taking into account the goals related to energy transformation, digitization, and climate change, i.e., goals identical to those emphasized in the EU Strategy on Africa. Changes in the global economy will, however, require greater protectionism and intervention in market mechanisms and the provision of public goods (above all in the area of health and education). Before the pandemic, these issues were less (or not at all) exposed in mutual relations. In addition, some observers warn the EU against the trap of a one-dimensional approach. They underscore that the EU “should not retreat to a security first approach to Africa, nor stick to an excessively rigid adhesion to its March Africa strategy, but must be ready to address the new challenges and possibilities that will arise in the aftermath of Covid-19.”

Four levels of cooperation between the EU and sub-Saharan Africa should be distinguished, with the first being the post-pandemic recovery of the African economy in a climate-compatible way including digital transformation. “The EU has in the past overemphasized investments in extractive industries and infrastructure in Africa. This emphasis has increased debt, dependency, and vulnerability and reduced resilience to economic and environmental shocks. The post-pandemic economic recovery is an opportunity to diversify investment to support sustainable African domestic economies rooted in green technologies

67 Teevan, Ch. (2020), ‘Great Expectations…’
and local value chains.”\textsuperscript{68} It also demonstrates the need to intensify intra-African and Euro-African connectivity. African countries are not against green and climate-friendly economic reforms, but they fear that “the ambitious European Green Deal will create a new type of protectionism by imposing new non-tariff barriers, such as the carbon border tax that may affect access to the European markets.”\textsuperscript{69}

The second level of cooperation is to support further development of the African Continental Free Trade Area (AfCFTA). This area may become a significant stimulus to change the structure of African exports to the EU that are largely made up of raw materials and commodities. What is more, the pandemic experiences related to supply chain problems should be an impulse for the EU and the African Continental Free Trade Area “to prioritize the construction of a common internal market over global supply chains going forward.”\textsuperscript{70} To a greater extent, the EU and Africa (AU) should promote “globalization which is more regional in nature with less external dependency of global markets.”\textsuperscript{71} As Andrew Lebovich at the European Council on Foreign Relations noted, there is also a “growing interest in European countries in relocating the production of goods, itself a chance to support the sort of industrial production in Africa that the continent’s more ambitious leaders badly want to pursue.”\textsuperscript{72} The foregoing premises indicate that the AfCFTA “will not only be a central pillar of Africa’s post-COVID-19 recovery but also represent a major opportunity to overcome the traditional donor-recipient relationship.”\textsuperscript{73}

Thirdly, the pandemic highlighted, as has already been mentioned, the problem of access to public goods (health, sanitation, and education, in particular). Although these issues have been present in EU programmes towards Africa, they have frequently been overlooked in a broader, socio-economic, and


\textsuperscript{69} Laporte, G. (2020), ‘The AU-EU Summit…’

\textsuperscript{70} Laporte, G., Pantuliano, S., Mazzara, V. (2020), ‘Africa and Europe…’

\textsuperscript{71} ‘Towards a new Africa-Europe partnership…’


\textsuperscript{73} Zeiss, M. (2020), ‘Europe’s pivot to Africa…’
geopolitical perspective. Meanwhile, the health care crisis caused by the pandemic made people aware that a successfully and efficiently operating public sector is a foundation “in building healthy, wealthy and fair societies.”

Fourthly, in addition to economic reconstruction, the issue that should become key priority for all aspects of the partnership between Africa and the EU is the issue of (re)building state capacities and the strengthening of African state institutions. Before March 2020, the EU focused on Africa as a continent of emerging markets. The issues of state capacities and governance remain the Achilles heel in EU-Africa relations. The EU has a strategic interest in strengthening institutional resilience in Africa, but in the proposed strategy its values agenda takes a back seat. At the same time, “restoring governance agendas in the Africa-EU dialogue requires a different approach than in the past, with more sensitivity and realism while also acknowledging the specificity of different historical and political contexts.”

4. Mask and vaccine diplomacy namely geopolitical tensions in Africa

China and Russia did not fail to use the pandemic to undermine the EU’s position in international relations. Africa (not for the first time in recent years) became a specific area of confrontation for them, this time in terms of the pandemic. The pandemic and the aid provided by China and Russia to the African continent were used by both countries to strengthen their positions on the continent, while presenting the West and its actions related to the pandemic as ineffective and unequal (the neo-colonial factor). China and Russia, in their anti-Western pandemic policies, applied the following measures on the African continent: in an economic dimension – increased assistance, debt relief; the delivery of masks and oxygen; in a political sense – building an anti-Western community based on anti-Western values; and in terms of propaganda – the spread of fake news aimed at undermining the credibility of western governments. Nick Westcott, director of the London-based Royal Africa Society, said that the pandemic had been “a stress test for relations between Africa and the rest of the world, and it arrives in the middle of something of a struggle for influence in Africa.”

74 ‘Towards a new Africa-Europe partnership…’
75 Laporte, G. (2020), ‘Europe-Africa…’
76 ‘Towards a new Africa-Europe partnership…’
77 Fox, B. (2020), ‘COVID-19 has…’
The Chinese “mask and vaccine diplomacy” is part of the rivalry between superpowers for influence on the African continent. In a broader sense, it means “global battle of narratives” for leadership in the non-Western world. The pandemic opened a new chapter in the “systemic rivalry” between China and the EU, also on the African continent.\textsuperscript{78}

China is positioning itself as the defender and leader of the developing countries and the leader of South-South cooperation. Beijing provided African states with multidimensional assistance related to the pandemic, in the form of financial, medical, training, sanitary support, etc. The Chinese proposal of “transforming its grand strategy of a ‘Belt and Road Initiative’ (BRI) into a ‘Health Silk Road’ in order to provide technical support and share experience with Africa in fighting against the pandemic” was rather symbolic.\textsuperscript{79} To emphasize the significance of the southern countries’ alliances, Xi Jinping announced at the Forum on China-Africa Cooperation summit that his country would commit an additional 1 billion vaccines to Africa in 2022 (more than the EU’s global vaccine-sharing commitment).\textsuperscript{80}

Conclusions

One study accurately outlined the geostrategic importance of Africa for the EU in the context of the pandemic, highlighting that: “This Corona crisis will have a major impact on the Europe-Africa partnership. It will redraw the lines of geopolitical competition in Africa.”\textsuperscript{81} Another study emphasized that: “Africa is at the heart of the EU’s geopolitical conundrum. Africa’s transformation presents the EU with both an opportunity and a challenge: it may either diminish Europe’s role in the global power contest further or, on the contrary, pave the way for its geopolitical ambitions.”

The pandemic created a specific opportunity for the EU to rebuild its position as global and responsible EU leadership.\textsuperscript{82} Some researchers stress the need for

\textsuperscript{81} Laporte, G. (2020), ‘Europe-Africa…’
the EU to tap into, in the post-pandemic period, to a greater extent than before, the exceptional force it has at its disposal, namely “as a manager of interdependencies by rule making and rule shaping as well as exercising its influence as a central node in transnational networks.”

It is, however, emphasized that the EU should also be even more global than before. This applies primarily to the scope of its international activity, not only in Africa. The subject scope outlined in the EU Strategy on Africa corresponds only partially to the changes taking place in the world. The EU will have to strengthen its own strategic sovereignty in the health, economic and security areas, which should be accompanied by cooperation in the multilateral forum. The key to becoming a credible and effective partner in Africa is the issue of solidarity with African countries, which the EU was lacking in the first phase of the crisis. The EU is yet to solve such important problems for the continent as: access to vaccines, intellectual property rights related to vaccine production or debt relief (at least in part) for African countries. During the latest EU-Africa summit, the leaders of both institutions (the EU and the AU) highlighted the need for greater solidarity and mutual understanding between the parties. The pandemic, however, has brought to light significant limitations in this regard.

This chapter was an attempt to answer the questions posed in the introduction. The conclusions allow the author to verify the hypotheses. In terms of the first hypothesis, it was verified positively. The pandemic emphasized that the current model of relations does not correspond to the challenges stemming from the beginning of the third decade of the twenty-first century, which is largely based on the donor-recipient relationship. The problems of the continent lack a broader, non-European perspective as exemplified by the EC Strategy of March 2020 (as has already been mentioned in this chapter). Despite numerous declarations on strategic partnership between continents, the predominant feature of mutual relations is the paternalism of the EU towards Africa and the absence of trust. The pandemic, including problems with vaccines and their distribution, exposed this in its entirety. T. Haastrup’s words regarding the partnership between two regions, as quoted in this chapter, best describe the state of these relations. At the same time, the pandemic accelerated the implementation of legitimate goals of cooperation between the EU and sub-Saharan Africa, stipulated in the Strategy and during the previous summits. This applies primarily to reforms related to

green and digital transformation, as well as to the greater involvement of private entities in these processes (e.g., businesses). Furthermore, the pandemic forced the EU to incorporate the issues related to the so-called public goods, including health system issues, into the agenda in mutual relations. Hence, there has been an evolution of the thematic and subject scope of individual components of mutual relations, which encompass new areas of activity that were either previously overlooked or were of secondary importance. At the same time, the current institutional formula does not seem to serve its purpose in implementing the strategic partnership between the EU and Africa.

Sub-Saharan Africa has been an area of rivalry between powers for several years. The pandemic not only acknowledged it, but also highlighted the fact. The competition applies not only to purely economic matters (e.g., for raw materials), but also in terms of narrative and leadership in the non-European world. The pandemic has become an excellent opportunity for China, and also for Russia, to accentuate its own advantage and highlight the weakness of the West. Therefore, the assumption of the second hypothesis that the pandemic in sub-Saharan Africa and the EU’s approach to solving the problem affects its position on the African continent, and more broadly, the EU’s position in international relations, should be positively confirmed.

In conclusion, the COVID-19 pandemic, despite numerous negative consequences for both the EU and Africa, creates an opportunity to “finally transform the old paradigm of donor-recipient aid relations towards a model of genuine international cooperation between Europe and Africa.” However, this reset in mutual relations requires a change in the attitude of both partners towards these relations. The EU must also realize that “2020 [has brought about] a new reality. It is no longer possible to do business as usual after COVID-19.” And this requires the EU to be more calculating and pragmatic in international relations, namely, in the implementation of the (actual) concept of “smart” power in its foreign policy, also on the African continent. As a global power, the EU should combine elements of hard and soft power in order to respond to the challenges facing the modern international system. This kind of combination “is a more suitable concept for achieving the European ambitions in the international

85 ‘Towards a new Africa-Europe partnership…’
scene.” 87 This means that the EU should tap into the resources of its power in a way that will maximize its usefulness. 88 The EU as a smart power also entails greater assertiveness in its international activities, as well as the inclusion of the resilience concept in its foreign policy. The actions undertaken by the EU in sub-Saharan Africa in the context of the pandemic perfectly illustrate this state of affairs. They are an attempt at implementing the new EU strategy in the world underpinned by three principles: smarts, resilience, and assertiveness.

References:


European Union Initiatives Supporting Middle Eastern Countries in Combating the COVID-19 Pandemic

Abstract:
The EU has been supporting Middle Eastern countries – including Iraq, Iran, and Yemen – in their fight against COVID-19 since day one of the global outbreak, using a whole range of multidimensional tools in the broader context of pursuing its flagship effective multilateralism policies combined with the comprehensive approach promoted by the EU Global Strategy. From an unprecedented network of air-bridges to various forms of assistance addressing different aspects of humanitarian crises, very often exacerbated by diverse, complicated internal and regional challenges, the EU’s robust engagement and initiatives have resulted in the overall strengthening of its position as a reliable and trustworthy strategic partner in mutually beneficial co-operation for the broader neighbouring region as well as a major global player capable of providing meaningful support in an effective Team Europe spirit despite objective limitations resulting from the course of the pandemic. The aim of this chapter is to analyse specific initiatives undertaken by the European Union in the context of supporting the efforts of Iraq, Iran, and Yemen in their fight against the pandemic.

Keywords: EU-Middle East, Multilateralism, Air-Bridge, Humanitarian Crisis, Multidimensional Tools, Global Player

Introduction

The COVID-19 pandemic did not spare the Middle East. As has been the case all over the globe, the pandemic has taken its toll on virtually all aspects of social and economic life. Its direct ramifications as well as the efficiency of actions undertaken to combat it have been diverse, and dependent upon a number of conditions and factors. In the oil rich monarchies of the Gulf Cooperation Council (Saudi Arabia, Bahrain, Qatar, Kuwait, Oman, and the United Arab Emirates) with modern, accessible and adequately funded healthcare systems at a level comparable to standards in other highly developed countries, actions in line with guidelines and recommendations of WHO as well as leading foreign
experts and research centres have been progressively implemented (i.e., sanitary recommendations and regulations, limiting the virus transmission (strictly monitored lockdowns, closed borders, etc.), safeguarding vaccine accessibility immediately after their roll-out and an efficient organization of mass vaccinations, advanced applications monitoring immunization progress and contact with infected people, and the screening of visitors after restoring cross-border mobility), which proved to be more effective than corresponding solutions in countries with no similar facilities. In all of the foregoing countries, morbidity and mortality rates have successfully been minimized. However, in three countries of the region (Iran, Iraq, Yemen), which are the focal point of this analysis and the major recipients of various forms of EU aid and assistance, subsequent waves of the pandemic not only resulted in more severe consequences such as substantial periodic surges in the number of infections and deaths, but were also compounded by additional factors arising from the complex internal and regional situation (i.e., the war in Yemen since 2014 causing an ongoing humanitarian disaster additionally aggravated by the constant influx of refugees and migrants trying to reach the wealthy Gulf states – or sometimes going further to Europe, the lack of complete stabilization and internal tensions in Iraq, including a large number of refugees from Syria, as well as displaced Iraqi citizens forced to abandon their homes in recent years due to, among other things, the activities of jihadists originating mainly from the so-called Islamic State and protracted counter-terrorism operations, and the approximately 3.5 million Afghan refugees in Iran or financial restrictions stemming from imposed international sanctions).

A statistical picture of the course of the pandemic in terms of rudimentary parameters (the number of infections, deaths, and the scale of testing) in the countries subject to this analysis (and – for comparison – in neighbouring GCC countries) is presented in the table below:

Table 1. Summary of COVID-19 statistics in countries of the region as of 27 March 2022

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Cases/1M</th>
<th>Deaths/1M</th>
<th>Tests/1M</th>
<th>Population</th>
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<tr>
<td>Country</td>
<td>Total Cases</td>
<td>Total Deaths</td>
<td>Cases/1M</td>
<td>Deaths/1M</td>
<td>Tests/1M</td>
<td>Population</td>
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<td>10096955</td>
</tr>
</tbody>
</table>

Data source: COVID Live – Coronavirus Statistics – Worldometer

While Iran is undoubtedly a country where the pandemic has taken the most tragic toll, an incomplete picture of the actual number of infections in both Iran and Iraq, due to the relatively insignificant testing to detect COVID-19 and the blatant lack of relevant data on a war-torn and engulfed in a humanitarian crisis Yemen, seems obvious.

Among the countries of the region not covered by the European Neighbourhood Policy, only Iraq, Iran, and Yemen meet the criterion of belonging to the Global South adopted in the publication and could be the subject of the analysis in this chapter. Since the GCC countries themselves prefer to be incorporated in the group of developing countries (which is from time to time reflected on various levels in discussions on global issues and rather frequently while voting at the UN forum) and are vital cooperation partners for the European Union, they have been objectively treated as states with a high level of national income per capita by leading international financial institutions (i.e., the World Bank, the IMF) for years. Pursuant to the interpretation adopted by the EU, the foregoing

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countries do not qualify for EU development assistance, and the last form of privilege they enjoyed until the end of 2013 were customs preferences under the GSP mechanism, from which they ‘dropped out of’ due to their classification as high-income countries.

The aim of this chapter is to analyse specific initiatives undertaken by the European Union in the context of supporting the efforts of Iraq, Iran, and Yemen in their fight against the pandemic. The main focus of the chapter is the hypothesis regarding the stability and even strategic dimension of EU relations with the Global South (as exemplified here by the said three countries) as a specific and highly effective vehicle for building the global position of the Community, where the tools the EU has at its disposal – in the context of effective multilateralism – allow it to dynamically adapt to the challenges related to global crises, such as the COVID-19 pandemic, which may, somewhat naturally, become catalysts for strengthening mutual ties and co-operation benefitting all parties. The hypothesis will be substantiated by an attempt to answer the question of whether, and if so, to what extent, the COVID-19 pandemic affected the state of and prospects for co-operation between the EU and the Middle Eastern region, with particular emphasis on Iraq, Iran, and Yemen.

1. The challenges of the COVID-19 pandemic in the context of the foundations and main vectors of bilateral relations

For the European Union aspiring to the role of an active global player, relations with their close and yet somewhat more distant, but still neighbouring regions, including the Middle East, are of paramount importance. This region, which, nevertheless, entails the inevitability to constantly identify and face potential challenges and threats (e.g., terrorism, mass influx of migrants and refugees), plays a significant role in the context of potential energy resources (oil, gas) – which has recently become even more strategically crucial for the EU, taking into account the need to diversify the sources of hydrocarbons due to the Russian aggression in Ukraine and, as a consequence, to radically limit the acquisition of Russian raw materials with the prospect of their complete eradication from the Community market. It is also one of the key directions of strengthening the international position of the European Union and its Member States, also in terms of aid measures or the EU’s offer to solve global problems affecting the region (e.g. drought, desertification, access to potable water, environmental protection, climate policy), especially in the perspective of the growing multidimensional competition with China and the aspirations of other actors.
The most significant – and practically still valid – directions of the EU policy towards the region were outlined in the 2016 Global Strategy: “the EU will pursue balanced engagement in the Gulf. It will continue to cooperate with the Gulf Co-operation Council (GCC) and individual Gulf countries. Building on the Iran nuclear deal and its implementation, it will also gradually engage Iran on areas such as trade, research, environment, energy, anti-trafficking and societal exchanges. It will deepen dialogue with Iran and GCC countries on regional conflicts, human rights and counter-terrorism, seeking to prevent contagion of existing crises and foster the space for co-operation and diplomacy.”

It furthermore specifies the principles of an Integrated Approach to Conflicts and Crises, remarkably important in terms of Yemen and Iraq, defined as “a multi-dimensional approach through the use of all available policies and instruments aimed at conflict prevention, management and resolution, specifying further that “the scope of ‘comprehensive approach’ will be expanded further” and “the EU will pursue a multi-level approach to conflicts acting at the local, national, regional and global levels.”

While reviewing the Strategy in 2019, following three years of it being in force and applicable to the entire region, it was highlighted that “notwithstanding the exacerbation of fragmentation, rivalry and conflict in the region, the EU has deepened its partnerships with all countries of the region, with regional organizations, such as the League of Arab States, the countries of the Gulf Cooperation Council and the Organization of Islamic Cooperation (OIC), as well as encouraged dialogue with regional adversaries.” In terms of relations with Iraq, it was emphasised that: “After the territorial defeat of Daesh, we have invested in the reconstruction of Iraq – to help its people ‘win the peace’. We have worked with the Iraqi government to support national reconciliation. Since 2017, our Advisory Mission in Iraq has been assisting with security sector reform – to support the country’s police and criminal justice system, to fight terrorism, organised crime, but also to protect cultural heritage.”

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3 EU Global Strategy p. 28.
4 EU Global Strategy p. 32.
6 ‘The European Union’s Global Strategy. Three years on, looking forward’, p. 44,
From a formal perspective, bilateral relations between the EU and the foregoing countries have been underpinned by bilateral co-operation agreements (Iraq, Yemen), oftentimes supplemented by more detailed strategies or mission mandates under the Common Foreign and Defence Policy (Iraq), or they stem directly from current priorities (Iran) and are adapted to the changing regional and international conditions (all countries in the region) on an ongoing basis.

The fundamental document regulating the EU’s co-operation with Iraq is the Partnership and Cooperation Agreement executed on 11 May 2012 (effective since August 2018). In January 2018, the EU Foreign Affairs Council also adopted a comprehensive Strategy for Iraq outlining the priority directions of EU engagement and mutual relations (political dialogue, humanitarian aid, support for stabilization efforts and internal reforms, sectoral co-operation, migration, regional context). The civilian EU Advisory Mission EUAM Iraq (launched as a response to a formal request from the Iraqi government) has been additionally operating in Iraq since October 2017 to advise on the civil aspects of the national strategy for security sector reform, encompassing elements of crisis management. In April 2022, the mission’s mandate was extended until the end of April 2024.

In terms of Yemen, the fundamental document of bilateral relations is the EC-Yemen Cooperation Agreement (concluded in 1997 and effective since July 1998). The priorities and directions of co-operation in the context of the ongoing armed conflict and humanitarian crisis were reiterated in the Conclusions of the EU Foreign Affairs Council on Yemen adopted in February 2019 (including EU support for Yemen’s sovereignty and territorial integrity and the need
to devise an inclusive political agreement to cease the conflict, the endeavours of the UN Special Envoy for Yemen and the Stockholm Process initiated at that time, as well as the provisions of UNSCR 2451 and 2452; affirmation of the EU’s humanitarian commitment and any actions to alleviate the impact of the conflict on the internal situation in Yemen).

Although the EU is one of Tehran’s main trading partners, it is yet to establish formal bilateral agreements with Iran. The most important current context of bilateral relations is the multilateral agreement of the Joint Comprehensive Plan of Action (commonly referred to as the Iran Nuclear Deal) as of 14 July 2015, in the negotiation of which the European Union, who was also a party thereto, played one of the key roles with the personal involvement of two High Representatives for Foreign Affairs and Security Policy – C. Ashton and F. Mogherini. Following the unilateral withdrawal of the US from the agreement in May 2018 and the re-imposition of US sanctions, the EU has consistently adopted a position to enable the agreement to partially remain in force by taking steps to minimize the effects of the sanctions (see the INSTEX mechanism established in June 2019, open to all EU Member States and interested third countries to facilitate legitimate trade with Iran13) and advocated the resumption of talks on the renewal of the agreement in 2021.

2. EU actions supporting the efforts of countries from the region in the fight against the COVID-19 pandemic

The outbreak of the COVID-19 pandemic, its rapid global dissemination in the first months of 2020 and the undertaken preventive and remedial actions (e.g. restrictions in air transport, border closures, remote work implementation in every possible institution, prioritising national programmes aimed at containing first morbidity waves, and the commencement of works on vaccine development) resulted in a near-total suspension of international co-operation in the first period, save for the necessary actions related to the pandemic itself.

Regardless of the objective limitations and hindrances, the European Union acted promptly to support the efforts of partner countries in the fight against the pandemic. On an ongoing basis, changes in the allocation of aid funds were made, new, dedicated projects and programmes under crisis and humanitarian activities were launched, and actions to reported needs and requests for

extraordinary assistance and support were undertaken whenever possible. Besides political declarations at the highest decision-making levels of EU institutions as regards countries not covered by the European Neighbourhood Policy, these actions were in practice implemented not only by the European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and Directorate-General for International Partnerships along with delegation’s personnel overseeing assistance projects, but also under Team Europe promoting joint actions of EU institutions and Member States, as well as via an array of international organizations by funding programmes and initiatives implemented by them. In the initial stage, actions such as rudimentary support for national healthcare systems (the supply of indispensable materials and equipment), assistance in the organisation and implementation of preventive programmes and information campaigns, the organisation of ‘air bridges’ and additional humanitarian activities addressed to the countries hosting large numbers of refugees have been on the agenda. In the subsequent stages, the foregoing catalogue was supplemented by support provided to the global COVAX programme to ensure vaccine supplies to the least developed countries, vaccine supplies through Team Europe bilateral initiatives, assistance in organising vaccinations and other actions related to countless indirect assistance forms.

2.1. Iraq

EU support for actions undertaken to combat the COVID-19 pandemic in Iraq has been multidimensional and encompassed both the organization of flights with humanitarian aid under a specially-launched humanitarian ‘air bridge’ and the financing of projects implemented by partner organizations providing assistance to the Iraqi healthcare system and addressed to refugees and groups particularly vulnerable to negative effects of the pandemic.

According to the European Commission, the COVID-19 pandemic constituted an additional burden which was difficult to handle for the Iraqi healthcare system struggling to overcome three decades of neglect and disintegration (warfare, destruction, terrorism – the fight against the Islamic State). The situation was additionally complicated by the slump in oil prices (Iraq’s main export commodity) on the world markets in 2020, which entailed significant deterioration of the socio-economic situation in the country (unemployment, a surge in prices), as well as the deprivation of access to basic services and external assistance due to pandemic restrictions which affected refugees, displaced persons, low-income families, as well as prisoners and detainees most severely. A decision taken by the Iraqi government to close down camps for internally displaced persons (IDPs),
which resulted in an extreme deterioration of living conditions for Iraqis away from their former places of residence was another complicating factor. It was estimated that many of them decided to return to dangerous areas, without access to public services (at least 590k people requiring protection), or to reside in one of 547 informal settlements with living conditions below minimally acceptable standards. Despite the ongoing reconstruction in areas previously affected by hostilities – it is estimated that stable conditions for return exist for only 40% of the 6 million Iraqis displaced in 2014–2017, and 2 in 5 of those that decided to return did not have adequate living nor working conditions, nor access to basic public services. The number of people in Iraq requiring urgent humanitarian aid is estimated at 2.4 million, and the number of people in need of assistance in January 2020 was estimated at 4.1 million. In October 2020, 1.3 million Iraqi citizens held the status of internal refugees (245k of whom were in camps), while the number of Syrian refugees was estimated at 240k.14

In 2020, the European Union allocated 27.5 million euros (out of a total amount of 35 million euros earmarked for humanitarian aid in the country) to programmes, covering over 400,000 people, fully or partially related to combating the effects of the COVID-19 pandemic in Iraq. In 2021 – in addition to 25 million euros for humanitarian aid – the EU allocated an additional 3.5 million euros to facilitate vaccine accessibility for IDPs. Aid for IDP camps (food, organising places for quarantine and isolation) and assistance programmes for groups particularly vulnerable to discrimination, abuse and violence were also maintained.15

Among the programmes and projects related to the fight against COVID-19 financed by the EU and its Member States (in the spirit of Team Europe) and implemented in Iraq by partner organizations, the projects of UNICEF, UNDP and WFP deserve particular attention.

On 26 July 2020, as part of the said humanitarian ‘air bridge’, a plane chartered by the EU with 27 tons of cargo dedicated to UNICEF landed in Baghdad from Lyon (containing educational materials for children procured with financial support from the German and Dutch governments and personal protective

equipment for medical personnel co-financed by the government of Japan). 1 million euros of additional funds for UNICEF was also announced by the EU (increasing the amount in 2020 to over 5.6 million euros), earmarked for activities in Iraq focussed on sanitation enhancement and specific actions such as waste management, the monitoring of drinking water quality and promoting hygiene among children and their families for approximately 50,000 residents of IDP camps in the northern part of the country, which was of significant importance in the context of the pandemic, especially considering that only 39% of Iraqis have access to clean and wholesome water. Additional EU funds have also been allocated to the legal and psychological assistance of thousands of children requiring help and protection (Iraqis and non-Iraqis) inside and outside the camps – victims of violence, abuse, and exploitation. UNICEF representative in Iraq Hamida Lasseko highlighted her gratitude for “the support that our EU partners are providing us so that we are able to keep children healthy and safe and help them get back to learning as quickly as possible” and – in the context of supplied protective equipment to fight the pandemic: “the continuing partnership with the EU, through which we can share resources and quickly bring the supplies that are so badly needed into the country.”16

In the period between June and September 2020, UNDP ran a nation-wide information campaign in Iraq called ‘Let’s Beat Corona’, aimed at raising awareness regarding the virus, its characteristic symptoms and the importance of mental health and well-being in the recovery process, as well as fundamental prevention and protection methods (i.e., hygiene, the use of disinfectants and anti-bacterial liquids, social distancing, etc.). The campaign – launched both online and offline, fully financed by the EU under the programmes Supporting Recovery and Stability in Iraq through Local Development, as well as Headway financed by the EU Trust Fund in Response to the Syrian Crisis – the ‘Madad Fund’ – reached an estimated 31.7 million people. The campaign involved volunteers’ engagement reaching thousands of towns, neighbourhoods and districts, the distribution of posters and promotional materials, and an online campaign which was run on 7 digital platforms addressed to 2.7 million recipients, including 340,000 social media users interactively. According to the EU Ambassador to Iraq, Martin Huth, “The ‘Let’s Beat Corona’ campaign was one way to

express the solidarity of the European Union with the people of Iraq and the Kurdistan Region, and to show that together we can help raise awareness, overcome this pandemic, and recover faster.” According to the UNDP Resident Representative in Iraq, Zena Ali Ahmed, “The EU support was extended to the people of Iraq when needed most.” The campaign was also recognized as innovative and incorporating infotainment elements for young audiences (a ‘Music is Our Ally’ solidarity concert featuring 16 famous Iraqi and Kurdish performers, which reached an audience of over 160,000 people, as well as an e-trivia game with multiple-choice questions about the virus).\(^{17}\)

Owing to the additional EU financial support of 5 million euros for the UN World Food Programme actions in Iraq announced at the end of July 2020, it was possible to finance food aid for the most deprived families for a period of 6 months (in response to the consequences of the COVID-19 pandemic, the WFP was forced to extend the scale of assistance offered to 76,000 Syrian refugees and 280,000 Iraqi IDPs) in the form of mobile money transfers or e-vouchers exchangeable for necessary foodstuff (this ‘cashless’ form of financing constituted an additional form of protection against contact with banknotes that could potentially carry the virus). EU Commissioner for Crisis Management Janez Lenarčič, commenting on the subject, highlighted that “the EU support is helping to cushion the blow that the coronavirus emergency has inflicted on vulnerable families in Iraq, especially displaced people and Syrian refugees who normally rely on daily wages to get by. In difficult times like these, we must extend solidarity to those who are left defenceless and make sure humanitarian aid gets through to them.” At the same time, the WFP Representative in Iraq, Abdirahman Meygag, emphasized that “the European Union is a longstanding partner of WFP and has taken action to help support vulnerable families who are now confronting the threat of the coronavirus as well as existing challenges. We thank the EU for this generous humanitarian contribution and for helping displaced Iraqis and Syrian refugees at a time of desperate need.”\(^{18}\)

The European Union has also been committed to financing activities directed at overcoming the long-term social consequences of the COVID-19 pandemic

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in Iraq, allocating 30 million euros to support the construction of a sustainable and more inclusive aid system for the most deprived and vulnerable. The four-year Social Protection Programme (2021-2025) is piloted by three Iraqi ministries: Ministry of Planning, Ministry of Labour and Social Affairs as well as Ministry of Trade and implemented in collaboration with UNICEF, the WFP, and the ILO. In a joint statement, the representatives of the three Iraqi ministries expressed their gratitude “for the support from the EU, UNICEF, WFP, and ILO. Our Ministries are committed to these reforms, and we will work together to improve the lives of the most vulnerable Iraqis under this programme.” In a joint statement, EU Ambassador Ville Varjola as well as UNICEF, WFP and ILO Representatives in Iraq announced that “the COVID-19 pandemic has led to a significant loss of jobs and income, making it even more difficult for vulnerable families to afford basic needs such as food and to access health care, education, and vital public services, leading to further risks of exclusion. Reforming social protection helps address poverty and vulnerability, as well as support people during shocks, from childhood to old age.”

Irrespective of the foregoing, under the EU CBRN Risk Mitigation Centres of Excellence Initiative, launched in 2010 and implemented in collaboration with the United Nations Interregional Crime and Justice Research Institute (UNICRI), establishing a global network of cooperating institutions counteracting chemical, biological, radiological and nuclear threats of various origin (criminal activity, malfunctions, catastrophes and natural disasters, pandemics, etc.), Middle Eastern countries included in the initiative (Iraq, Jordan, Lebanon) could not only tap into the experience gained during the implementation of Project 54 (P54) ‘Capacity building for medical preparedness and response to CBRN incidents’ conducted in the years 2016–2019, but also obtain additional funds for training in the context of the pandemic under Project 73 ‘CBRN Protection of critical infrastructure in the Middle East CoE Region’, and exchange experiences with countries from the neighbouring Gulf region partaking in the Initiative.


2.2. Iran

From the first weeks of the COVID-19 pandemic, Iran became one of the countries that were most severely affected by the virus, both in terms of the speed of its dissemination as well as the number of confirmed infections and mortalities. The consequences of the pandemic have significantly affected (and, as of April 2022, still affect) both Iranians and a large group of refugees residing in the country, mainly from Afghanistan (in November 2021, the Norwegian Refugee Council estimated the number of immigrants from Afghanistan in Iran at 3.6 million, of which only 780,000 had official refugee status in the country). At the same time, Iran, due to, among others, the enforced US economic sanctions, struggled financially, which objectively limited the amount of funds that could be allocated to the development and modernization of the healthcare system and the fight against the pandemic. What is more, due to global shifts in inter-regional power, and as a crucial player and object of rivalry between the West, China and Russia, (disregarding the complex and highly antagonized regional context and purely humanitarian aspects), Iran could count on support in the fight against the pandemic from all potential partners interested in developing current or future relations with Tehran, as exemplified, among other things, by the supply of medical equipment and materials, as well as vaccines from China and Russia. At the same time, some offers of assistance (from the US) were automatically dismissed for political and ideological reasons. This has also applied to vaccines (namely, a ban on the import of vaccines manufactured in the USA and the UK).

The multidimensional assistance from the European Union for Iran in the fight against COVID-19 was manifested, among others, by organising humanitarian supplies under the regional network of ‘air bridges’, facilitating payments for the supply of medical equipment and materials under the conditions of imposed sanctions, and – above all – by financing actions addressed to refugees residing in Iran, as well as supporting the efforts undertaken by partner organizations of the UN system.


In March 2020, the EU High Representative for Foreign Affairs and Security Policy, J. Borrell, announced 20 million euros in humanitarian aid for Iran and declared the EU’s support for the Iranian request for emergency funding from the IMF.\(^\text{23}\)

Also in March 2020, the first transaction was finalized through the INSTEX mechanism, thanks to which it was possible – despite US financial sanctions – to pay for the purchase of medical materials in Germany, France, and the United Kingdom indispensable in the fight against COVID-19 amounting to 5 million euros (including laboratory equipment for testing, specialized protective overalls and disposable gloves).\(^\text{24}\)

In July 2020, thanks to the EU’s humanitarian ‘air bridge’, UNHCR succeeded in delivering 55 tons of cargo to Iran consisting of N95 face masks, disposable visors, and mobile respirators. The UNHCR Representative in Iran, Ivo Freijsen, highlighted the significance of this project, underscoring that “the global supply chain was brought to a near halt by the pandemic. The Humanitarian Air Bridge flight arrives at a critical juncture when needs in Iran remain high, and more international support and solidarity is required to bring in medical supplies to help those fighting coronavirus.” In a relevant Communication, the UNHCR expressed its gratitude to the EU agencies involved (ECHO and DEVCO) for helping them reach refugees as well as Iranians hosting them and deliver life-saving equipment and materials on time.\(^\text{25}\)

In August 2020, the European Commission’s Directorate General for European Civil Protection and Humanitarian Aid Operations (ECHO) announced that 8 million euros had been allocated to joint actions of UN system partner organizations (UNDP, UNFPA, UNAIDS, Relief International) coordinated by UNICEF, aimed at combating the COVID-19 pandemic, with particular emphasis on its impact on the most vulnerable and at-risk, especially children,


adolescents, and young people. The programme provided for the procurement of life-saving medical and diagnostic equipment, the promotion of hygiene standards and popularisation of behaviours conducive to the prevention of infections in schools (mainly in the provinces), limiting the negative psychosocial impact of the pandemic on the mental health of children and adolescents through:

- production and dissemination of relevant informational and educational materials as well as access to tailored therapies;
- provision of personal protective equipment to individual healthcare facilities with particular emphasis on institutions that provide care for the most vulnerable, including HIV-infected people, pregnant women, and the elderly;
- spread of knowledge on available prevention methods, the devising of appropriate protocols and training materials along with the organisation of training courses;
- provision of disposable equipment, disinfectants;
- the implementation of system messaging;
- the dissemination of relevant information among refugees and migrants, including by establishing a dedicated helpline.26

In January 2021, the UN Office on Drugs and Crime (UNODC) provided the Iranian government with 190,000 three-ply face masks, the purchase of which was co-financed by the European Union and Sweden.27 In July 2021, the European Commission also announced an assistance package for refugees (mainly Afghan) in Iran and Pakistan (also in the context of the needs arising from the challenges of combating the COVID-19 pandemic) of 22 million euros, of which 15 million euros were allocated to support the activities of humanitarian organizations in Iran.28 Additional aid totalling 11 million euros for Afghan refugees

in Iran (including for specialized medical care) was announced by the European Commission at the end of March 2022.\textsuperscript{29}

In response to the needs of the Iranian authorities in January 2022, the European Commission organized the supply and covered 75\% of the transport costs of a total of 6.2 million doses of COVID-19 vaccines, donated by the governments of the Member States of Spain, Sweden, and Poland, primarily for Afghan refugees in Iran.\textsuperscript{30} Unfortunately, 820,000 vaccine doses donated for this purpose by Poland were returned since they were manufactured in the US.\textsuperscript{31}

Equally important for the position and perception of the EU in Iran throughout the pandemic period was the involvement of EU diplomacy in the resumption and negotiations for the revival of the multilateral Iran Nuclear Deal, which would, in consequence, lead to the lifting of the imposed sanctions and the restoration of Tehran’s full-scale co-operation with the international community.

\section*{2.3. Yemen}

The outbreak of the COVID-19 pandemic in 2020 exacerbated the situation in Yemen, which had been plagued by an unrelenting humanitarian crisis caused by civil war and hostilities waged by the coalition of Arab states led by Saudi Arabia since 2015. Under pandemic conditions, an underinvested, fragmented, and deficient healthcare system having neither sufficient drugs nor medical supplies came under additional pressure, and the necessity to provide care for those infected with the new virus notably reduced its ability to tend to other patients. What is more, due to the scarcity of available tests, the continuous migratory pressure, the limited capacity of the handful of relatively efficiently operating medical facilities and hospitals and, in effect, the inability to assess the real scale of the pandemic in the war-affected country – providing specialized assistance to facilitate the fight against the pandemic was extremely complex.


The European Union has been the leading donor of humanitarian and development assistance to Yemen for years. The programmes implemented in this country in collaboration with an array of international and local partners have been focused on combating hunger and poverty, improving sanitation conditions, building deep wells and treating water, providing aid for internally displaced persons, refugees and migrants from the Horn of Africa, educating and supporting the most vulnerable social groups and those susceptible to violence and abuse (women, children), reducing the scale of new-born and infant mortality, promoting the fundamental principles of micro-entrepreneurship, and preventing and minimizing the effects of annually recurrent epidemics, mainly cholera. Many of these actions were of significant importance also in the context of the COVID-19 pandemic, which only required reorientation and supplementation with additional components (a supply of protective equipment and medical materials, awareness-rising activities, specialized training, etc.).

In addition to ongoing political actions (active participation in the works of the International Contact Group for Yemen operating under the P5 + 4 formula (permanent members of the UNSC + Germany, Kuwait, Sweden and the EU), support for the efforts of the Special Envoy of the Secretary General for Yemen to achieve a political agreement that would bring the war to an end, encouraging the conflicting parties to uphold a permanent ceasefire, support for multi-faceted discussions and negotiation processes in various formulas, etc.) and in terms of crisis management and security (the operating of airports and ports/critical infrastructure, de-mining activities, efforts to enable the inflow of goods and humanitarian aid, etc.) the EU diplomacy is trying to actively lead – in coordination with the UN, the World Bank and the International Monetary Fund – efforts to mobilize international financial support for Yemen at the G7 and G20 forums – also in the context of COVID-19. At the same time, under Team Europe, Sweden co-chaired conferences of humanitarian aid donors for Yemen.

In view of the pandemic, the EU, as was the case in other countries in the region, established a humanitarian ‘air bridge’ and significantly increased the amount of funds allocated to humanitarian and assistance operations in Yemen, additionally ‘calibrated’ to meet the needs related to COVID-19 (EU expenditure on humanitarian aid for Yemen in 2020 amounted to 120 million euros and in 2021 – 134 million euros increased by additional 75 million euros from budget resources for development assistance, the value of which in the period of 2018–2020 equalled 150 million euros, exclusive of special funding for emergency
assistance to the health sector of 14.3 million euros set aside in 2020; the budget for the EU humanitarian activities for 2022 is 135 million euros. According to the European Commission (ECHO), 70% of Yemenis require humanitarian aid, and 17.4 million suffer from severe malnutrition (over 50% of whom are children), which fully justifies the scale of the commitment that cannot completely satisfy the needs.

Among the programmes and projects financed by the EU in co-operation with partner organizations, two implemented by the International Organization for Migration (IOM) are particularly worth highlighting, which best account for the specific conditions of working in Yemen.

EU funds enabled the IOM to provide much needed assistance to internally displaced persons and the most vulnerable Yemeni communities (camp management, water supply, safeguarding adequate sanitary and hygienic conditions, providing shelter and basic commodities for 370,000 people for a period of 20 months, including adequate assistance for COVID-19 patients; according to IOM Yemen Deputy Chief of Mission John McCue “EU humanitarian aid has enabled IOM to reach thousands of people in need with assistance essential to their survival”), as well as migrants from the Horn of Africa heading for Saudi Arabia (the provision of basic necessities, access to healthcare and personal protective equipment as well as indispensable protection, information on the rights

32 Iran has developed its own vaccine COVIran Barekat but has also endorsed/used Russian Sputnik Light, Chinese Sinopharm and Western-made Janssen, Pfizer/BioNtech, AstraZeneca/Oxford, Moderna, provided they were manufactured outside the US or the UK.
and conditions of ‘safe migration’ for 125,000 people, support for a IOM reception centre for migrants in Aden for the period of one year; according to the said representative of the IOM mission in Yemen: “the migrant situation in Yemen is an invisible emergency within the world’s largest humanitarian crisis. This (EU) support has become even more urgent over the past year, as the COVID-19 pandemic heightened the dangers faced by the people on the move and those stranded in alarming conditions.”

**Conclusions**

The analysis of even a relatively limited number of examples of the assistance provided by the European Union to the countries of the Middle East during the pandemic verifies the veracity of the fundamental hypothesis adopted in the chapter on the continuity and strategic nature of the EU’s relations with the region that is an integral part of the Global South (in particular Iraq, Iran, and Yemen), effectively contributing to building the global position of the Community with a unique multidimensional range of tools at its disposal (bilateral and multilateral), allowing for their effective adaptation to current needs and use as a specific catalyst for the further strengthening of mutual relations.

The COVID-19 pandemic did not affect the EU’s relations with the countries of the Middle East in a negative or hindering way. The actions and assistance initiatives undertaken by the European Union in the context of unprecedented pandemic challenges, which for some time disrupted the set course and agenda of mutual relations, as well as the rhythm of bilateral co-operation with the countries of the region, has strengthened the regional position of the European Union as a global player capable of a swift mobilization of efforts and resources allowing for the simultaneous provision of aid to a number of partners, regardless of its own difficulties and external limitations.

In the context of the ongoing reshuffle in regional and transregional distribution of power as well as current events (e.g., the present and possibly long-term effects of Russia’s aggression against Ukraine along with the challenges related to China’s growing global ambitions and the dynamics of its competition with the US and the West, to which the EU belongs) – positive political and social capital

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accumulated (and in some cases significantly strengthened!) during the pandemic may translate into consolidating the perception of the European Union and its Member States as a reliable and desired partner for co-operation and an actor capable of effectively sharing responsibility for the most urgent problems of the region and challenges of supra-regional and global nature.

The foregoing applies to the fragile prospects for a permanent ceasefire in Yemen and its reconstruction, the practically definite conclusion of the revived Iran Nuclear Deal, the arduous process of internal stabilization and reconstruction of Iraq, as well as the mutual willingness to instigate dialogue and reciprocal co-operation with the Gulf Cooperation Council member states declared at the beginning of the year.

Achieving success along the way will require intensified effort on the part of EU (and its individual Member States’) diplomacy and such skilful promotion of the EU’s own interests (political, economic, energy and other) that will encourage the tightening of mutually beneficial co-operation with the European Union, as well as an avoidance of actions that could effectively force regional partners to look for an alternative in the welcoming arms of China and Russia, which, in view of even more severe sanctions imposed by the West, aggressively pursues to maintain or even expand its own regional influence.

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European Union initiatives Supporting Asia-Pacific Countries in Combating the COVID-19 Pandemic

Abstract:
The chapter aims to study to what extent the COVID-19 pandemic enabled the European Union to intensify its relations with countries of the Global South in Asia. The research, based on original documents and statements, was supported by a unique survey conducted by the author among ambassadors and high-ranking diplomats from EU delegations in the Asia-Pacific region. The paper explores how far the EU’s assistance helped in the fight against the pandemic on the ground and how the EU’s aid and its political narrative have been received, in particular in face of a “battle of narratives” with the EU’s competitors. It divides the European response to COVID-19 into four phases marked by specific actions undertaken by the EU. The chapter also puts emphasis on the impact of the pandemic on the formulation of a new European strategy, adopted in 2021, which redefined the region of Asia and the Pacific into the Indo-Pacific.

Keywords: Indo-Pacific, battle of narratives, Asia and Pacific, China

Introduction

According to the geographical division adopted by the European External Action Service, the Asia-Pacific region encompasses countries from Afghanistan to Australia, New Zealand, and the Pacific Islands. The area has been redefined by the EU in its Strategy for Cooperation in the Indo-Pacific, agreed in the

1 All views expressed in the article are purely those of the author and cannot in any circumstances be regarded as stating an official position of either the European External Action Service or the European Union.
conclusions of the Council of the European Union and the Joint Communication of the Commission and the High Representative of the Union for Foreign Affairs and Security Policy in 2021, i.e., already during the COVID-19 pandemic. In line with the Strategy, the Indo-Pacific stretches from the east coast of Africa to the Pacific Island Countries.

The Indo-Pacific region is of key strategic importance for Europe. It is home to three-fifths of the world’s population, generates 60% of global GDP, and, prior to the outbreak of the COVID-19 pandemic, it was responsible for approximately two-thirds of global economic growth. Its dynamic demographic and economic development, however, means that the contribution of the Indo-Pacific countries to global carbon dioxide emissions has increased by over 50% in the last 20 years. Asia is also an area of exacerbated superpower rivalry between the US and China, a hotbed of conflicts with the potential to destabilize the entire region, and a dispute zone over the significance of values such as democracy and human rights.

For the majority of the Indo-Pacific countries, the European Union is the largest foreign investor and the leading trading partner. Four out of the ten biggest trading partners of the European Union are in this region. The EU has entered into strategic partnerships with four countries of the region: China, the Republic of Korea, Japan, and India, as well as with ASEAN (the Association of Southeast Asia Nations, incorporating 10 countries). This area also embraces overseas territories constitutionally linked to EU Member States. The EU therefore considers relations with Asia and the Pacific as significant and has a wide set of political instruments at its disposal.

The following chapter focuses on the Asia-Pacific countries of the Global South, i.e., developing countries under the EU’s development policy that also belong to the Indo-Pacific region, except for African countries. The European Commission outlines the following countries in the said group: Afghanistan, Bangladesh, Bhutan, China, Fiji, the Philippines, India, Indonesia, Cambodia, Kiribati, Laos, Malaysia, the Maldives, Micronesia, Myanmar, Mongolia, Nauru, Nepal, Niue, Pakistan, Palau, Papua New Guinea, Samoa, the Cook Islands,


4 New Caledonia, Wallis and Futuna, French Polynesia.
the Marshall Islands, the Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu, and Vietnam.\textsuperscript{5} Besides the geographical criterion, the criterion of benefitting from the EU’s development cooperation funds was also applied. Due to the pronounced diversity of the countries of the Global South in the Asia-Pacific region, the COVID-19 pandemic has undoubtedly affected country-specific policies to a different extent in each case. Hence, simplifications and generalizations have been inevitable.

The objective of the chapter is to verify the hypothesis that the COVID-19 pandemic was a catalyst that intensified and modified relations with the countries of the Global South in Asia. The questions that seem relevant here refer to the scale of these changes and their effectiveness in view of the actions undertaken by other global actors. Has the EU’s assistance really helped in the fight against the pandemic in Asia? How has EU aid and its political narrative been received, in particular as compared to similar endeavours by China, the United States and other countries? Has the expansion of support programmes exerted more profound changes in the EU’s policy towards these countries?

In the pursuit of answers to the foregoing questions, the author has first and foremost availed himself of primary sources, i.e., documents of the European Commission and the European External Action Service, public releases published by governmental and non-governmental international organizations, as well as statements outlining the conclusions of leaders’ meetings. The accessible scientific and analytical studies as well as press sources from Europe and the countries of the region have also been used.

The author’s survey conducted among ambassadors and high-ranking diplomats from EU delegations in the Asia-Pacific region has proven to be a unique and exceptionally valuable research tool. EU diplomats from 22 posts in the region agreed to answer open-ended questions regarding the EU development cooperation with the country in which they were stationed.\textsuperscript{6} The said survey questions were consistent with the research questions formulated hereinabove. The EU diplomats provided answers to the following questions:

- To what extent has the European Union’s policy in the country of your diplomatic post actually affected the fight against the pandemic?


\textsuperscript{6} A survey conducted via electronic communication in February 2022.
- Has the European Union competed with other actors in providing assistance and shaping the narrative? If so, how?
- How has the EU’s response to the COVID-19 pandemic and its narrative been received in the country of your diplomatic post?

Since the respondents are also co-creators and executors of the European development cooperation policy, their answers were bound by anonymity. The responses enabled the author to analyse the described phenomena more thoroughly and to draw conclusions exceeding the context of individual countries.

1. European Union assistance in response to COVID-19 for the countries of the Global South in Asia and the Pacific

The European Union's response to the COVID-19 pandemic and, subsequently, the actions of development policy towards the countries of the Global South in Asia and the Pacific can be conventionally divided into four phases. Phase one, the so-called ‘initial’ phase, from the moment of virus detection in China in November 2019 until the World Health Organization recognized COVID-19 as a global pandemic on 11 March 2020. The second phase continued until the EU’s adoption of a package of measures to spur the economy (NextGenerationEU and long-term budget) in July 2020. The third phase lasted until September 2021. The adoption of the EU Strategy for Cooperation in the Indo-Pacific initiated the fourth phase. The periods marking the foregoing phases are fluid. For the purpose of the analysis, the Asia-Pacific region has been divided into China, South Asia, ASEAN, and the Pacific.

The first phase was the prelude to the pandemic. Because the spread of COVID-19 was initially not treated as a threat to the EU, and even less so as a global threat, there was no change in the policy towards Asian countries in the Global South in the first months following the virus’ emergence. The EU followed developments in China with growing concern, but focused its attention on other, previously set priorities. This is well illustrated by the wording of the Chairman’s statement agreed at the Asia-Europe Meeting of the ASEM Foreign Ministers on 15–16 December 2019 in Madrid. The motto of the meeting was “Asia and Europe: Together for Effective Multilateralism”, and the five-page statement does not once mention a new virus. Strengthening multilateralism

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was a priority in order to enhance cooperation in solving global problems such as climate change, pollution of the seas and oceans, terrorism, and shipping safety. Particularly noteworthy is the ASEM seminar on threats to public health scheduled for June 2020 (at that time unrelated to the newly discovered strain of coronavirus).

EU Member States provided China with *ad hoc* assistance in the form of medical supplies and protective equipment (about 50 tons) for hospitals in Wuhan in January and February 2020, and President of the European Commission Ursula von der Leyen assured Prime Minister Li Keqiang of her support for China’s express purchase plans of medical supplies in Europe. In other sub-regions of the Asia-Pacific, the EU’s fundamental policy and actions related to development cooperation remained intact.

The second phase was dominated by Europe’s surprise towards the global nature of the pandemic. During this period, EU diplomacy was focused on helping EU citizens; due to the severe reduction in air traffic, the EU for the first time in history undertook a global initiative to evacuate its citizens from countries affected by the COVID-19 pandemic, including the Asia-Pacific region. On 11 March 2020, the World Health Organization recognized that the spread of the virus is characteristic of a pandemic. At that time, the European Union accepted China’s support in the form of masks and test kits. China pledged to help Europe during a telephone conversation between Prime Minister Li Keqiang and the President of the European Commission, Ursula von der Leyen, on 18 March, which was only six weeks after Beijing accepted the European Union’s aid. What is more, in the following months, EU Member States imported vast amounts of medical equipment from China (in the form of personal protective equipment, including masks and coveralls). Following the exchange of assistance in spring 2020, the EU did not undertake any actions towards China in terms of development cooperation related to COVID-19. It was then (in March 2020) that High Representative Josep Borrell first used the term “battle of narratives” to refer to

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political interpretations imposed by various international actors (see more in the subsequent part of the article).\textsuperscript{10}

The sudden restriction of international mobility, including tourism, adversely affected the economies of Asia and the Pacific and disrupted supply chains.\textsuperscript{11} As a response, on 20 March 2020, EU and ASEAN foreign ministers met via a video conference to discuss measures aimed at reducing the negative impact of the pandemic on the economies of both regions as well as maintaining supply chains and developing scientific cooperation.\textsuperscript{12}

During the initial stage, development cooperation related to COVID-19 was limited and provisional. In order to maximize its effects, the European Commission joined forces with Member States and other institutions such as the European Investment Bank under the Team Europe platform. The aim of such support actions, besides the obvious synergy effect, was to increase the visibility of development cooperation projects carried out by European institutions.

In a number of countries, the EU collaborated with the World Health Organization and UNICEF to adapt the existing cooperation programmes. In Afghanistan, for example, the EU helped to prepare the National COVID-19 Response Plan in coordination with the World Bank, the Asian Development Bank and USAID, as well as the Afghan Health Cluster. Correspondingly, in April 2020, the EU and the World Bank redirected 680,000 euros of previously contracted funds to COVID-19-related goals in Mongolia. As an \textit{ad hoc} initiative, the EU Delegation, along with NGOs, supplied food and sanitation packages to families most affected by the spread of the virus. In Malaysia, the EU supported a project to provide food, water and essential medical supplies to communities severely hit by the pandemic crisis. In Myanmar, the EU provided assistance to women working in the textile industry who lost their jobs due to disrupted supply chains (project worth 10 million euros). Similar \textit{ad hoc} actions and initiatives that involved already existing programs and cooperation frameworks

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were also undertaken in other countries of the region. Tangible aid was delivered promptly, providing real support from the EU to the countries of the Global South in Asia.

In the third phase, the European Union regained its initiative in the global fight against the pandemic. In May 2020, the European Union organized a global donors’ conference, during which the world leaders pledged a total of 7.4 billion euros. Projects executed as part of Team Europe in Asia have gained greater impetus. In July 2020, the EU adopted an economic recovery package to spur the economy (NextGenerationEU and a long-term budget). In countries of the Asia-Pacific region, similarly to other parts of the world, cooperation programmes have been reviewed to adapt them, where possible, to the new situation arising from the COVID-19 pandemic.

Problems with the supply of medical and protective equipment in the first phase of the pandemic forced the EU to pursue opportunities to diversify its supply chains. The objective was to increase Europe’s autonomy and reduce dependence on China. In light of the foregoing, the EU-India Summit, held via a video conference on 15 July 2020, gained particular importance. The Summit’s attention was mainly dedicated to joint efforts in the fight against the pandemic, both related to ongoing cooperation programmes, as well as connected to longer-term boosting of the production of protective materials and medications, and ensuring the continuity of supply chains. A vital part of the Summit was the emphasis on economic issues to ensure a prompt post-pandemic economic recovery.13 India’s engagement in the COVAX initiative was one of the tangible results of the tightened cooperation. The vaccines manufactured by India were consequently distributed through the network.

In April and May 2021, at the peak of the second wave of the pandemic in India, Team Europe, thanks to the involvement of the EU Civil Protection Mechanism, provided India with 100 million euros worth of aid, including respirators and oxygen generators. The assistance, provided by Belgium, Ireland, Luxembourg, Germany, Portugal, Romania, and Sweden,14 came, in the public’s

opinion, in time to save countless lives.\textsuperscript{15} Parallel actions were taken in Nepal. 14 Member States donated medical equipment to Nepal via the EU Civil Defence Mechanism and Europe joined forces, among others, with UNICEF.\textsuperscript{16} As has been the case in other Asian countries, since 2020 the EU has reoriented its development cooperation programmes to adapt them to the challenges of the pandemic.

The mobilization of the EU in ASEAN countries is particularly noteworthy. Development cooperation encompassed both individual Member States as well as the ASEAN structure and applied to direct assistance programmes (short and long-term), along with the much broader framework of scientific and research cooperation. The European Union allocated 800 million euros to the fight against the COVID-19 pandemic in the region. The assistance programmes focused mainly on direct medical aid as well as minimising the impact of negative long-term socio-economic consequences. For instance, the EU became engaged in strengthening the efficiency and resilience of health systems and supplying drinking water. According to data at the end of January 2022, gathered by the EU Delegation to ASEAN, the European Union and its Member States supplied 311 million doses of the COVID-19 vaccine (under COVAX, direct donations from Member States and commercial supplies) to countries in Southeast Asia.\textsuperscript{17} EU diplomats employed in Southeast Asian countries unanimously agreed that the EU development cooperation made a significant difference in the fight against the pandemic. Examples of development cooperation in the third phase response to the pandemic in Asia and the Pacific are outlined below.

In Indonesia, the EU contributed 10 million euros to civil society organizations to mitigate the socio-economic impacts of the health crisis. More than 2.9 million people in 9 provinces of the country benefited from the actions undertaken by local EU partners. Thanks to a 10 million-euro grant and a loan of 180 million euros, two hospitals were expanded, which allowed for an increase in the number of patients and enabled research on the virus to be conducted. Since


\textsuperscript{17} Data pursuant to a survey conducted by the author among EU diplomats in the region – cf. part 1 of the article.
the pandemic exacerbated the already existing substantial socio-economic challenges, the EU also continued programmes indirectly related to COVID-19 but essential for the functioning of the state combating COVID-19. Consultancy in the field of public finance management (a project worth 10 million euros) and participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria were prime examples. These activities were undertaken as part of Team Europe and under the UN Multi Sector Response Plan.

The EU has also cooperated with other international organizations to implement development cooperation programmes in Malaysia. In June 2021, the EU allocated 1.7 million euros to the WHO’s three-year COVID-19 programme to support Malaysia. What is more, as part of the mobilization of Team Europe, the EU Delegation joined forces with the European Chamber of Commerce (Euro-Cham) and organized the supply of medical personal protective equipment.

In Laos, the EU actively collaborated with the WHO and the local Ministry of Health. The European Union increased the level of budget support in 2020 from 28.4 million euros to 42.8 million euros while also facilitating the administration of these funds. Three million euros was redirected to support the development of digitization, e-learning, and basic hygiene in schools. The EU also provided a 2.5-million-euro grant to foster the capacity building of civil society to respond to the challenges of the pandemic. The EU allocated 2.8 million euros to a WHO-led program valued at approximately 20 million euros to create an efficient testing and confirmation system for COVID cases at a local and national level.

As seen from the examples above, the aid was mostly provided directly to ASEAN member states, but cooperation also stretched to the ASEAN General Secretariat. In June 2021, the EU allocated 20 million euros to a joint project called “South East Asia Health Pandemic Response and Preparedness.” The project was implemented by the World Health Organization and had a rather broad scope – from care provided to mothers to the strengthening of healthcare services in migrant and indigenous communities.

The EU and ASEAN launched EU-ASEAN Experts’ Dialogue on COVID-19 Vaccines on 8 December 2020, which became a platform for discussing specific aspects of vaccine manufacture, distribution, and formal authorization. On 25 May 2021, the subsequent Expert Dialogue took place and its agenda

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encompassed further practical challenges as regards cooperation in the fight against the pandemic: the emergence of new virus variants, the scaling up of manufacturing capacity, gaining experience in conducting mass vaccination campaigns, the gradual opening of regions and the return to normal, the issue of mutual recognition of vaccination certificates, and preparedness for possible future pandemics.\(^{19}\)

During this phase, development cooperation in Asia and the Pacific also took on more original forms. For example, in Timor-Leste, where the EU has allocated approximately 7 million euros to cooperation programmes related to COVID-19, the EU funded TV commercials promoting vaccinations, provided financial support to journalists deprived of paid employment due to lockdowns and equipped them with tools indispensable to combat disinformation. Furthermore, as has been the case in other countries of the region, the EU worked closely with WHO on various programmes in the health sector. The EU provided the full amount of financial support and eased formal requirements. An example of how the already-existing forms of cooperation have been adapted to the new COVID-19-related challenges was the modification of the aid programme for women and girls – victims of domestic violence, which was of particular significance under the lockdown conditions.\(^{20}\)

Timor-Leste and the other 14 countries of the Pacific received 22 million euros from the European Commission to strengthen their healthcare systems.\(^{21}\) Due to the isolation of these countries by virtue of their geographical location, and exacerbated by the effects of the pandemic, EU development assistance improved the accessibility of air transport which enabled experts and specific aid to reach the region. In providing help, the EU partnered with WHO, the World Food Program and the Pacific Community. The authorities of the Pacific countries acknowledged that the aid came in time and made a significant difference.

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Similarly, in Bangladesh, the EU worked hand in hand in the implementation of development cooperation programmes with other partners, mainly via Team Europe. As a result, the EU and its Member States supplied over 14 million vaccine doses to Bangladesh. The involvement of the European Investment Bank (EIB) is particularly noteworthy as it loaned Bangladesh 250 million euros to combat COVID-19. The EIB allocated a total of 425 million euros to support the healthcare sector in South Asian countries. The loans are guaranteed by the EU under the NDICI (EU EFSD + Comprehensive Guarantee and its Neighbourhood, Development and International Cooperation Instrument). Thanks to the EU’s aid, the vaccination campaign also extended to Rohingya refugees from Myanmar. The EIB’s support for COVAX should not be neglected either, with its total value reaching 1.3 billion euros.

Another interesting initiative carried out in Bangladesh under the aegis of the EU was the Team Europe Decent Work Initiative, its objective being to promote safe and fair working conditions. During the pandemic, the EU, along with its partners from Team Europe, mobilized resources to support textile workers who lost their jobs due to the disrupted supply chains.

A singular case that needs to be addressed separately is that of Afghanistan. The Taliban takeover of power caused a deterioration of the healthcare system making the fight against the pandemic exceptionally difficult. Most hospitals specializing in COVID-19 were closed, and virtually the entire healthcare sector suffered from severe under-funding. After the Taliban came to power, most of the isolation centres in Afghanistan were closed, and a shortage of test reagents, test kits and medications occurred. Vaccination rates plummeted. In January 2022, Commissioner Jutta Urpilainen announced that the EU had launched projects worth a total of 268.3 million euros to support the people of Afghanistan in the face of a humanitarian crisis. These projects were part of a larger EU support package (1 billion euros) announced by President von der Leyen in October 2021. Since the outbreak of the pandemic, the EU has allocated nearly

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147 million euros to goals directly related to the fight against COVID-19 and humanitarian aid in Afghanistan. The EU has also been working closely with the Aga Khan Foundation/CORDAID consortium and with international partners: WHO and UNICEF. In December 2021, a decision to extend and secure subsequent funding to the development cooperation projects carried out jointly with WHO and UNICEF was made, thus prolonging them until the end of 2023.

The examples above show that in this phase of the response to COVID-19 in Asia, the EU predominantly applied global instruments (COVAX) and collaborated in providing assistance with organizations from the UN system (WHO, UNICEF, and the World Food Program). These actions allowed for the efficient provision of support with the use of existing infrastructure of development cooperation in the Asia-Pacific. Careful coordination also prevented to a large extent needless duplication of efforts. A new element was the effective synergy of actions undertaken by various European partners within Team Europe. Such formula proved successful in the region, thereby enabling the assistance effects to be multiplied. The EU’s response was adapted to the needs stemming from different stages of the pandemic in individual countries. The rules of development cooperation became more flexible, which allowed for the timely transfer of budget subsidies and the modification of former programmes to support long-term goals of development cooperation. This, in turn, will be of vital importance also in the post-pandemic period.

2. COVID-19 and the EU strategy towards the Indo-Pacific: a political response

In the conclusion adopted by the Council on 16 April 2021 and the Joint Communication of 16 September 2021, the European Union outlined a new strategy for the Indo-Pacific and redefined the region. The adoption of the strategy by the EU gave rise to a new stage in cooperation between the EU and the countries of the Global South in the Asia-Pacific region. The intensified geopolitical rivalry in the region became a direct action trigger, but the COVID-19 pandemic also undoubtedly affected the content and timing of the strategy. The decision

to initiate working on the strategy was made by Member States in December 2020 following discussions in the COASI Working Party, i.e., before the onset of the pandemic.\textsuperscript{26} The EU followed in the footsteps of the following Member States that previously adopted Indo-Pacific strategies or policies: France (2018), Germany (2020) and the Netherlands (2020), as well as other partners: Japan (2007), Australia (2013), India (2014), USA (2017), ASEAN (2019), New Zealand (2019) and the UK (2021). The strategy defines the Indo-Pacific as a region that stretches from the east coast of Africa to the Pacific Island Countries. The said geographic definition has changed the perception of Asia, which dominated in Europe in the past where the region was typically referred to as “Asia and the Pacific.” Besides the political premises that determined the adoption of the strategy, its timing was of significant importance. The EU decided to restructure its policy towards Asia during the COVID-19 pandemic. Its objective became to strengthen EU’s presence in the region in order to contribute to the stability, security, prosperity, and long-term development of the Asia-Pacific region by promoting democracy, the rule of law, human rights and international law. The COVID-19 pandemic emphasised the extent to which the EU and Asia are interconnected by supply chains. The strategy highlighted economic interdependence, close trade and investment ties, strong development cooperation and the significance of major waterways for EU trade.

Adopting the new strategy for the region unlocked the fourth phase of the EU’s response to the COVID-19 pandemic in the countries of the Global South in Asia and the Pacific. Both documents – the Joint Communication and the Council Conclusions – repeatedly refer to the COVID-19 pandemic. In the Council Conclusions, adopted in April 2021, the EU declared its intention to intensify engagement in the Indo-Pacific region and focus on addressing the consequences of the COVID-19 crisis, rebuilding the economy, and strengthening the resilience of healthcare systems. The health sector was identified as a priority area of cooperation and, in that regard, the EU emphasized the role of

\textsuperscript{26} COASI is an Asia-Oceania Working Party for the EU. The Party is responsible for the relations between the European Union and Asia and Oceania, i.e., 27 countries and 6 international organisations in the region. COASI prepares decisions as regards EU relations with Asia and Oceania, which are taken by the Political and Safety Committee, the Committee of Permanent Representatives and the Council. It tackles, among others, the development of long-term EU strategies and policies in the region. COASI meets on a regular basis in two formats: “Brussels” (representatives from Brussels) and “Capitals” (Asia directors from all Member States). The group is chaired by a diplomat from the European External Action.
multilateral cooperation in ensuring safe and diversified supply chains of pharmaceuticals and health protection equipment. The exchange of best practices with respect to healthcare systems, as well as crisis management and pandemic prevention strategies, is crucial. Looking to the future, the gravity of reciprocity in regulating travel and opening borders was emphasized. The EU pledged further support to partners from the Indo-Pacific region in procuring vaccines, including under the COVAX programme, in particular in low- and middle-income countries, i.e., the countries of the Global South.

The Joint Communication, announced in September 2021, highlighted that the COVID-19 pandemic put the resilience of economies to the test, and, even more so, emphasized the interdependence of the EU and the Indo-Pacific region, and proved that both regions can strengthen their resilience with open, diverse, and unimpeded access to world markets. “Build Back Better” was to be the main motto of the post-pandemic cooperation. In defining the priorities of the newly adopted strategy, the EU directly referred to the ongoing pandemic and specified that in the aftermath of the COVID-19 crisis it will focus on the following areas:

- Sustainable and inclusive prosperity;
- Green transition;
- Ocean governance;
- Digital governance and partnerships;
- Connectivity;
- Security and Defence;
- Human security.

The scope of cooperation with the countries of the region in recovery from the pandemic period has clearly been defined very broadly. The EU emphasised that, to that end, its intention was to apply the mechanisms of bilateral and multilateral cooperation, including ASEM and the G20. Indeed, during the Cambodia-chaired ASEM summit held on 25–26 November 2021, a Joint Statement by the EU, the ASEAN Secretariat, and 30 European and 21 Asian countries on the post-COVID-19 socio-economic recovery was adopted.27 The President of the European Council, Charles Michel, in his speech at the opening session highlighted that multilateral cooperation, and a strong Europe-Asia relationship

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in particular, is crucial for our global recovery, and all ASEM partners should work together for intelligent reconstruction; reconstruction which is more green, digital, sustainable and inclusive.28

According to the EU, the COVID-19 pandemic has exposed global weaknesses in healthcare systems and epidemic response mechanisms. Health has, therefore, become a major focus of collaboration with numerous partners in the Indo-Pacific region in order to combat the COVID-19 pandemic and prevent future crises. To this end, the EU strategy provides for, among others:

- Assistance to low- and middle-income countries (from the Global South) in accessing COVID-19 vaccines through COVAX and other channels. India was designated as the main partner due to the significance of its pharmaceutical industry;
- Enhanced multilateral cooperation in line with the Pharmaceutical Strategy for Europe, to build secure and diversified pharmaceutical supply chains;
- Joint research on combating communicable diseases (under Horizon Europe) and more accessible medicines and medical treatment. This form of assistance was to apply mainly to the least developed countries;
- Inclusion of the countries of the region to the system of mutual recognition of COVID-19 health certificates.

As can be seen from the above, the ultimate shape of the EU’s strategy for Indo-Pacific was affected by the COVID-19 pandemic. The strategy has redefined the EU’s engagement in the countries of the Global South in the Asia-Pacific region. The expansion of assistance programmes was accompanied by more pronounced changes in the EU’s policy towards the countries of the region. The said changes, driven by the ambitions identified at the beginning of President von der Leyen’s mandate as a more “geopolitical European Commission”, have been enshrined in the new strategy.

3. The battle of narratives in Asia and the Pacific – donor competition

The foregoing analysis highlighted that the EU’s assistance did make a difference in the fight against the pandemic in Asia and the Pacific, and at the same time entailed subsequent changes in the policy towards the countries of the region. The presented mechanisms of concrete cooperation with other donors (organizations from the UN system, NGOs), and well-established ways of providing direct support to local partners, were effective means of aid provision and prevented the misuse of resources. At the same time, however, they made some initiatives less visible, despite substantial amounts disbursed by the EU.

The global “battle of narratives” also took place at the local level, in individual states of Asia and the Pacific, where there was a clash between messages of public diplomacy of the European Union and other partners involved in providing aid and development programmes. Even though it was China where the virus first appeared, the European Union was initially perceived as the centre of the pandemic outbreak by a number of Asian countries. Over time, the EU managed to regain the initiative and take control of the public communication regarding Europe. Specific measures aimed at containing the pandemic within the European Union itself, such as manufacturing and global roll-out of vaccines, as well as the promotion of “COVID passports,” which were to facilitate the reopening of international passenger travel, helped to achieve the objective.29

The main competitor of the European Union in the “battle of narratives” in Asia and the Pacific was China. It became particularly apparent in April 2020, when Beijing declared victory over the pandemic, closed its borders to the movement of people, and focused on a stringent implementation of the “zero COVID” policy. The Chinese media, strictly controlled by the authorities, accused the West, including Europe, of deliberately infecting China to weaken its economy and slow down political growth,30 and also questioned the perception that the virus originated in China.31 The thesis that the COVID-19 virus comes from China, widely recognized as fact in Europe, ultimately began to be treated by

Beijing as anti-Chinese. Vaccine supply from China and Europe became a more direct area of competition. China accused Europe of politicizing the shipment of vaccines to third countries and restricting their global distribution in their own interest.\textsuperscript{32} This message was promoted by the Chinese media both in domestic outlets and to the outside world, including in the Asia-Pacific region.

In the majority of countries of the region, China, besides the EU, was the greatest contributor of development cooperation related to the fight against COVID-19. Even though China provided significant amounts of vaccines on a commercial basis (against payment), it managed to use them swiftly as part of public diplomacy in Asian countries. This was the case, for example, in the Philippines, where Sinovac was the first vaccine available on the market, and its shipment was received by President of the Philippines Rodrigo Duterte himself.\textsuperscript{33} Laos, where EU-funded cooperation programmes significantly contributed to Laos’ successful response to the pandemic, is a similar example. The country’s government really valued the help provided by the EU, nevertheless, due to the multitude of actors involved in providing aid, the role of the EU failed to be generally recognised by Laotian society. The EU had similar experiences in other countries of the Global South in the Asia-Pacific region. China, however, was not the EU’s only competitor in the field of public diplomacy. In Papua New Guinea, for instance, the EU and Australia entered a dispute over the availability and export licenses of AstraZeneca vaccines. In Nepal, the EU’s main competitors were not only China and India, but also the USA and the UK. In Bangladesh, it was the USA and Japan. In Malaysia, besides China, it was also the USA, the UK and Singapore. All of the said countries wanted their cooperation programmes in the fight against the pandemic to be the most visible.

The perception of assistance programmes in the countries of the Global South in Asia and the Pacific was obviously affected not so much by explicit amounts disbursed by donors, but rather by the method of providing aid and its potential links to political goals. The EU focused on efficiency, effectiveness, and synergy. Efforts were made not to duplicate activities, to simplify administrative


procedures and adapt existing programs and cooperation mechanisms to new needs. Such an approach, as highlighted by the survey conducted among European diplomats, made a difference on the ground. Experts and governments of countries on the receiving end of the assistance under development cooperation appreciated the EU’s contribution to combating the pandemic. The downside of this course of action was, however, the dispersion of communication and the limited visibility effect of the assistance. EU aid was provided under the umbrella of the European Commission and its individual Directorates General (INTPA, ECHO), the European External Action Service, local EU Delegations, already existing and locally recognized widespread cooperation programmes, individual Member States, the European Investment Bank, and also in the form of budget subsidies to governments, grants to international organizations from the UN system and local NGOs. It was difficult to unequivocally estimate the value of the aid that came through these numerous channels. To overcome the information chaos, a uniform element of European aid identification under Team Europe was established but did not translate into a fundamental qualitative change in the public diplomacy dimension.

Conclusions

The outbreak of the COVID-19 pandemic has significantly affected relations between the European Union and the countries of the Global South in Asia and the Pacific. The successive phases of the EU’s response – from surprise to mobilization and regaining initiative, and finally to political response – have demonstrated Europe’s ability to adapt to new, unforeseen challenges. The European Union’s assistance has indeed helped save lives in low- and middle-income countries and it came where it was expected, despite the enormous needs arising from the spread of the pandemic in Europe itself. The EU proved its position as a global actor, capable of prompt and flexible actions in collaboration with other partners. The use of the EU’s political and aid infrastructure to coordinate and synergize specific initiatives led by an array of European actors, including Member States, NGOs and the EIB was particularly valuable.

The governments of the countries of the Global South in Asia and the Pacific recognised the scale and methods of aid provision by the European Union. Europe’s public diplomacy became overshadowed by the battle of narratives with China, which was waged both globally and in individual states in the region. Due to the multidimensionality of the provided assistance, the European Union found it more difficult to compete with China in promoting individual aid programmes. What is more, the EU competed locally for recognition with other

donors such as the US, India and Australia. Therefore, in the public’s perception, the value of support that came from Europe has not found the well-deserved recognition corresponding to the amount of funds involved and their highly influential, positive impact.

A new, crucial element was entering the fight against the consequences of the COVID-19 pandemic into the European Union’s strategy for the Indo-Pacific. The EU recognized cooperation with the countries of the region – both with the largest economies in the world and with the countries of the Global South – as a key element in the fight against the pandemic. The shock of the pandemic revealed the fragility of global supply chains on which Europe’s prosperity depends. In other words, development cooperation to overcome COVID-19 became an essential step in developing closer relations with a redefined Indo-Pacific. The strategy assumes the strengthening of the EU’s position and balancing trade conditions in the Indo-Pacific region affected by new regional agreements such as CPTPP (the Comprehensive and Progressive Trans-Pacific Partnership Agreement) and CREP (the Comprehensive Regional Economic Partnership). What is vital for the countries of the Global South is the European Union’s pledge to further support the eradication of poverty, sustained economic growth and employment, promotion of human and labour rights, and the integration of the countries of the region into global systems of common values. The EU’s joint engagement with the countries of the Global South in the fight against the pandemic was a stimulus to extend cooperation to new areas and strengthen relations with Asia and the Pacific.

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European Union Initiatives Supporting Latin American and Caribbean Countries in Combating the COVID-19 Pandemic

Abstract:

The EU has responded to COVID-19 by including Latin America and the Caribbean in the Strategy for Global Response to COVID-19. Nevertheless, the EU’s actions under Team Europe, based on humanitarian and development policy, as well as other existing co-operation programmes, were a drop in the ocean of the needs of the region, which remained the most severely affected pandemic center for months. The objective of this chapter is to analyze the initiatives undertaken by the EU to support Latin American and Caribbean countries in their fight against the pandemic and to evaluate the EU policy from the perspective of the applied tools, the needs of the region and the actions of other players, in particular China and Russia. The European Union, which has been present in the region for decades, turned out to be an organisation with limited possibilities to help Latin America and the Caribbean in their fight against the pandemic, especially in view of other global actors actively operating in the region, such as China and Russia.

Keywords: Latin America, Caribbean, Abdala, Soberana, vaccines

Introduction

Latin America and the Caribbean (LAC) is a region with which the European Union (EU) has maintained multidimensional relations for years. Its 33 countries are characterized by a common history (colonization, independence, US presence), considerable linguistic (the predominance of Spanish and Portuguese) and religious (a prevalence of Catholicism) homogeneity and a diverse existence of indigenous peoples.

The historical and economic ties of some Member States (Spain, Portugal, Germany, France, Italy, the Netherlands) and the Strategic Partnership between the EU and LAC launched in 1999 in Rio de Janeiro underpin stable institutional foundations for bi-regional (EU-CELAC dialogue), sub-regional (Central
America, Andean America, Mercosur, the Caribbean) and bilateral relations with individual Latin American countries (Chile, Mexico, Brazil).¹

One year prior to the pandemic, in April 2019, the EU presented a strategy to develop a relationship with Latin America and the Caribbean² by proposing a reinforcement of the declining political partnership as well as trade, investment and sector co-operation in the light of China’s growing economic position in the region, and to incorporate climate and digital issues on the agenda. Highlighting the need for a pragmatic approach to a region comprised of states with diverse political interests, the EU proposed strengthening the association with interested regional groups and countries willing and able to pursue common goals.

The foregoing, however, failed to yield any major breakthroughs in bi-regional relations. As the EU High Representative for Foreign Affairs and Security Policy Josep Borrell, emphasized, “our partnership with Latin America contains a paradox: despite having much in common, our interactions remain far below their potential. From many points of view, we are the most like-minded people in the world. However, Latin America is also very different from Europe.”³

In the political dimension, what connects the EU and Latin America is a community of values which, despite the growing authoritarian tendencies in LAC, is still a vital element of co-operation in multilateral fora on issues such as human rights, sustainable development, migration and combating climate change.

As for the economic dimension, the EU has entered into association, free trade, or co-operation agreements with 27 countries in the region and is the third largest trading partner for Latin America and the Caribbean, following the

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US and China, and the first investor in the region.\textsuperscript{4} The foreign direct investment of EU Member States is valued at 758 billion euros, which is more than the total amount of EU investments in China, India, Japan, and Russia.\textsuperscript{5}

Its geographical location still keeps Latin America and the Caribbean politically and economically remote for a number of EU countries. What is more, the region is notorious for organized crime and drug trafficking, corruption, weak institutions, and human rights violations. The strong position of the United States, especially in relations with Mexico and Central America as well as the growing economic and/or political role of countries from outside the region, in particular China and Russia, should also be emphasized. These factors impact the EU’s secondary or even tertiary position in relations between Latin American countries and the outside world.

Latin America and the Caribbean is a region that has experienced numerous political and socio-economic transformations in recent decades. On various levels, it has become more affluent, as evidenced by a growing middle class, but the process has failed to eradicate the profound social inequalities and poverty that are visible to a greater or lesser extent in all Latin American countries.

When we take into consideration the \textit{per capita} income, there are no low-income countries in LAC. The vast majority, 23 in total, are middle-income countries that constitute the core of the Global South in this region. Six countries, Belize, Bolivia, El Salvador, Haiti, Honduras, and Nicaragua, belong to the lower-middle-income group and seventeen, including Argentina, Brazil, Colombia, Peru, and Mexico, are in the upper-middle-income group. Only Chile, Uruguay and some Caribbean states are classified as high-income countries.\textsuperscript{6}

Since a predominant number of Latin American states belong to the upper-middle-income countries, the EU excluded many of them from EU development


\textsuperscript{6} Data based on the World Bank Countries and Lending Groups 2022, \texttt{<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>}.  
assistance mechanisms as of 2014.\textsuperscript{7} Nevertheless, the EU remains the largest donor of this form of assistance in the region, and the model of European integration is occasionally debated in terms of the future of the region.

Latin America and the Caribbean have been severely affected by the COVID-19 pandemic. Despite only 8\% of the world’s population living there, between 2020 and 2021, the region was responsible for 19\% of infections and 27\% of global deaths caused by COVID-19.\textsuperscript{8} Latin American countries, like many others, were unable to respond effectively to the spreading pandemic, which resulted in high morbidity and an enormous mortality rate.

This chapter focuses on the hypothesis that the European Union, which has been present in the region for decades, has turned out to be an organisation with limited possibilities to provide assistance to Latin America and the Caribbean in their fight against the pandemic, especially in view of other global actors actively operating in the region, and the pandemic experience will not lead to a fundamental change in the current dynamics of EU relations with LAC.

The objective of this chapter is to analyse the initiatives undertaken by the EU to support Latin American and Caribbean countries in their fight against the pandemic and to evaluate the EU policy from the perspective of the applied tools, the needs of the region and the actions of other global actors, in particular China and Russia. The structure of the chapter serves to validate the hypothesis and provide answers to the posed questions, hence, the author has first and foremost presented the priorities and financing of the EU policy to fight the pandemic in LAC, as well as the EU’s contribution to the vaccine policy in the region. Subsequently, the author focuses on implementing the EU’s strategy for a global response to the pandemic in selected Latin American sub-regions and countries, taking into consideration humanitarian aid, development policy, and other means that the EU applied during the pandemic. The chapter ends with an analysis of the changes in the EU’s policy towards LAC prompted by the pandemic, as well as conclusions regarding the core problems and directions of the EU’s policy towards this region.


1. Priorities and financing of the EU response to the pandemic in Latin America and the Caribbean

Due to the spread of COVID-19, in April 2020, the European Union incorporated Latin America and the Caribbean in the strategy for a global response to the pandemic combined with the concept of Team Europe. Latin American countries were listed as potential recipients of EU health assistance for those most affected and the most vulnerable, together with the countries of Africa, the European Neighbourhood Policy, the Western Balkans, the Middle East, and Asia.

Although the Team Europe approach was applied by all 24 delegations representing the EU in the region, limits to EU engagement were established from the very beginning, highlighting Venezuela, its neighbouring countries, and the Caribbean as priority areas. The goal was to provide humanitarian aid as a response to needs arising from the health crisis, and to strengthen health systems, water supplies, sanitation services and research capacity.

The European Union pledged over 15.6 billion euros to financially support countries incorporated in the strategy for global response to the pandemic to address the immediate health crisis, humanitarian needs and its long-term socio-economic ramifications. 918 million euros were allocated for Latin America and the Caribbean, i.e., 5.9% of the said amount.

The vast majority of the foregoing were aid measures already available under existing support mechanisms such as development assistance, humanitarian aid and the European Development Fund, which were ‘re-oriented’ or COVID-19 labelled. Towards the end of 2020, along with the contributions from the EU, the EIB and the Member States, the foregoing amount reached 2.4 billion euros.

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the end of 2021, according to EU declarations, the total amounted to 3 billion euros from the EU and Member States earmarked for immediate assistance in the health sector.\textsuperscript{13}

In LAC, the pandemic hit countries that were in dire straits long before its outbreak. Insufficient economic performance, low levels of trust in institutions, weak public health systems, social inequalities, informal employment of up to 60%, indigence and violence are factors that hindered the fight against COVID-19. At the same time, the possibility of an economic shutdown of Latin American countries due to the enormous socio-economic cost that such a decision could generate, was highly limited.

In November 2020, the OECD warned that the situation in Latin American countries had deteriorated significantly since the onset of the pandemic. Even back then, the Latin American economy was expected to shrink by 8–9%, triggering the worst recession the region had experienced in the last century, much more severe than that in the Middle East, Africa, or Asia.\textsuperscript{14} And it did inevitably happen. In addition to the health crisis, Latin America and the Caribbean plunged into a deep socio-economic crisis that affected the region throughout 2021, and any perspectives for recovering from it in 2022 became limited due to Russia’s aggression against Ukraine.

2. Access to vaccines in Latina América and the Caribbean and the role of the EU

For Latin America and the Caribbean, access to vaccines was of paramount importance. Efforts were made through individual endeavours and regional and

\begin{itemize}
\end{itemize}
subregional co-operation to safeguard vaccines from various sources. Latin America’s voice in the discussion on guaranteeing universal access to vaccines was also extremely strong, mainly through Mexico as a non-permanent member of the UN Security Council.

From 24 December 2020 to the end of March 2022, over 1.346 billion vaccine doses of various manufacturers – Pfizer-BioNTech, AstraZeneca, Sputnik V, Sputnik Light, Sinovac, Sinopharm, CanSino, Covaxin, Janssen, Moderna, SII Covishield, were supplied to Latin American countries. This allowed for approximately 60% of the adult population to be vaccinated, although, as indicated by the World Health Organization, this percentage is still below 40% in half of the countries in the region.

Vaccines from Europe, China, Russia, and the United States reached LAC, along with vaccines produced locally based on co-operation with major manufacturers, mainly AstraZeneca. Against the backdrop of global vaccine competition, a number of countries had to accept Chinese or Russian vaccines that had not been approved by WHO. For countries such as Venezuela or Nicaragua, the choice was purely ideological. Cuba was the only Latin American country that managed to produce its own vaccines, namely Abdala and Soberana which were also administered in Venezuela to some extent.

The EU’s contribution to the development of vaccines against the coronavirus, as well as its support for the COVAX initiative to ensure prompt access to vaccines for all countries, was carefully observed in LAC. Owing to the COVAX Facility, 31 countries in the region received vaccines, of which approximately 50 million doses came from the EU, and 10 countries benefited from subsidies for vaccine procurement under the COVAX Advanced Market Commitment. The said support was of great importance to demographically smaller countries.

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such as Nicaragua (5.2 million doses), Guatemala (4.9 million), Honduras (4.4 million), while in the case of Brazil (13.8 million) and Mexico (6.6 million), the COVAX mechanism was completely lost in vaccine statistics.\(^\text{19}\)

However, the recognition of the EU’s role as an organization financing vaccine research and becoming a crucial link in their manufacture and roll-out, was not a smooth road. In the first half of 2021, the EU was criticized in the countries of the region (e.g., in Mexico) for purchasing vaccines in quantities exceeding its population and establishing a licensing mechanism for exporting vaccines outside the EU, which forced EU embassies to clearly explain the situation in the mass media.\(^\text{20}\) The topic was raised at a virtual EU-LAC Summit in December 2021, where the heads of the European Council and the European Commission highlighted the 130 million vaccine doses exported from the EU to the countries in the region, the role of the EU in the COVAX mechanism and the actions undertaken by the Member States, which donated 10 million doses to nearly half of the Latin American countries.\(^\text{21}\)

Vaccines that reached LAC were delivered mainly based on bilateral and multilateral agreements, accounting for almost 80% of the supplies. COVAX is responsible for 10%, donations account for 4.5%, and the AVAT mechanism constitutes only 0.05% of vaccines in this region. The origins of approximately 100 million doses have not been identified, which is particularly noteworthy.

The main vaccine recipients were Latin American countries, where 1.221 billion doses were delivered by the end of March 2022, i.e., c. 85% of the doses


supplied to the region. The Caribbean accounts for the remaining 15%. Brazil (521 million doses, i.e., 38.7% of the total number of vaccines in LAC), Mexico (243 million, 18%), Argentina (109 million, 8%), Colombia (88 million, 6.5%) and Peru (72 million, 5.3%) were the largest vaccine recipients.22

Table 1. Types of COVID-19 vaccines supplied to Latin America by 31 March 202223

<table>
<thead>
<tr>
<th>Region of origin/ Vaccine</th>
<th>Number of doses</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU (Pfizer BioNTech)</td>
<td>385,225,770</td>
<td>31.54%</td>
</tr>
<tr>
<td>USA (Janssen Moderna)</td>
<td>98,338,620</td>
<td>8.05%</td>
</tr>
<tr>
<td>Russia (Sputnik V Sputnik Light)</td>
<td>57,093,095</td>
<td>4.67%</td>
</tr>
<tr>
<td>China (CanSino Sinovac Sinopharm)</td>
<td>273,510,637</td>
<td>22.39%</td>
</tr>
<tr>
<td>AstraZeneca (import and local production)</td>
<td>336,604,465</td>
<td>27.56%</td>
</tr>
<tr>
<td>Other vaccines (SII Covishield Abdala Soberana unidentified sources)</td>
<td>70,770,593</td>
<td>5.79%</td>
</tr>
<tr>
<td>Total</td>
<td>1,221,543,180</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

According to calculations based on data collected by the UNICEF Supply Division, 31.5% of the vaccines delivered to Latin American countries during the pandemic were Pfizer BioNTech, 27.6% AstraZeneca, partly imported and partly locally manufactured, 22.4% Chinese vaccines, 8% of vaccines originated from the USA and 4.7% were Russian. These proportions vary in individual countries, reflecting the political, socio-economic and health determinants of the vaccine procurement process.

23 Own calculations based on COVID-19 Vaccine Market Dashboard, UNICEF Supply Division, <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>, status as of 31 March 2022. Only Latin America was taken into account (without the Caribbean) since that region was the greatest recipient of vaccines.
The first vaccine that was used to launch vaccination campaigns in Mexico, Chile and Costa Rica on 24 December 2020 was the European Pfizer BioNTech. Nevertheless, at the end of 2020 and the beginning of 2021, Russian and Chinese vaccines also appeared in many Latin American countries.24 Not long thereafter, the new US administration became involved in the COVAX programme and direct vaccine distribution to individual Latin American countries. This made the EU one of the four actors present on the Latin American scene and its presence was not always sufficiently recognised by all recipients of EU funded or manufactured vaccines, even though it was the Pfizer BioNTech vaccine that was the most frequently administered vaccine in the region compared to vaccines from China, USA, and Russia.

3. Implementation of the EU response to pandemic in selected regions and countries of Latin America and the Caribbean

The EU’s main channel of support for LAC in the fight against the pandemic was humanitarian aid. In 2020–2021, the EU disbursed 50 million euros on COVID-19-related humanitarian aid, which accounted for almost 20% of all humanitarian aid provided to LAC. Its primary recipients were Haiti, Venezuela, and Colombia.

Table 2. ECHO humanitarian aid for LAC in the years of 2019–2021 (in euro)25

<table>
<thead>
<tr>
<th>Year</th>
<th>Total humanitarian aid</th>
<th>COVID-19 assistance</th>
<th>% of humanitarian aid allocated for COVID-19 assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>125,834,001</td>
<td>4,294,039</td>
<td>0.34%</td>
</tr>
</tbody>
</table>

24 The Russian vaccine Sputnik V reached Argentina in December 2020, and is currently authorized in 15 LAC countries, including Argentina, Brazil, Chile, Mexico, Venezuela. As of March 2021, three Chinese vaccines, CanSino, Sinopharm and Sinovac, also came to the region. In June 2021, the US supplied the first vaccines to the countries in the region.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total humanitarian aid</th>
<th>COVID-19 assistance</th>
<th>% of humanitarian aid allocated for COVID-19 assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>119,150,000</td>
<td>24,090,469</td>
<td>20%</td>
</tr>
<tr>
<td>2021</td>
<td>145,400,000</td>
<td>26,098,000</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

In Haiti, which has been the largest recipient of EU humanitarian aid since 1994, the pandemic was one of numerous factors that contributed to the plight of this small Caribbean country. The EU’s humanitarian aid in the fight against COVID-19 amounted to 10 million euros and encompassed the provision of health and training equipment, potable water, sanitation, and hygiene materials, as well as logistic support for transportation and surveillance. The EU also launched two Humanitarian Air Bridge operations to ensure the mobility of humanitarian personnel and the delivery of essential goods. By comparison, UNICEF’s COVID-19 Response Plan of 51.7 million dollars was focused on emergency WASH (water, sanitation, and hygiene) and public health response, as well as ensuring the continuity of indispensable health, nutrition, hygiene, education, and childcare services in Haiti.

As for Venezuela, the EU has been providing humanitarian aid there since 2016, collaborating closely with various UN agencies, the Red Cross, and NGOs. COVID-19-related aid of 18.3 million euros consisted in the provision of personal protective equipment, medicines, water treatment equipment and family hygiene kits. In August 2020, for instance, a Humanitarian Air Bridge operation incorporating two aircraft arrived in Caracas and delivered 82.5 tons of materials intended for local humanitarian agencies and half a million Venezuelans.

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In Colombia, the EU has been implementing more than 30 humanitarian projects since 2017 addressed to a group of 1.7 million Venezuelan refugees living there. With COVID-19, some of these projects were adapted to contribute to the fight against the pandemic and strengthen the healthcare, water, sanitation, and hygiene sectors. EU humanitarian aid was also directed to indigenous communities occupying the most remote areas of the country.29

Table 3. Recipients of COVID-19-related humanitarian aid in LAC in 2020–2021 (in euro)30

<table>
<thead>
<tr>
<th>Country</th>
<th>2020</th>
<th>2021</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>10,620,500</td>
<td>-</td>
<td>10,620,500</td>
</tr>
<tr>
<td>Columbia</td>
<td>70,000</td>
<td>950,000</td>
<td>1,020,000</td>
</tr>
<tr>
<td>Venezuela</td>
<td>13,000,000</td>
<td>5,310,000</td>
<td>18,310,000</td>
</tr>
<tr>
<td>Other countries</td>
<td>399,969</td>
<td>19,838,000</td>
<td>20,237,969</td>
</tr>
<tr>
<td>Total</td>
<td>24,090,469</td>
<td>26,098,000</td>
<td>50,188,469</td>
</tr>
</tbody>
</table>

In terms of development assistance, prior to the pandemic, only eight countries had taken part in these types of bilateral programmes. These were, namely, Haiti, Central American countries such as Honduras, Guatemala, El Salvador, and South American states such as Bolivia, Colombia, Ecuador, and Venezuela. The pandemic temporarily extended this list to incorporate additional countries, including Nicaragua, Peru, Paraguay, Jamaica, and Cuba.

Surprising seems the fact that a proportionally inconsiderable amount was allocated to contain COVID-19 (health sector) as part of development assistance. During the two years of the pandemic, the European Commission disbursed just over 5.5 million euros for this purpose, i.e., 0.42% of development assistance funds allocated for LAC. By comparison, in Africa this percentage amounted to 0.68%, and the development policy directed towards Europe – 2.96%.31

Table 4. European Commission development assistance for LAC in the years 2019–2021 (in euro)\textsuperscript{32}

<table>
<thead>
<tr>
<th>Year</th>
<th>Value of development assistance</th>
<th>Beneficiaries (according to the amount of funds)</th>
<th>Assistance to control COVID-19</th>
<th>% of development assistance allocated to control COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>630,313,684</td>
<td>Colombia, Haiti, Venezuela, Honduras, Bolivia, Guatemala, Ecuador, El Salvador</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>743,190,669</td>
<td>Colombia, Haiti, Honduras, Venezuela, Nicaragua, Bolivia, Ecuador, Guatemala, Jamaica</td>
<td>3,989,113</td>
<td>0.54%</td>
</tr>
<tr>
<td>2021</td>
<td>528,952,230</td>
<td>Haiti, Colombia, Nicaragua, Guatemala, Honduras, Paraguay, Bolivia, Cuba, Peru</td>
<td>1,598,470</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Cuba, Haiti, and Nicaragua are among the countries that benefited the most from development assistance allocated to control COVID-19. They individually received the largest financial envelope for the purchase of medical equipment, for protective materials, medications, capacity building and strengthening the health service.

Table 5. Development assistance allocated to control COVID-19 in LAC in the years 2020–2021 (in euro)³³

<table>
<thead>
<tr>
<th>Region/country</th>
<th>Amount of assistance (in million euros)</th>
<th>Disbursement channel</th>
</tr>
</thead>
<tbody>
<tr>
<td>South America</td>
<td>2.3</td>
<td>United Nations Office for Refugees</td>
</tr>
<tr>
<td>North and Central America</td>
<td>1.28</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>Cuba</td>
<td>0.972</td>
<td>International NGOs</td>
</tr>
<tr>
<td>Haiti</td>
<td>0.589</td>
<td>WHO mainly</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>0.443</td>
<td>Local NGOs</td>
</tr>
</tbody>
</table>

In Latin American countries that did not fall under the umbrella of EU development assistance or which received insignificant humanitarian aid during the pandemic, the already-existing projects implemented via other mechanisms were frequently modified to adapt them to COVID-19’s context. The European Investment Bank played a significant role in that regard.

An interesting case is Brazil, where since 2018 there has been an 80-million-euro agreement between the EIB and the Brazilian Banco Regional de Desenvolvimento do Extremo Sul (BRDE), allowing for the funding of small hydropower projects in the southern states of the country. In April 2021, in the context of the pandemic, the agreement was updated to expand the eligibility criteria in relation to COVID-19, but the objectives of the agreement related to projects contributing to the fight against climate change were not changed as such.³⁴

Brazil’s president Jair Bolsonaro and his reluctance to recognize COVID-19 as a real problem contributed to the country’s ineffective anti-pandemic policy, with the highest death toll after the United States of America – 660,000, which translated into 3,067 deaths per million inhabitants. The support provided by external actors to fight the pandemic, and in particular their help in supplying vaccines, was of significant importance. The EU’s response, however, failed to be

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as prompt as China’s, which was the first to deliver the Sinovac vaccine in February 2021. It is also worth highlighting that despite negotiations with Russia, the Sputnik V vaccine has never reached the country. Up to now, 36% of the vaccines delivered to Brazil have been in the form of Pfizer BioNTech, 30% AstraZeneca, 23% have come from China and 7.8% of them have come from Janssen.\textsuperscript{35}

In Argentina,\textsuperscript{36} under the EUROFRONT regional border management programme, the health security of individual border crossings (equipment for the protection from, prevention and detection of COVID-19) was enhanced. The already existing Spotlight Initiative was adapted to combat violence against women in quarantine conditions. Humanitarian aid totalling 500,000 euros was allocated to the purchase and distribution of water purification filters. The EU also redirected 300,000 euros from the Argentinian refugee and migrant support programme, which it has been running since 2018, to furnish and protect hospitals, provide food, hygiene kits, support for community kitchens and shelters for that group. The loan of 84.6 million euros granted to the Argentinian government by the EIB for the procurement of vaccines in the early 2022 should also be mentioned.\textsuperscript{37} The Russian Sputnik V vaccine was the first to arrive in Argentina in December 2020, and it was Russia that delivered almost 22 million vaccines to that country, in comparison to 16 million Pfizer BioNTech vaccines, 28 million AstraZeneca vaccines – partially produced in Argentina, 9.5 million of Moderna and less than 1 million of CanSino.\textsuperscript{38}

For a strategic partner such as Mexico, the EU scheduled an annual fund of 8.3 million euros in June 2020 and organised actions aimed at strengthening the Mexican health system, supporting the most vulnerable groups (women, migrants, human rights defenders, journalists, and victims of human rights


violations), preventing violence and crime, facilitating the continuity of online education for girls and boys, and helping the socio-economic activities of the most vulnerable. It also announced the establishment of the EU-Mexico Joint Fund to provide support to the Mexican healthcare system and other areas.

In practice, health sector and online education assistance was hampered since the Mexican government showed no interest in this kind of co-operation. Other actions implemented under formerly launched programmes were closely tied to the pandemic. The EU-Mexico Joint Fund, amounting to 3.5 million euros, was established on 30 November 2021. It was very broadly defined as a tool to strengthen strategic co-operation, to address the development and implementation challenges of the 2030 Agenda, including response to the COVID-19 crisis, and to promote short- and long-term co-operation in public policies.39

The situation in Peru, which had the highest COVID mortality rate in the world – 6,284 cases per million inhabitants – is also of interest.40 The country obtained funds from EU humanitarian aid and was also temporarily incorporated under EU development assistance. The EU additionally donated 8.36 million euros to the Peruvian government from the National Strategy for Development and Social Inclusion (ENDIS). The five-year programme has been running since 2016 and provides Peru with 40 million euros of EU financial support for social inclusion and the fight against poverty.41

Chinese vaccines were the first to reach Peru in February 2021, just in time for when they were needed the most. Although they now account for 27% of those supplied to Peru through various channels42 and Pfizer BioNTech vaccines

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constitute 40% of the same, the initial effect of China’s coronavirus diplomacy of immediate response to Peruvian demand remains strong thus strengthening China’s pronounced economic presence in the country.

The Caribbean is a region that differs from Latin America in a number of ways, covering small, island states that predominantly responded to the pandemic with severe restrictions in accessing their territory to protect their population from the spread of infections. Apart from Cuba and Haiti, as mentioned before, the EU’s co-operation with the other fifteen Caribbean countries takes place under the EU’s policy towards Africa, the Caribbean and the Pacific and is linked to financing from the European Development Fund. In terms of the pandemic, regional EU support for the Caribbean Public Health Agency CARPHA, headquartered in Trinidad and Tobago, should be highlighted. 8 million euros was allocated to the supply of protective equipment, test reagents, laboratory materials, therapies, vaccines, and support to increase the number of healthcare workers.

4. Impact of the EU response to the pandemic on a broad European policy towards Latin América and the Caribbean

The fight against the pandemic in the EU, Latin America, and the Caribbean, as well as vaccine accessibility has undoubtedly dominated the agenda of regional relations. From the vantage point of EU delegations in the region, Team Europe as a working method applied during the pandemic, and facilitated the coordination of activities between the EU, Member States’ embassies, along with international organizations operating in individual states and NGOs. It also allowed for the EU to be more visible in a number of countries. Nevertheless, due to the presence of the aforementioned international actors such as China, Russia,


and the US, it did not necessarily lead to an effective ‘breakthrough’ of the EU narrative.

The fight against the pandemic coincided with the discussion on the 2021-2027 multiannual financial framework and the financing of the EU’s policy towards LAC, which could underpin the strengthening of the political dialogue between the parties and even the implementation of changes in EU policy, especially in terms of the pandemic. The opportunity, however, has never been fully seized.

During a virtual summit held in December 2021 under the slogan ‘Joining Forces for a Sustainable post-COVID Recovery,’ the European Union, through its representatives the President of the European Council, Charles Michel, and President of the European Commission Ursula von der Leyen, announced 3.4 billion euros for the region under the NDICI-Global Europe programme (2021–2027) to support sustainable long-term recovery from the pandemic. It also announced that the European Fund for Sustainable Development Plus (EFSD+), as part of the said programme, will leverage over 12 billion euros in public and private investment in the region, at least 800 million euros of which will be reserved to support the Caribbean and the execution of the post-Cotonou agreement.

The European Union presented the new financial proposals as part of a long-term response to the COVID-19 crisis, but they failed to resonate to a great extent in LAC. Due to disputes between Latin American countries and the EU as well as their divergences on democracy and human rights, there have been long-standing difficulties finding common ground between the two parties. Consequently, following the virtual summit with heads of state and government, which took place after a six-year hiatus of such meetings at the highest level, no joint communication was even scheduled due to the existing controversies. They also failed to be eliminated during the pandemic.

In the new Regional Multiannual Indicative Programme 2021–2027 for the Americas and the Caribbean, the EU allocated 1.28 billion euros for the region.46

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It is, theoretically, 12% more than in 2014–2020 due to a general increase in funding to third countries outside the EU. As of Latin America, it is 1.072 billion euros compared to 925 million euros between 2014–2020. Nevertheless, it seems that the funds allocated to co-operation with the Caribbean decreased from 346 million euros to 208 million euros. The fact that the US and Canada were for the first time incorporated with Latin America and the Caribbean in a joint agenda for the Americas region, distorts the entire picture.

In the new EU agenda for LAC, the priorities were modified towards a Green Deal, Digital Agenda and Sustainable Development Agenda, linking them in general with post-COVID-19 recovery. These actions did not actually increase funds for the implementation of the most substantial goals. For example, in the previous financial framework, 300 million euros was allocated to the fight against climate change for Latin America, while in the current financial framework the said amount was only increased by 22 million euros – i.e., 7%. What can be distinguished is that the Digital Agenda, which ranked second among the EU’s Latin America priorities, gained 12% of total funding, i.e., 130 million euros. The 65 million euros reserved for high-income countries such as the US and Canada, as well as public diplomacy for Argentina, Brazil and Mexico cannot be overlooked. At the same time, Central America lost out in this new distribution of funds. The region was allocated 50 million euros, compared to 120 million euros in the years 2014–2020. The EU’s interest in enhancing security in the region has diminished.

Conclusions

The attention devoted to the Latin America and Caribbean region is disproportionate to its significance. The words of Josep Borrell, High Representative of the Union for Foreign Affairs and Security Policy, dating back to 2021, reflect the EU’s policy towards LAC before and during the pandemic rather aptly. They also seem to remain valid post pandemic.

The EU responded to COVID-19 by including Latin America and the Caribbean in the Strategy for Global Response to COVID-19. Nevertheless, the EU’s actions under Team Europe, based on humanitarian and development policy, as well as other existing co-operation programmes, were a drop in the ocean in terms of the needs of the region, which remained the most severely affected pandemic hub for months, tallying a death toll of over 1.5 million lives in 2020–2021. While in the case of small countries, e.g., Haiti, the EU’s engagement was somewhat greater, though the aid provided to large Latin American countries excluded from development assistance such as Brazil and Mexico – was completely marginal from the perspective of their fight against the pandemic.

As for the EU’s contribution to Latin American countries’ vaccine policy, the Pfizer BioNTech vaccine was instrumental in addressing the pandemic, accounting for one third of all doses supplied to the region and ranking first on the list of vaccines available there. Unfortunately, there was no explicit promotional campaign to highlight this fact, which was probably the reason why the EU decided to allocate more funds to the communication policy in LAC in the new financial framework. This is a crucial issue in a region where Russian propaganda has been growing considerably for several years.

In terms of vaccines, the EU’s actions were not as prompt as those of other actors in the market, for which it was severely criticised in a number of Latin American countries for over-stocking vaccines and hindering exports. Vaccines originating from China, thanks to its active strategy, and the British company AstraZeneca, owing to its policy, became competitive to EU solutions in many Latin American countries. At the same time, it is worth highlighting that Russia’s activity did not translate into a significant vaccine presence as had been expected. And similar conclusions can be drawn as regards the United States.

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Although LAC is a region close to the EU in terms of history, culture and the vision of international relations, a number of factors contribute to the peripheral position of Latin American states in EU politics. These factors comprise elements such as geographic distance, a long-established US presence, China’s emergence and the revival of Russia, the EU prioritising its neighbours, or the lack of interest in the region among many Member States, in particular from Central and Eastern Europe, etc.

In this context, the pandemic brought about no major transformations in the relations between the EU and Latin American countries. For instance, the free trade agreement executed in 2019 between the EU and Mercosur was not ratified due to reservations expressed by some Member States and the European Parliament’s position. The controversies on fundamental issues related to EU values failed to be overcome. At the same time, certain difficulties emerged in terms of EU relations with the LAC region that became increasingly critical of the Western world, to which the EU belongs.

Both parties have been struggling for decades with the issue of divergent visions on EU fundamental issues such as the importance of democracy, the rule of law and human rights. The existence of left-wing authoritarian regimes in Venezuela, Cuba and Nicaragua have nevertheless created profound divisions throughout the region. For these reasons the chances for regional and even sub-regional co-operation have been limited, and the EU is clearly moving towards more pragmatic and bilateral co-operation with interested states underpinned by priorities that are currently of vital importance to the EU, i.e., the Green Deal, digitization, and sustainable development.

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Summary

The COVID-19 pandemic has become a test of the European Union’s effectiveness as an organization which is the largest institutional donor of development and humanitarian aid. If effectiveness was measured by the manner the global response to the coronavirus was organized, the EU has passed this test with flying colours. It has demonstrated the ability to adapt to unpredictable challenges by directly contributing to the fight against the pandemic on “two fronts”: European, by providing support to the EU Member States and its citizens, as well as international. Within a short period of time, the EU began to gradually undertake the role of a leader in the global response to COVID, and Team Europe, assuming the responsibility in supporting the world to combat the pandemic, became the EU’s instrument to demonstrate its global leadership. If effectiveness was measured by the level of vaccination in the countries of the Global South, the European Union has also passed this test, but not with flying colours. Implemented assistance measures aimed at vaccine sharing with low- and middle-income countries (ACT Accelerator and COVAX) have proved insufficient to prevent vaccine imbalance in the world, which was crucial from the viewpoint of the perception of EU actions by societies in individual regions of Global South countries, especially in the light of the involvement of other global players such as China and Russia. If, however, effectiveness was measured by solidarity with the countries of the Global South, the European Union has failed this test, as evidenced by the very low level of vaccination of the poorest countries in the world (while citizens of EU Member States are able to take a fourth dose of the vaccine), the EU’s opposition to the idea of sharing intellectual property rights related to vaccine manufacturing and the lack of long-term initiatives to address the problem of indebtedness, mainly in Africa.

The study conducted in this publication has proved that the EU became a leader in international cooperation supporting the fight against the pandemic. Therefore, the foregoing confirms the first part of the hypothesis formulated in the introduction, assuming that the European Union tapped into the pandemic to increase its role in international relations. However, this has not changed existing relations between the EU and individual regions, which negatively verifies the second part of the formulated hypothesis assuming the EU’s potential for influencing the countries of the Global South through financial, technical, and medical assistance. Modifying the EU’s strategies towards regions or incorporating them with new challenges means adapting international partnerships
to contemporary conditions and challenges, but does not mean enhancing the EU’s influence in the countries of the Global South. Russia’s aggression against Ukraine has proved that political and economic interests outweigh the benefits of the development and humanitarian aid provided by the EU. This is because a significant part of the countries of the Global South do not endorse sanctions against Russia and do not intend to support either side of the conflict. Nevertheless, the growing rivalry between the EU and China and Russia for influence in regions of key importance to the EU’s interests should encourage it to adopt a more pragmatic approach to the countries of the Global South, both in terms of its development policy and political and economic relations.

Although the pandemic, similarly to previous crises (economic or migration), highlighted a number of structural weaknesses in the EU, it should prompt changes bracing the EU for future threats related to health security. In the European Commission Communication of June 2021 summarizing the initial conclusions of the pandemic, it was emphasized that pandemic preparedness and response is a priority for Europe at the global level.¹ For this reason, the European Union became involved in strengthening health security architecture by co-organizing the Global Health Summit in Rome in May 2021, and supporting the negotiations conducted under WHO on the international treaty on pandemic prevention and preparedness (pandemic treaty) proposed for the first time by President of the European Council Charles Michel in November 2020. If the negotiations are finalized within the scheduled deadline (by 2024), such a treaty will strengthen the WHO’s position as a coordinating body for global health issues, which is conducive to the EU’s interests, and will also contribute to the prevention of and a more effective and faster response to future pandemics.

The direct result of the pandemic in the regional partnership dimension will be the inclusion of issues such as the exchange of information and the development of common response mechanisms to similar future crisis situations into cooperation. The issue of health security and support for health systems became of key importance for the EU development policy, which will (or already has²) directly translate(d) into the formulation of priority areas of EU cooperation with individual countries and regions covered by the policy of international partnerships. The need to respond to human development challenges while coping

with environmental issues and a fairer transition may be complicated due to the diverse positions of EU Member States. Some of them promote the more “traditional” objectives of development policy and a strong focus on poverty reduction, others focus more strongly on climate change and green transitions, and yet others prioritize migration management.\(^3\)

Team Europe has the opportunity to act as a “link” between the interests of the European Commission and individual states. If there are any positive outcomes of the pandemic at all, then the Team Europe initiative is definitely one of them. Chances are that the *ad hoc* concept will remain for longer in the EU development policy, becoming its “brand.” The conclusions of the Council of the European Union on Team Europe acknowledge this, stating that its initiatives are to serve the implementation of the sustainable development goals defined in the 2030 Agenda and the objectives of the Paris Agreement.\(^4\) The term Team Europe Initiatives (TEIs) has already become a proprietary name promoting the EU’s role as a leader in international development endeavors and European values. From the perspective of the frequently criticized effectiveness of EU development assistance, the idea of stakeholders jointly designing Team Europe initiatives may contribute not only to mitigating the phenomenon of excessive dispersion of European entities involved in providing development assistance, but also to a more effective definition of aid recipients’ needs, as well as more efficient planning and disbursement of funds.

In view of Russia’s aggression against Ukraine, the pandemic has taken a back seat. A number of new challenges have emerged, where food security becomes crucial from the vantage point of the EU development policy and the countries of the Global South. The latest Food and Agriculture Organization of the United Nations report ‘The State of Food Security and Nutrition in the World 2022’ reveals the world’s regress in its efforts to eliminate famine, food insecurity and malnutrition. The number of people affected by hunger has risen to 828 million, which is an increase of around 150 million people since the outbreak of the


More about Team Europe: The rise of the Team Europe approach in EU development cooperation, German Development Institute, Discussion Paper 22/2021.
pandemic. This number, however, does not account for people who may face the problem of famine in the wake of the Russian-Ukrainian conflict. According to António Guterres, UN Secretary General, it may rise to approximately 1.7 billion people mainly from the countries of Africa, the Middle East and Asia. Russia and Ukraine are important players in the world food market and are among the leading cereal exporters (wheat, maize and barley). They are also responsible for 64% of world exports of sunflower oil, of which Ukraine itself accounts for 42%. A significant decline in exports of these products from Ukraine, sanctions imposed on Russia restricting its sales markets and a surge in prices for food products may lead to an unprecedented food crisis in many countries of the Global South that are most dependent on imports of cereals and vegetable oils from Ukraine and Russia (including Eritrea, Somalia, Turkey, Lebanon, Egypt, Madagascar, Tanzania, Libya, Congo, Namibia, Djibuti, Senegal, Cameroon, Mauritania, Saudi Arabia, Yemen, Tunisia). This may not only imply problems related to food security, but also cause the political and economic destabilization of countries dependent on the import of goods from Russia and Ukraine, which, due to the close proximity of African countries and the Middle East, may have serious implications for the EU, such as increased migratory movements. In a situation of persistent decline in Ukrainian exports, a reshuffle in the world food market should be expected, which the EU could use to attract a number of countries of the Global South and strengthen its position by applying the tools of development policy and the common agricultural policy.

The pandemic is far from over, indeed, it is on the contrary; in many countries the number of cases is on the rise (as of June 2022) and the virus is mutating. Despite the growing trend in the global vaccination rate, approximately 2.6 billion people are yet to be vaccinated with the first dose, and 91% of the unvaccinated


live in developing countries, mainly those of the lowest income. The economic impacts of Russia’s aggression against Ukraine overlap with the socio-economic consequences of the pandemic not only in the EU countries, but above all in the countries of the Global South. The COVID-19 pandemic compounded the already-existing humanitarian crises in developing countries and highlighted the problem of famine, conflicts, climate change, lack of health care or the decline of the education system, which will directly affect the implementation of the 2030 Agenda. Therefore, the European Union faces several serious challenges that will impact current relations between the EU and the countries of the Global South.

Katarzyna Kołodziejczyk

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8 Data available as of 8 July 2022, [https://ourworldindata.org/covid-vaccinations](https://ourworldindata.org/covid-vaccinations), accessed 9 July 2022.
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