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Unity in Adversity? Tracking Solidarity and Burden- Sharing between European Member States During the First Wave of the COVID-19 Pandemic

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Abstract

This paper offers an assessment of EU solidarity in pandemic response during the first wave of the SARS-CoV-2/COVID-19 pandemic with a focus on international solidarity actions and collective burden-sharing arrangements by European Union Member States (EUMS). As there already exists a widely referenced measure of pandemic-related actions of solidarity between EUMS, the paper sets out by examining the European Solidarity Tracker (EST) dataset, assessing both, the data therein and the concept and categories constituting its framework. The paper argues for a fundamental re-assessment of the EST data based on this, identifying multiple types of items therein that should not be considered manifestations of meaningful inter-EUMS solidarity as such. Gaps in the EST's concept of solidarity are also identified, pointing at its failure to capture important aspects and instances of EU solidarity. Offering further support for an expanded approach, the paper briefly reviews the literature on solidarity and international burden-sharing. This is followed by an overview and discussion of EU-wide as well as "EU-exceeding" burden-sharing actions in the period concerned, allowing reflection on how the aggregate effective value of EU solidarity – that is, the value of the totality of both solidarity actions by individual EUMS and collective burden-sharing arrangements by the community of EUMS – ought to be assessed, including by applying a "mind-the-gap" logic of aggregation. That these considerations are often missing from assessments of solidarity is posited as having problematic implications for the current pandemic response.

Keywords:

European Union, pandemic, solidarity measures, burden-sharing, international aid

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Introduction

Looking back on the EU's early pandemic response, the European Council's own summary posits that "while dealing with the consequences of the crisis at home, member states have come to each other's aid, bringing help where it was needed most" (EC/CoE, 2021). It is remarkable that this statement focuses on EUMS action, in an intergovernmental framework. This concurs with the nature of the assessment offered by EU President Ursula von der Leyen in April 2020: "Europe has become the world's beating heart of solidarity [whereby] we have seen every piece of equipment go in every direction across Europe, from whoever can spare it to whoever that needs it" (von der Leyen, 2020).

One way to assess these claims in quantitative terms is to turn to a widely known resource on the subject, the European Solidarity Tracker dataset. The EST was created by the European Council on Foreign Relations (ECFR) and its associate researchers as "an interactive data visualization tool presenting instances of pan-European solidarity" (Busse et al., 2020). The ECFR is based in Berlin and has offices in six other EU member countries besides its headquarters in Germany. As a think tank, it focuses on the European Union's position and role in world politics, with an interest in providing "cutting-edge independent research [combining] establishment credibility with intellectual insurgency" (Busse et al., 2020). Evident from ECFR's own statements available on its website is an actively pro-EU stance and a related interest in highlighting, through the contents of the dataset, that the forms and instances of solidarity observed there "stand in contrast to claims [in the context of the pandemic] that the European project has failed ... Instead, it showcases a European Union that stands together" (Busse et al., 2020). This is a remarkable statement alluding, in one stroke, to two extreme readings of the experience of the Spring of 2020, one declaring the outright failure of cooperation, the other speaking of success in achieving unity. The ECFR's assessment is the latter, as, in their own summary of their findings, they identified "well over 300 instances of particular action" in the period from March to May, including "aid deliveries of masks and ventilators", "admission of foreign COVID-19 patients" and "the dispatch of medical personnel to hard-hit areas".

Yet, in contradiction with the statement about "standing together", it is noted by ECFR's own researchers that "actors at all levels - in Brussels, national capitals, countries, and regions - could have reacted more quickly and more comprehensively to mitigate the impact of the virus", and that "not every measure sold under the label 'solidarity' should be considered positive". As an example of the latter, the Hungarian government's actions are cited, namely, the provision of medical supplies to ethnic Hungarians in countries neighboring Hungary, which in the case of Romania drew criticism from some observers claiming that this constituted "ethnic discrimination" (Loss & Puglierin, 2020). Meanwhile, two out of two of ECFR's analytical pieces interpreting EST data from the period of concern with regards to specific countries (Hungary in Végh, 2020; and Italy in Coratella, 2020), both note problems with the level of solidarity demonstrated. In the case of Italy, it is noted by Coratella that even as the country received aid from many EUMS, including from small countries and countries that otherwise opposed Italian proposals for generous EU recovery

funding (e.g., the idea of so-called “Coronabonds”¹), the provision of medical supplies from the People’s Republic of China received much more media and public attention there than did similar steps by France, for example.

To assess what could be made of these contradictory observations and assessments based on a closer look at EST data, the next section of the paper critically reviews the record of action detailed therein, from the period of March 4 to May 30, 2020.

Issues with the contents of the EST dataset

To begin with, the EST data (EST-D, 2020) needs to be re-assessed, filtered and re-coded, and only then, critically interpreted, as it contains a great number of entries of questionable significance, relevance, or validity in assessing inter-EUMS solidarity, which is the intention of the present paper. The EST thus inflates the number of certain types of acts of solidarity between EUMS, even as, at the same time, it fails to consider other important types of acts of solidarity, as will be argued below.

Insignificant entries, concerning actions of little to no effect (i.e., tokenistic action), are problematic, as, under certain circumstances, giving very little or merely declaring one’s support to another party may be detrimental to solidarity. It can elicit complaints of tight-fistedness and lack of solidarity.

Irrelevant entries, understood as concerning the actions of actors other than states (i.e., non-state action), inflate the number of actions of solidarity registered if one is interested only in inter-EUMS actions.

Invalid entries, concerning actions, whose motive was most probably not to express solidarity (i.e., non-solidaristic actions), similarly inflate the solidarity measured, with the added problem: certain instances of this category may constitute the very opposite of solidarity – as will be illustrated with specific examples.

Beyond the above, redundancy is a further issue highlighted below.

Significance. While mere rhetorical allusions to European solidarity, or solidarity in general, may have some value under normal circumstances, rhetoric only at the time of an acute crisis is a dubious manifestation of solidarity. Instances of “declared solidarity”, categorised as such in the EST, are thus questionably included in the dataset (as many as 120 out of 336 entries from the period concerned).

Relevance. EST data is coded in terms of country-to-country dyads even as many of the datapoints relate to instances of civil society, corporate or substate-actor (city-municipality or federal-state) initiatives. Corporate actors’ donations and other initiatives mentioned feature companies such as the Tallink Group, Dräger, Eni, the Grimaldi Group, Europapark Rust, Civiquo, UNIQORN, PRAUDE Asset Management Ltd., L’Oréal Poland and L’Oréal Baltics, the Tetra Laval Group, the J&T Finance Group and the PPF Group (a total of 11 companies, with 12 associated items). The actions of these corporations may rather belong

¹ Bonds, requested to be issued by the European Central Bank to help finance member states’ fiscal deficits accrued due to pandemic-related spending.

in the category of Corporate Social Responsibility-related activities than that of international or cross-border solidarity. Often, the actions in question have taken place between subsidiaries of the same parent company, or took place locally, in countries where these corporate actors operate. Thus, a “cross-border” character was in fact, lacking in many of these cases.

Substate actors included the cities of Bamberg and Wolfsburg (Germany), Norbotten County (Sweden) and Nordrhein-Westfalen state (Germany). It is worth noting that this may considerably undercount solidarity actions by substate actors, for example given that in federal states such as Germany, the federal member states are also involved in decisions concerning the transfer of foreign patients to hospitals in their territory, or the dispatch of medical personnel to another country (France 24, 2020). A total of 20 entries in the EST data are described as “people-level” interactions, presented as examples of “cross-border civil society initiatives and private donations” (Busse et al., 2020). Such mobilisations of civil society may well be reflective of genuine European solidarity, but these items are to be excluded from the present inquiry concerning inter-EUMS actions.

Validity. A variety of entries that may be considered invalid appear in the EST data. One such type of entry features instances of countries opting to refrain from doing something to the detriment of other countries or the citizens thereof, as in the case of Hungary’s decision to open a “humanitarian corridor” for Romanian and Bulgarian citizens, i.e., allowing those concerned to cross Hungarian territory on their way home, rather than holding them up indefinitely at the country’s western border (on March 17, 2020).

Hungary’s provision of medical supplies to ethnic Hungarians in Romania, criticised in ECFR’s own analysis on the subject (for having evoked complaints of “ethnic discrimination”) is also included in the dataset, questioning what ECFR’s own view was in coding this as a valid instance of intra-EU solidarity. As to the merits of the case, while there clearly is a difference between assistance to a country and to a particular ethnic group within that country, the medical supplies thus provided – that is, “710,000 masks, other personal protective equipment and testing kits” (Busse et al., 2020) – have added to the stocks available in the destination country.

Also featured in the dataset are five instances of Cyprus receiving Chinese medical aid, and two instances of an EU member state assisting another in receiving Chinese medical aid. These entries are clearly not valid if the aim is to measure inter-EUMS solidarity as such.

Similarly questionable are four items concerning joint statements of the “Frugal Four” countries (Austria, Denmark, the Netherlands, and Sweden): statements expressing an interest in limiting assistance to other member states facing economic difficulties in dealing with the public health challenges of the pandemic.

Burden-sharing steps related to issues other than public health (and only indirectly related to it) have also found a way into the dataset, namely, the acceptance of the transfer and redistribution of multiple asylum-seekers from Greece, and assistance provided to Croatia in the aftermath of the earthquake that struck capital Zagreb and its environs on March 22, 2020. No doubt, these issues were given additional urgency by the public health crisis of the pandemic. It is also possible to contemplate whether these steps would have been taken without a sense of heightened urgency. Further, the actions concerned may have effectively relieved the burden on the countries concerned, freeing up resources and

capacities for pandemic response. But these were not solidarity actions to tackle the pandemic per se. For example, out of eight items related to assistance to Greece, all but one concern help targeting refugee camps and the abovementioned redistribution of a total of 588 refugees (all unaccompanied minors) to four other European countries (Portugal, Belgium, Luxembourg, and Germany); that is, an arguably tokenistic measure in the context of a long history of sub-optimal EUMS cooperation in sharing the burdens of refugee protection, criticised long in advance of the so-called “migration crisis” of 2015 (see: Thielemann, 2005, p. 816-822).

Redundancy. There are duplicate, triplicate and even quadruplicate datapoints entered for instances when two or more countries acted together to make a declaration or came to some kind of agreement. Examples are when Italy, Spain and Portugal called for a European minimum income system (May 8, 2020; resulting in 3 entries); when the border between Estonia and Finland was reopened (May 14, 2020; appearing in 2 entries); or when the “Frugal Four” - Austria, Denmark, the Netherlands, and Sweden - made a counter-proposal to the Franco-German proposal of a post-pandemic economic recovery fund (May 22, 2020; making up 4 entries).

Filtering out the truly meaningful instances of intergovernmental assistance between EUMS leaves only 66 entries to consider, out of the total 336. Even the 66 remaining entries in this purified dataset (see Appendix I) include two cases where aid was offered, but the offer was eventually declined by the would-be recipient due to changed circumstances.

Country rankings in terms of the overall number of acts of solidarity are led by Germany for the period from March 4 to May 30, 2020 (54 instances). Hungary takes the third place after France, with the Czech Republic in the fourth place. The above-described filtration of the dataset leaves Germany in the first place in terms of the number of countries assisted (having provided help to eight countries), while the Czech Republic is in second place (a donor to five recipients) and Austria is in third place (with four recipients). Hungary shares the fourth place with Romania, Lithuania, Latvia, and Luxembourg (with three recipients each).

Italy clearly stands out as the country having received the most assistance (a recipient of assistance from 14 countries). Greece and Spain stand in second place (having received help from eight countries; note that the position of Greece is affected by the abovementioned burden-sharing measures related to refugees). France received assistance from four countries. Five countries (France, Romania, Lithuania, Austria, and Slovenia) have given as well as received assistance. Figure 1 shows the resulting graph. Betweenness centrality, eigenvector centrality and degree centrality are highest in the case of those countries that have received assistance from multiple countries, along with a subset that has provided as well as received assistance. Having the highest number of outbound links seems to confirm Germany’s leading role within the EU, although this is also reflective of the comparatively better epidemic situation of Germany in Spring 2020.

With only 24 EU member states making an appearance in the network portrayed in Figure 1 (18 with outbound links and 11 with inbound links), the resulting image of European solidarity sharply contrasts with the ECFR’s own visualisation of the graph of solidarity actions as a dense polycephalous network with strong clustering around Central Europe. The difference is noteworthy in terms of both (decreased) density and the overall (smaller)

number of nodes. This also stands in contrast with EU President von der Leyen’s statement (2020) regarding assistance having been provided in “every direction across Europe”.

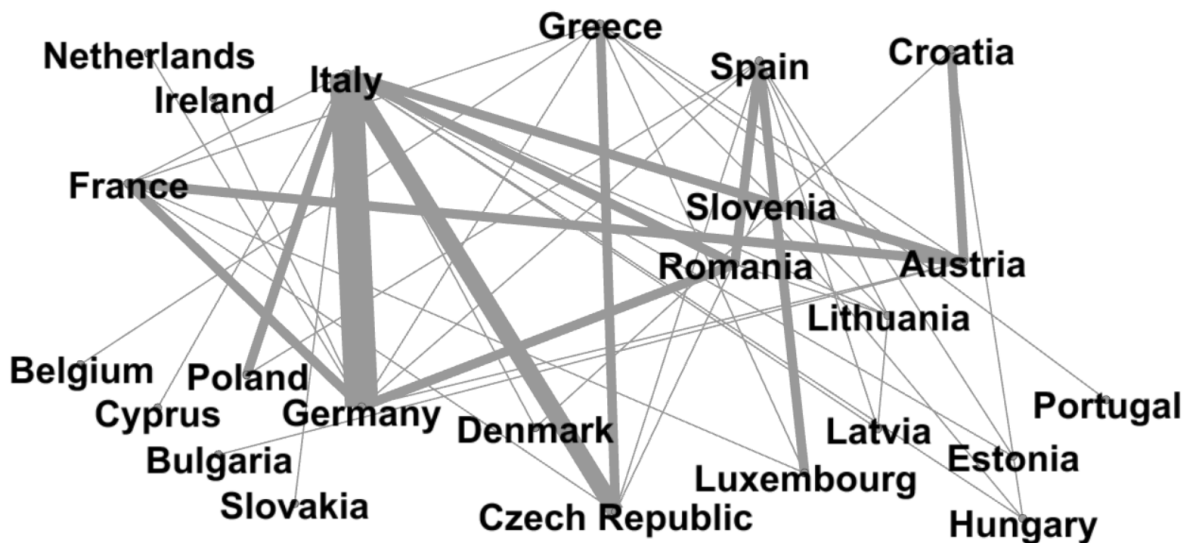


Figure 1: Graph visualisation of inter-EUMS assistance. Thickness-of-link corresponds to the number of instances of assistance in the given dyad of countries. Recipient countries at the top; assisting countries at the bottom; countries having received as well as given assistance are in the middle. [Source: Author]

As to types of assistance provided, out of the instances covered in the EST dataset, 41/66 (62.1%) involved the delivery of medical supplies (masks, ventilators, disinfectants, etc.), 7/66 (10.6%) involved the transfer of patients between countries, 7/66 (10.6%) involved the transfer of medical personnel between countries, 5/66 (7.5%) involved financial support, 1/66 (1.5%) involved the delivery of humanitarian supplies and 1/66 (1.5%) involved the transfer of test samples for testing. [Meanwhile, 7/66 (10.6%) instances concerned measures to redistribute refugees from Greece.]

Contrary to the items left out of the filtered dataset for the reasons discussed above, most of these actions constituted significant, relevant, and valid instances of international assistance, not merely expressions of solidarity or symbolic actions. This is not the “wavering, inexact and also suggestive” way of speaking about solidarity that Bayertz points out as a problematic feature of the discourse (1999, p. 4). Not only did these actions help other parties: they constituted instances of the bilateral sharing of the burdens of dealing with a pandemic that is prospectively harmful to the health and prosperity of the population of all the countries concerned.

The EST’s contents, even once filtered, remain problematic, nonetheless, because inherent to them is a very narrow and questionable understanding of the concept of solidarity. Most importantly, if the EU is a community of member states, community-level – mechanisms-based and other – actions also ought to be paid attention in any assessment of EU solidarity, giving place to what Wallaschek refers to as the “structure-oriented” (as opposed to an “agency-oriented”) view of solidarity (Wallaschek, 2021, p. 2). This raises a seeming

contradiction and a question. If member states act to selectively help others in the context of a strong expectation of community-level action, could the former efforts even undermine the sense of a broader community and, with it, solidarity?

To examine this issue, as well as to identify and comprehensively take stock of specifically what else may be included in the category of EU solidarity measures, the next section reviews some of the key literature on solidarity and burden-sharing.

Solidarity, burden-sharing, and the need for a broader appreciation of EU solidarity

Much of the academic literature on solidarity has been conceptualised focusing on action within an entire collective, rather than just between some of the members of a collective. E.g., solidarity is defined by Pinto et al. as the “commonality of interests and goals” (2011, p. 377) within a group. For Harmon (2006, p. 218), it is “common action to uphold the complex of social relationships and values that is needed to realize useful standards of decency and justice”, while for Goffe and Jones, it is “a measure of relatedness toward the achievement of mutual interests and goals [that] emerges between people who share common interests and perceive the advantages of pursuing them collectively” (Goffe & Jones, 1998, p. 134).

Reflecting on the potentially conflicted issue of what is good for an individual and what is good for a community, Claus Offe’s work points to solidarity as “neither pure affection nor sole self-concerned rationality”, built on “the motivating conception that agents have a political, moral or legal obligation towards other agents” (Offe, 2004, p. 35). Expectations of diffuse (non-direct) reciprocity, as understood by Keohane, may underlie this idea of the reconcilability of self-interest and sense of community. As Keohane describes it, in diffuse reciprocity, “the definition of equivalence is less precise, one’s partners may be viewed as a group rather than as particular actors, and the sequence of events is less narrowly bounded” (1986, p. 4). A firm idea of a set of mutually understood rights and duties within a collective may well reinforce this kind of diffuse reciprocity.

Complicating matters, such reciprocity has to work in most cases in “differentiated social structures”, as noted by Bourgeois and Friedkin (2001, p. 246). That is, in an environment where significant social distance exists among actors, e.g., in the form of major differences of culture and welfare, posing further challenges. This may apply to a society of states as much as it does to a society of individuals, and it certainly applies to the community of EUMS.

A further important issue is pointed out by Derpmann (2009, p. 305), who identifies a central problematique of solidarity in the “inequality of moral concern for those who do belong to a community and those who do not” that may derive from a particular notion of solidarity. It is worth remarking that the Latin term *solidus* itself refers to being “full or whole” together with significant others (Reichlin, 2011, p. 366) quite possibly as opposed to insignificant others – or even an outgroup, opposition to whom may be the essence of solidarity for some (Taylor, 2015, p. 128). As Derpmann frames this, solidarity and cosmopolitanism can

thus conflict (2009, p. 304). Following this, a key question is how far the boundaries of one's community may lay.

It is useful at this point to refer to Durkheim's work (1964 [1893], pp. 63–64). For him, there was a key distinction to be made between the "mechanic" solidarity of traditional communities (smaller communities, interacting face-to-face, in what we may refer to as all-channel networks) and the "organic" solidarity of modern societies. In fact, the two adjectives – mechanic and organic – should perhaps be substituted for one another as the natural or organic solidarity of traditional communities is contrasted here with the institutional mechanisms of modern society, with the latter's division of labour and differentiated social roles, along with an imagined unity in its framework cultivated through, *inter alia*, political rhetoric and school curriculum. The question of how far a community's boundaries lay is thus to a significant extent shaped by institutions, once we are no longer conceiving of one's community as consisting only of people one regularly interacts with. This point pertains to the EU, as it is clearly an environment where a kind of mechanistic solidarity is at work, along with efforts by various actors to cultivate a sense of pan-Europeanness as its basis, ironically with reference to what are posited as "universal" ideals even as they are described as "European values" (Derpmann, 2009, p. 309). The resulting solidarity does not necessarily have to stop within the EU. Identification with the EU, Europeanness and Europe itself rests on a "multiplication of the horizons of solidarity" to begin with (Kaufmann, 2004, p. 67). Especially if we do away with flawed notions of singular, exclusive identities in the case of social actors, this is compatible with developing a readiness for the expression of solidarity with fellow nation-state citizens, EU citizens and even human beings in the whole wide world, all at once. Accepting multiple horizons of solidarity (or "multiscalar" solidarity, as it may be referred to based on Wallaschek's work; 2019, p. 75) allows for the possibility of surpassing the problematique highlighted by Derpmann in that it may not be required to accept duties towards one collective as implying a rejection of duties towards alternative (smaller or greater) collectives. Consequently, the above question concerning whether instances of bilateral EUMS assistance undermine the solidarity expressed (as well as fostered) by community-level action, can be answered in the negative.

Not all social actors will think and act accordingly, however, and, in the context of pandemic response, this carries a price. Derpmann's criteria of "ethical desirability" and "practical conceivability" (2009, p. 307) are one and the same in this context. A pandemic cannot be effectively mitigated, let alone eliminated, without joint action and a sharing of the related burdens. This is especially pertinent in the differentiated social structure of inter- and transnational relations in and beyond the EU, in a world characterised by a broad dispersion in terms of the level of resources, capacities and capabilities available to states. The unity of humanity and the imperative of networked solidaristic action within overlapping networks (Gould, 2007, pp. 155-160) is not merely an ideal in this context, but an implication of mutual dependence. If the objective necessity of working together is underpinned by the popular realisation thereof, and a matching sense of belonging together – the "affective element" of solidarity in Gould's concept (2007, p. 156) – then that is very favorable for collective action. An absence of this sentiment self-evidently impedes it, potentially quite a lot. A sense of belonging together should, however, be no prerequisite for cooperation in the context of a pandemic.

A normative as well as strategic implication of great importance stemming from this for the EU is that it itself must conceive of multiple horizons of solidarity not just with a view to noble ideals but out of an actual need for this under the given circumstances. EU member states must not only come together to help each other, but to enable each other to help others more effectively, too, given that the pandemic is a global challenge that is not confined within the borders of any specific entity in the long run.

What this illuminates regarding a reinterpretation of inter-EU solidarity in the context of the pandemic, and with a view to a more comprehensive assessment thereof, is that collective EU actions, including actions to help others beyond the EU, may be a more important component of the object of the present study than instances of individual member states helping each other. The importance of the latter is not erased but relativised by this argument. With a view to this, a definition of solidarity proposed in this article is that it is a readiness to act, alone or jointly with third parties, for another actor's immediate benefit, with the understanding that this is also for the common good and for the good of oneself – where the common good as such can be good for multiple different and only partly overlapping communities. It is thus a conscious choice to embrace oneness between self and other, even as they stand apart and their situation is not for the moment identical.

Community-level solidaristic action can be studied in the analytical framework of international burden-sharing, that is, the sharing of costs and risks by countries related to joint efforts to achieve common goals and thus produce common goods. Particularly important issues to raise in this regard include the questions of adequacy, sufficiency, and efficiency (of the collective effort) and equity (of contributions to the collective effort by individual countries). That there are institutional mechanisms to this end in the EU does not diminish the significance of this approach. Even in an extensively institutionalised context, there usually are elements of burden-sharing arrangements that are negotiated on an ad hoc basis and possibly not even formalised (Wilkins, 2006, p. 1133). Contributions by countries are always shaped by multiple variables beyond any formally set rules. Among others, such variables include the relative size of the countries acting together, legislative and popular support domestically for contributing to collective action, the capability to contribute, and the relative costs and benefits of contributing for the countries concerned (or the perceptions thereof, by partner countries' leaders or the public in the countries concerned).

Relative size is theorised – and empirically often found – to matter in an inverse relationship to the size of a country's contribution (Olson & Zeckhauser, 1996, p. 9; Ringsmose, 2009, p. 73–74). The relatively smaller or less capable members of coalitions often under-contribute, while the relatively larger or more capable members over-contribute (e.g., in terms of GDP- or population-proportionate measures). Free-riding or cheap-riding by the relatively smaller members is partly a result of the calculation that their individual contribution would not in any case be decisive of the feasibility of the production of a desired good by a coalition, and partly an implication of the rationally selfish inclination to outsource cost-prohibitive undertakings, such as military defense, to larger countries that may be willing to supply this service for little compensation (Kimball, 2010, pp. 407–410).

Domestic political/popular support includes, beyond the momentary and prospective electoral popularity and legislative support of a government, the issue of how much such

support is needed by it, in a constitutional or other sense, given its existing degree of “executive autonomy” (Bennett, Lepgold & Unger, 1994, pp. 45-48).

Relative costs and benefits of individual coalition members connected to their contributions may vary as collective goods are often merely jointly produced rather than pure public goods, implying that consumption of these may be at least partly rivalrous, exclusion from it possible, and private benefits from the production of the good in question conceivable (Sandler & Hartley, 1999, pp. 876-881; see also Cooper & Zycher, 1989, pp. 12-18). This point pertains to pandemic response measures as will be illustrated in the next section of this paper.

Whether a country happens to over- or undercontribute to a collective effort is determined by the interaction of all the above variables. Determining whether a given country actually under- or overcontributes is often a contentious question, nevertheless, due to the ambiguity of what constitutes an objective measure of a country’s relative endowment with resources and capabilities on the input side (such as in GDP terms, nominal or purchasing-power-parity-based) or performance on the output side (e.g., in terms of value of aid pledged and delivered in post-conflict or post-disaster complex humanitarian crises; number of troops deployed in stabilisation operations; or, in the context of the present study: in terms of patient transfers received, number of medical masks provided, samples accepted for testing, etc.).

Compensation, neutralising to some extent the issue of disproportionate contributions, may occur on the part of relatively smaller members of a coalition in specific areas or timeframes where their contribution is of marginally greater relevance to partners (Marton & Wagner, 2015, p. 197; see also Marton & Hynek, 2013). It may also occur in complex, multifaceted cooperation requiring parallel contributions in various dimensions to achieve a single common good (Bensahel, 2006).

Aggregation, i.e., the issue of how the overall value of a coalition or community effort may be determined as a function of individual contributions, is, in Dorussen, Kirchner & Sperling’s conceptualisation (2009, pp. 789-795), a function of the nature of the public or jointly produced good in question. Depending on this, different approaches ought to be followed. One possibility is “summation”, i.e., a simple count of the number of all contributions (the more the merrier, as all contributors add equally to the jointly supplied good). Alternatively, the “best-shot” contribution(s) may matter, where a coalition’s success in goal fulfilment depends on the biggest contribution made (and if that is decisive, possibly due to exceeding a critical thresh-old). In other contexts, the “weakest links” may determine the value of the overall coalition effort: success in this case may depend on the smallest contributions being great enough to not undermine others’ efforts (again, possibly with a certain critical threshold in mind). To illustrate how these logics may be suitable for different contexts: diplomatic statements to protect and promote human rights may exert more pressure on a targeted party depending on how many join in making them; compellence (or coercive diplomacy) may succeed depending on how powerful the truly significant contributors individually are (Dorussen, Kirchner & Sperling, 2009, p. 794); while success in providing for border security in an entity such as the Schengen Zone is dependent on the weakest border security measures if arrangements are uneven, as they usually are (Dorussen, Kirchner & Sperling, 2009, pp. 794-795).

In addition to the above-outlined “technologies of aggregation”, this paper proposes a “mind-the-gap” logic as a further important and often-relevant approach to consider. That is, because the success of a collective effort – its adequacy and sufficiency – may not only depend on the number of contributors, or the size of the contribution of the greatest or the smallest contributors, but on whether, with regards to an objectively discerned level of need, the overall supply of contributions meets demand, leaving no gaps.

With a view to assessing intra-EU burden-sharing, it follows from the above that EU measures to deal with the pandemic are not only to be evaluated considering the sharing of pandemic-related costs, but also with a view to how the underlying costs and benefits of maintaining the EU as an institution are shared. Rather than seeing the EU as a “receiver of solidarity” from EUMS (Wallaschek, 2021, p. 4), this paper argues that the EU should be considered here as a platform of burden-sharing by the way of which EUMS are solidaristic with each other. Therefore, the costs of “platform maintenance” must be considered as underlying inter-EUMS burden-sharing. Notably, this point also concerns burden-sharing within NATO, and in global governance at large, with special regard to the governance of global public health, for which the United Nations Organisation and its specialised agencies (including the World Health Organisation) play a similar role.

EU solidarity and burden-sharing during the Spring 2020 wave of the pandemic

The EU carried out significant immediate measures to mitigate the impact of the pandemic, even as its own room for maneuver was and remains limited in the field of the protection and promotion of human health, with a view to its competences stemming from the Treaties of the European Union and the general principles of subsidiarity and proportionality. While it can contribute to tackling the challenges related to the pandemic in certain ways, it only has a “supporting competence” vis-à-vis EUMS in this area (Brucker, 2020, p. 5).

One of the first major measures was a redirection of EU funds in April 2020, including €37 billions of cohesion funding, and the making available, ahead of time, of €3.1 billion from the 2020 EU budget for the purposes of damage mitigation and recovery. This was ensued over the course of April and May by a larger scale mobilisation of funding to support economic recovery in EUMS, mainly by offering preferential loans (loans containing a grant element vis-à-vis comparable market terms). The European Stability Mechanism (an intergovernmental organization of the Eurozone economies) established, in the framework of its Pandemic Crisis Support (PCS) initiative, a credit line worth €240 billion, amounting to the sum of 2% of each member state’s GDP combined, to offer an equal amount of financing for “a margin of 10 basis points (0.1%) annually, a one-off up-front service fee of 25 basis points (0.25%), and an annual service fee of 0.5 basis points (0.005%)” (ESM, 2020). The European Investment Bank’s European Guarantee Fund made available €20 billion in loans to “help national providers and local lenders to scale up SME [Small and Medium Enterprises] support”; a smaller part of these resources could also be offered to larger enterprises as well as public-sector and health-related entities. The EU Council’s Support to mitigate Unemployment Risks in an Emergency (SURE) offered a source of funding of up to €100 billion, with the member states putting up the required guarantee for this fund based

on a Gross National Income key, to support “short-time work schemes and similar measures”. In the meantime, Recovery Assistance for Cohesion, and the Territories of Europe (REACT-EU) was launched as a program offering €55 billion in additional funding for cohesion policy programs, through the 2014-2020 European Regional Development Fund (ERDF), the European Social Fund (ESF) and the European Fund for Aid to the Most Deprived (FEAD). This was made possible by a proposed revision of the EU’s 2014-2020 Multiannual Financial Framework, the EU’s long-term budget as such (KPMG, 2020).

It is noteworthy that these arrangements were instances of institutionalised burden-sharing. For these institutionalised mechanisms of burden-sharing, the EU and the Eurozone economies often rely on GNI-proportionate contributions. In the case of cohesion-policy programs, the EU budget’s own resources create a more complex (and inevitably murkier) picture as to the nature of burden-sharing, given that customs and Value Added Tax revenues are involved.²

Additional steps by the EU included a temporary relaxation of EU regulations regarding state subsidies (EUR-LEX, 2020), to give EUMS more room for maneuver in mitigating the impact of the pandemic, as well as the temporary alleviation of airlines from their airport slot usage obligations (with a view to the problem of “ghost flights”).

Perhaps the most important and memorable aspect of the EU response to emerge in the immediate wake of the Spring 2020 pandemic wave has been the EU Vaccines Strategy, whereby EU citizens could eventually experience direct and vital benefits of joint action by EUMS through the contracted provision of vaccines against SARS-CoV-2/COVID-19. The EU signed Advanced Purchase Agreements (APAs) for the future supply of vaccines to its member states based on a quota system, starting with AstraZeneca and Sanofi-GlaxoSmithKline in August 2020. Exploratory talks soon began seeking the conclusion of further APAs with other developer-manufacturers (European Commission, 2020). It needs to be noted, however, that this outcome was by no means preordained. EUMS failed to come together in the aftermath of the 2009 H1N1 pandemic in favour of a mandatory joint vaccines procurement regime (de Ruijter, 2021), and it took the efforts and willingness of four larger EUMS, that is, Germany, France, the Netherlands and Italy, to organise an Inclusive Vaccine Alliance in the beginning of June 2020 (Furlong, 2020) that eventually became inclusive of all EUMS.

In the meantime, there were significant actions reaching beyond the European Union, too, important with a view to (i) the possibility of conceiving of multiple horizons of solidarity

² The inherent burden-sharing arrangement has historically evolved with the changing sources of budgetary revenues. The European Communities, as per the Treaty of Rome (1957), were originally financed in a peculiar system combining calculations of “contributive capacity” with the “expected benefits” derived from a country’s relative weight in community decision-making (Hens et al., 1992, p. 249). This system later transformed into the one that today is based on the EU’s “own resources”, as noted above. It is worth noting that, although there is much discourse about “net contributor” and “net recipient” countries in the EU, customs duties are paid upon entry to the territory of the EU in a country that is not necessarily the destination country for the given goods. Sharing customs revenues is, therefore, not technically a member state contribution. At the same time, the EU’s existence provides for various “regional goods”, often forgotten in simplistic cost-benefit calculations, such as considerable bloc weight in the world economy, improving the EU’s bargaining position in trade talks along with its autonomy from transnational economic actors as a regulator of economic life. It is difficult to quantify how much this is worth for individual EUMS.

and (ii) the imperative to do so in the context of a pandemic. In the field of international aid, the EU operated in a “Team Europe” approach coordinating, under an EU brand as such, all actions of the EU, the European financial institutions (the European Investment Bank and the European Bank for Reconstruction and Development) and EUMS. EU resources have been allocated, with a view to the pandemic, to provide additional support to the World Health Organization as well as the United Nations Global Humanitarian Response Plan, along with direct funding to humanitarian non-governmental organizations and the Red Cross/Red Crescent movement. An “EU Humanitarian Air Bridge” was established whereby French, Portuguese, and other aircraft delivered humanitarian and medical supplies to countries such as the Central African Republic, Chad, São Tomé and Príncipe, Haiti, Peru, Iran, and Iraq, amongst others (in coordination with the UN’s abovementioned global humanitarian response). By mid-September 2020, as many as 67 of these EU-financed flights delivered 1150 tons of supplies and 1700 medical and humanitarian staff to various destinations (EU Humanitarian Air Bridge, 2020). Notably, these flights also allowed for the evacuation of EU citizens from these countries. As in the case of intra-EU measures, much in the way of pandemic-related assistance to non-EU countries was provided through the redirection of resources, e.g., the channeling of €3.8 billion in foreseen funds for the Western Balkans and €3.25 billion to African countries to help their response to the public health crisis.

The European Commission as well as EUMS, such as Austria, Belgium, France, Germany and Italy, have also committed to collaborate with others in the framework of the Access to COVID Tools (ACT) Accelerator initiative, an important component of which is COVAX, the program for the global provision, including to Low- and Middle-Income Countries, of coronavirus vaccines, supported by the Global Alliance for Vaccines and Immunization (GAVI) [WHO-ACT, 2020].

From a burden-sharing perspective, it is noteworthy that as many as 21 of 30 NATO countries are EU members, and 21 of 27 EU countries are NATO members. Thus, the significant overlap in membership makes it inevitable that at least some of the common or jointly produced goods that arise from the framework of EU and NATO cooperation are shared by an EU/NATO community as such, even as the possibility of exclusion from consumption exists in various fields (such as in intelligence-sharing). As the EST dataset itself records, the North Atlantic Treaty Organization’s Euro-Atlantic Disaster Response Coordination Centre (EDRCC) was also mobilised for the purposes of pandemic response in the EU.

Despite the broad scope of burden-sharing, and wide involvement therein, asymmetrical costs and benefits have also been a feature of pandemic-related actions, as these in turn had implications for non-pandemic-related policies and interests of various countries. For example, the prominent participation of France in the EU’s Humanitarian Air Bridge operation to the Central African Republic may also be explained with reference to France’s postcolonial ties and continued interest in the Francophone countries in Africa. Moreover, the EU-financed flights were also used to evacuate EU citizens from the destination countries, whereby the EUMS with traditionally stronger ties to these areas – and more of their own citizens on the ground – stood to benefit more.

The logic of aggregation is a complicated issue in this context. Dorussen, Kirchner and Sperling (2009, pp. 792-796) look at the categories of “assurance”, “prevention”,

“protection” and “compellence” policies in the context of EU security governance, to reflect on what logics of aggregation may fit each respective type of policy more, and to theorise about the varying incentives for cheap riding related to them. A possible approach is to apply distinctions between elements of pandemic response on grounds analogous to those proposed by Dorussen et al. Given the diversity of the actions concerned, certainly no single framework may be adequate in characterising these efforts, e.g., items as essentially different as the provision of medical supplies, acceptance of patient transfers, arrangements for the transfer of medical personnel, or declarations of solidarity.

Whereas a logic of summation may seem to operate regarding utterances of solidarity in official communications, with every undersigning country adding to the overall value of contributions, this may, under the present circumstances, be questionable – as discussed above, accusations of tokenism or tight-fistedness at the time of an acute crisis may emerge as a potentially damaging dynamic.

To take stock of meaningful actions of assistance in the context of the pandemic, it is proposed here that two logics may be posited to apply. A weakest-link logic is certainly relevant, given that while transmission continues in any one country, the chance of a relapse into continued spread remains a possibility for other countries. Another logic, proposed above, is the “mind-the-gap” logic of aggregation, which takes as its basis the objective level of needs (as far as these can be assessed), and measures how much the overall supply of contributions to common efforts meets this demand. This highlights that a possible problem with contributions that are merely proportionate is that the supply of contributions may remain overall far from adequate. Individual countries participating in burden-sharing are often oblivious to this, lost as they are in the complications of negotiations with domestic as well as international actors over what would constitute an acceptable level of contribution relative to others (as portrayed in so-called “integrated models of burden-sharing”; for instance, in Auerswald, 2004, p. 643; Ashraf, 2011, p. 75). A coalition leader may try to make sure that a match between supply and demand does occur, including with its own outsized contribution (Fang & Ramsay, 2007), but such a leader has not emerged in the period of interest in the global effort to tackle the coronavirus pandemic. Within the EU, Germany to some extent played a leading role, as evidenced by its lead in solidarity actions. This is visible in Figure 1, but insufficient to compensate for overall deficiencies of the collective effort.

In a conservative assessment of European burden-sharing, applying a mind-the-gap approach to the evaluation of collective efforts can flag several key problems as tests of adequacy, sufficiency, and efficiency. Even if these are interpreted with a view to a goal of mitigation as opposed to elimination, patients lacking access to intensive care or vital treatments and medications, hospital staff having to triage access to care, as well as inadequate testing (indicated, e.g., by test positivity rates of 5% and above) are all potentially signs of key gaps that could and perhaps should be addressed jointly – for instance, by transfers of patients, medical staff, medical equipment or samples to be tested.

Conclusions

This paper argues that collective inter-EUMS burden-sharing efforts need to be studied as part of any comprehensive assessment of inter-EUMS solidarity in pandemic response. As an example of an overly narrow interpretation of “solidarity actions”, the paper reviewed the types of actions listed in the European Solidarity Tracker dataset, and offered a re-assessment of the latter, arguing that many of the EST entries are conceptually insignificant, irrelevant, or invalid in measuring inter-EUMS solidarity. Accepting this as a premise in further consideration of the subject may at first seem to disappoint, as in the wake of filtering the EST data (as presented for the period of March 4 to May 30 in Appendix I) a much reduced number of truly meaningful items remain. Identifying many other relevant instances of inter-EUMS solidarity is possible, however, and to this end the paper refers to a brief review of the literature on solidarity and burden-sharing as grounds for considering further important dimensions of inter-EUMS solidarity uncaptured in the EST data. The evaluation of EU-wide and even “EU-exceeding” solidarity and burden-sharing thus ultimately must refer to a much broader array of initiatives, policies and measures, with much more substantial results – even as it still leaves fundamental shortfalls to be acknowledged in terms of what EUMS were able to contribute together to the common good of mitigating the pandemic’s harm to human health in the EU and beyond.

In an assessment of EU solidarity in the context of the coronavirus pandemic, one thus also needs to take into account the EU as an institution of burden-sharing itself; collective EU actions mitigating the pandemic’s impact; pandemic-related assistance by the EU to countries beyond the EU; the broader context of burden-sharing, in which collective action also takes place in other – partly overlapping – frameworks, from the North Atlantic Treaty Organization to the United Nations and the World Health Organisation; asymmetrical benefits resulting from pandemic-related collective action; and, finally, the importance of what are appropriate logics of aggregation in evaluating the output of collective action overall.

With regards to the latter issue, this article proposed that both a “weakest link” as well as what was conceptualised here as a “mind the gap” logic of aggregation should be applied in such an assessment. To the extent that EU countries – or, for that matter, any country in the world – experienced major shortfalls in the means and resources needed for pandemic response from time to time, performance may be found inadequate.

It may, however, be an important objection to this that gravely affected countries often failed to seek, accept, or appreciate offers of help – perhaps with a view to disadvantages of admitting to the existence of scarcities and inadequacies on their part, as doing so may undermine government legitimacy, electoral support and/or public mood in general.

Further, the goals set by decision makers make a difference to the overall performance gap emerging from the failure to provide sufficient assistance. This goal dependency of the criteria of adequacy and sufficiency in burden-sharing implies that if mitigation rather than elimination is the basic strategy of pandemic response, as seems to be the present case, different standards of adequacy and sufficiency follow from this. The goal of elimination may dictate a far broader spectrum of means and measures to be utilised by EUMS both nationally and on the EU level, requiring relentless solidarity action as long as transmission continues. In contrast, setting mitigation as the aim only demands reactive actions of

solidarity in times of acute crises – a kind of intermittent solidarity. If elimination is seen as the appropriate framework, even consistently and strictly enacted border closures may be interpreted as measures of solidarity as long as these aid in achieving success in cutting chains of transmission together with the help of other non-pharmaceutical interventions, such as contact-tracing, adequate economic support to individuals, households and enterprises for the purposes of effective isolation and quarantine policies, and widespread pro-active testing to identify all infected persons. Moreover, this approach renders disease prevention paramount, from which an absolute need to remedy inequalities in global vaccination coverage follows. If only mitigation is the aim or even barely mitigated mass transmission is permitted to take place, border closures cannot be expected to be effective in reducing the spread of disease and will, particularly in an inter-EUMS context, constitute the very opposite of solidarity.

Perhaps the greatest failure of inter-EUMS solidarity has been the pre-pandemic resistance to giving more competences to the European Union in the field of public health in general, and pandemic response in particular. De Ruijter (2021) posits that this is because “health is a classical welfare state issue, and to centralize powers in this area in the EU, would diminish the power of the Member States in an area where national elections can be lost or won”. This staunch intergovernmentalism is, effectively, the retention of the right by EUMS to make individual decisions on the need, content, and extent of inter-EUMS solidarity.

If solidarity is not the default choice when it comes to pandemic response, even though it is exactly what is both ethically desirable and practically conceivable in this context, then the conditionally permitted solidarity in its place cannot be deemed appropriate in any absolute sense.

Appendix I: A filtered version of the European Solidarity Tracker dataset for the period of March 4 to May 30, 2020

DATE	SOURCE COUNTRY	RECIPIENT COUNTRY	SOLIDARITY ACTION (DESCRIPTION WITH VERBATIM QUOTES FROM THE EUROPEAN SOLIDARITY TRACKER DATASET)	ASSISTANCE TYPE
March 4	CZ	GRE	"The Czech Republic delivers humanitarian emergency equipment valued at €900,000 to Greece. The delivery includes 10 pumps, 4 generators, 1,000 air mattresses, 1,000 sleeping bags, 1,000 blankets, 1,000 towels, and 10 tent heaters. (Source: General Directorate of the Fire and Rescue Service of the Czech Republic)"	Medical and other supplies
March 13	GER	ITA	"Germany provides 1 million masks and other personal protective equipment and medical supplies to Italy."	Medical supplies
March 18	GER	AUT	"Germany sends personal protective equipment and other medical supplies to Austria."	Medical supplies
March 19	GER	ITA	"Germany delivers 7.5 tons of medical supplies, includes ventilators and anaesthetic face masks, to Italy."	Medical supplies
March 20	GER	IRE	"German labs assist Ireland in its coronavirus testing efforts with up to 1,000 tests per day. Roughly 30,000 Irish samples were tested in Germany by 11 April."	Test sample transfers
March 21	GER	FRA	"2 French COVID-19 patients arrive for treatment in a hospital in Freiburg, Germany."	Patient transfers
March 23	CZ	ITA	"The Czech Republic sends 110,000 protective masks to Italy."	Medical supplies
March 23	GER	ITA	"8 patients from Milan, Italy, are transferred to hospitals in Bavarian, Germany."	Patient transfers
March 24	AUT	ITA	"Austria receives 11 intensive care patients from Italy for treatment in hospitals."	Patient transfers
March 25	LUX	FRA	"Seven French patients from Mulhouse and Thionville are being transferred to an intensive care unit in Luxembourg. Luxembourg Air Rescue transfers six other French patients for them to be treated in intensive care in Luxembourg and Germany. Two helicopters of the Luxembourg Air Rescue are integrated into the French Urgent Medical Aid Service. (Source: European Commission)"	Patient transfers

March 26	POL	ITA	"15 medical personnel from Poland arrive in Brescia (northern Italy)."	Medical personnel transfer
March 27	BUL	AUT	"Bulgaria's Prime Minister Boyko Borisov announces that Bulgaria would supply Austria with personal protective equipment, a delivery later confirmed by Commission President Ursula von der Leyen."	Medical supplies
March 28	GER	ITA	"The German Company Dräger together with the German Bundeswehr deliver 100 ventilators to Italy."	Medical supplies - logistical help
March 29	CZ	ITA	"The Czech Republic sends 10,000 protective suits and some masks to Italy."	Medical supplies
March 29	CZ	SVN	"The Czech Republic delivers 500,000 protective masks, 25,000 respirators, and 5,000 suits to Slovenia."	Medical supplies
March 29	CZ	SPA	"The Czech Republic donates 10,000 protective medical suits and 90 respirators to Spain through NATO's Euro-Atlantic Disaster Response Coordination Centre (EADRCC)."	Medical supplies
March 29	GER	NED	"2 Dutch COVID-19 patients are being treated in a hospital in Langen, Germany."	Patient transfers
March 30	GER	SPA	"Between 30 March and 10 April, a team of 13 nurses and doctors from Germany support their colleagues in several hospitals in Madrid. (Originally, 200 medical professionals responded to the call for volunteers.)"	Medical personnel transfer
April 1	AUT	FRA	"Austria receives 3 intensive care patients from France for treatment in hospitals."	Patient transfers
April 1	CYP	ITA	"Cyprus donates €50,000 to the Lazzaro Spallanzani National Institute for Infectious Diseases in Rome."	Financial support
April 1	GER	ITA	"4 medical personnel from the University Clinic Jena support their Italian colleagues in the Lombardy region of Italy. (Source: State Chancellery of Thuringia)"	Medical personnel transfer
April 1	GER	ROM	"Germany donates 100,000 protective masks to Romania."	Medical supplies

April 3	GER	SPA	"Germany donates 50 ventilators to Spain."	Medical supplies
April 3	POL	ITA	"Poland sends ca. 21,000 litres of disinfectant to Italy."	Medical supplies
April 5	CZ	FRA	"The Czech Republic offers to France to treat 6 COVID-19 patients. (France later declines the offer as it can treat the patients itself.) (Source: Twitter)"	Medical personnel transfer
April 6	HUN	CRO	"Hungary announces the delivery of masks and protective suits to Croatia. 10,000 masks, 1,000 protective suits, and other personal protective equipment arrive in Croatia on 10 April."	Medical supplies
April 6	HUN	BOS/EU	"Hungary contributes additional medical personnel to the EU's Althea mission in Bosnia-Herzegovina to support the medical protection of the mission. (Source: Government of Hungary)"	Medical personnel transfer
April 6	HUN	SVN	"Hungary announces the delivery of masks and protective suits to Slovenia. (Source: Government of Hungary)"	Medical supplies
April 7	AUT	ITA	"Austria provides Italy with 3,360 litres of medical disinfectant through the EU Civil Protection Mechanism."	Medical supplies
April 7	ROM	ITA	"Romania sends a 17-strong team of medical personnel to Milan, Italy, through the EU Civil Protection Mechanism. (Source: Romania-insider.com, European Commission)"	Medical personnel transfer
April 9	DEN	ITA	"Denmark offers to provide Italy with ventilators for patients suffering from COVID-19 and an emergency field hospital, and donates ca. DKK 7.5 million (€1 million) to the Italian Red Cross for personal protective equipment and other medical supplies. (Italy later declines the ventilators and field hospital.)"	Medical supplies and financial support
April 9	LUX	SPA	"Luxembourg donates 1.4 tons of TYVEK material/personal protective equipment to Spain through NATO's Euro-Atlantic Disaster Response Coordination Centre (EADRCC). (Source: NATO)"	Medical supplies

April 14	HUN	ITA	"Hungary announces the donation of 100,000 masks and 5,000 protective suits following a request from the Italian government. (Source: Government of Hungary)"	Medical supplies
April 14	LITU	CRO	"Lithuania donates 35,000 protective gloves to the Croatian police. (Source: Ministry of the Interior)"	Medical supplies
April 15	LUX	GRE	"As part of an EU initiative Luxembourg accepts 12 unaccompanied children from refugee camps in Greece. (Source: Ministry of Foreign and European Affairs of Luxembourg)"	
April 16	EST	ITA	"Estonia allocates €100,000 to Italy via the International Red Cross to control the spread of the coronavirus. Estonia also sends 30,000 face mask and 2,000 units of disinfectant in response o a a request for assistance submitted by Italy through the NATO Euro-Atlantic Disaster Response Coordination Centre (EADRCC)."	Medical supplies + financial support
April 16	EST	SPA	"Estonia allocates €100,000 to Spain via the International Red Cross to control the spread of the coronavirus. Estonia also sends 30,000 face mask and 2,000 units of disinfectant in response o a a request for assistance submitted by Spain through the NATO Euro-Atlantic Disaster Response Coordination Centre (EADRCC)."	Medical supplies + financial support
April 16	POL	SPA	"Poland donates 20,000 litres of disinfectant to Spain."	Medical supplies
April 18	FRA	Multiple European countries	"In total, France provides 2.2 million masks to European countries by 18 April." (Source: French Ministry of Foreign Affairs)"	Medical supplies
April 18	FRA	ITA	"France provides Italy with one million masks and 24,000 medical gowns. (Source: French Ministry of Foreign Affairs)"	Medical supplies
April 18	GER	GRE	"A group of 58 unaccompanied minors arrives in Osnabrück, Germany, from Greek refugee camps. (Source: DW)"	
April 20	AUT	GRE	"Austria sends 181 living containers to Greece for use as shelters and mobile healthcare facilities for migrant camps through the EU Civil Protection Mechanism. (Source: European Commission)"	

April 20	LUX	SPA	"A shipment of protective medical equipment arrives in Spain from Luxembourg. (Source: NATO)"	Medical supplies
April 20	SVK	ITA	"Slovakia delivers 300,000 protective masks and 500 litres of disinfectants to Italy. (Source: Ministry of Foreign Affairs via Facebook)"	Medical supplies
April 21	AUT	CRO	"Austria sends medical gloves and disinfectant to Croatia through the EU Civil Protection Mechanism. (Source: Telegram newspaper)"	Medical supplies
April 21	EST	SPA	"Estonia donates medical supplies, including 30,000 face masks and 2,000 units of disinfectant, to Spain through NATO's Euro-Atlantic Disaster Response Coordination Centre (EADRCC). (Source: NATO)"	Medical supplies
April 22	LITU	ITA	"Lithuania sends medical supplies worth €60,000 to Italy. (Source: Lithuanian MFA)"	Medical supplies
April 23	LAT	ITA	"Latvia provides 9 tons of disinfectants to Italy through its National Defence Military Facility and the Procurement Center. Latvia also establishes a "contingency fund" to support Italy and San Marino in combating the coronavirus crisis. (Source: Ministry of Defence)"	Medical supplies
April 23	LAT	SPA	"Latvia sends personal protective equipment and disinfectants to Spain."	Medical supplies
April 26	SVN	ITA	"Slovenia offers to send 13 medical personnel to Italy. (As conditions improve, the offer is not taken up on by Italy.) (Source: Online news portal of national public broadcasting service MMC-RTVSLO)"	Medical personnel transfer
April 27	LAT	LITU	"Latvia sends 60,000 masks to Lithuania through the EU Civil Protection Mechanism. (Source: European Commission)"	Medical supplies
April 27	LITU	SPA	"Lithuania sends medical supplies worth €40,000 to Spain. (Source: Lithuanian MFA)"	Medical supplies
April 27	ROM	ITA	"Romania delivers 90,000 protective masks from the strategic rescEU distribution centre to Italy. (Source: European Commission)"	Medical supplies

April 29	CZ	GRE	"The Czech Republic delivers humanitarian emergency equipment valued at €160,000, including hygiene items, air mattresses, sleeping bags, blankets and towels, to Greek refugee camps. (Source: Ministry of Foreign Affairs)"	
May 2	ROM	SPA	"Romania delivered masks to Spain through rescEU capacity (Source: AGERPRES (Romanian national news agency))"	Medical supplies
May 4	CZ	ITA	"The Czech Republic provides another 500,000 protective masks to Italy. (Source: Government of the Czech Republic)"	Medical supplies
May 6	AUT	CRO	"Austria delivers 200,000 protective gloves and 1,680 liters of disinfectant to Croatia's Directorate of Civil Protection in Jastrebarsko."	Medical supplies
May 7	GER	ROM	"German Embassy in Bucharest donated masks and IT equipment for the Romanian Police (Source: G4Media)"	Medical supplies
May 7	ROM	SPA	"Romanian Embassy in Spain donated food for needy families in Azuqueca de Henares (Source: Nueva Alcarria)"	Humanitarian
May 8	BEL	GRE	"Belgium announces that it would accept 18 unaccompanied minors from Greek refugee camps. (Source: De Morgen)"	
May 11	AUT	FRA	"3 French patients are being transferred to receive treatment in Austrian hospitals. (Source: European commission)"	Patient transfers
May 11	FRA	GRE	"France sends customised containers for shelter and medical supplies to Greece for refugees and migrants at risk of the novel coronavirus through the EU Civil Protection Mechanism. (Source: European commission)"	
May 11	GER	FRA	"Germany delivers 25 ventilators to France. (Source: European commission)"	Medical supplies
May 12	POR	GRE	"As part of an EU initiative Portugal accepts 500 unaccompanied children from refugee camps in Greece. (Source: Government of Portugal)"	

May 18	DEN	CRO	"Denmark provides financial support to UNICEF's global humanitarian action in the fight against the COVID-19 pandemic. Ca. €317,000 (HRK 2.4 million) have been allocated to help children in Croatia"	Financial support
May 21	ROM	LITU	"Romania delivered masks to Lithuania through rescEU capacity (Source: ActMedia)"	Medical supplies

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