AN INQUIRY INTO THE SOCIO-ECONOMIC IMPACT OF COVID 19 TO THE FREE MOVEMENT OF WORKERS IN THE EU: HEALTHCARE SECTOR IN THE SPOTLIGHT

Sanja PEŠIĆ, Ph.D. Student
Doctoral School of Josip Juraj Strossmayer University of Osijek / University Hospital Osijek

E-mail: sanja.pesic@kbco.hr

Mirko PEŠIĆ, Ph.D.
Josip Juraj Strossmayer University of Osijek,
Faculty of Medicine

E-mail: mpesic@mefos.hr

Ivan ZEKO-PIVAČ, Ph.D.
Minister Counsellor, Permanent Representation of the Republic of Croatia to the EU

E-mail: ivan.zeko-pivac@mvep.hr

Abstract

Freedom of movement for workers is one of the fundamental freedoms of the European Union. It is also considered the main driver of the European Union's economy and the Internal Market. Faced with the global pandemic crisis, many European countries, including EU member states, have taken measures to reduce regular entry on their state territories to prevent the spread of the disease COVID 19. These measures have left consequences and still impact the freedom of movement for workers and the functioning of the European Union's Internal market. As a part of the Internal Market, the healthcare sector, as a

sector that is most affected by the pandemic crisis, was necessary to mobilize healthcare workers on the one hand and restrict movement on the other. This paper aims to present how the European Union and its institution responded to the free movement for workers crisis in terms of EU law and acquis communautaire. What are the expected socio-economic consequences, especially in the healthcare sector, and what is the assessment for the recovery in general?

Keywords: *COVID-19, free movement, internal market, socio-economic impact*

JEL Classification: *I18*

1. INTRODUCTION

The freedom of movement of workers and members of their families is considered to be the most valuable freedom of the European Union, which derives from the citizenship of the European Union (European citizenship), which is, of course, acquired by the entrance of the individual state in the EU membership. Freedom of movement for workers ensures unhindered movement and settling within the European Union member states in the job search or better working conditions. Besides workers, it also applies to their family members, students, tourists, and other forms of migrating citizens. This freedom of the European Union makes a significant difference between the EU Member States and third-country citizens. A citizen of one Member States of the European Union has the right to enter to any Member State of European Union and settle in it for up to 3 months only with a display of personal identity card or passport and without any further or deeper procedures and conditions. Freedom of movement for workers is guaranteed by Article 45 of the Treaty on European Union (Article 45, Treaty on European Union, 2016). In this way, work in any EU Member State for a worker from a Member State other than the one in which he works or seeks a job is not subject to work permits or quotas, and workers have the same rights as workers from the Member State in which he seeks job or plans to settle. Freedom of movement for workers has been further facilitated by abolishing internal borders in the Schengen territory following the Schengen Borders Code.

During 2020, we witnessed the restriction of free movement of workers and the re-establishment of internal border controls due to the globally declared COVID-19 epidemic. Not only has the Union's territory become inaccessible,

but the state territory of most Member States has also ceased to be available for unrestricted movement. The labor movement has been affected both nationally and internationally. The disabling freedom of movement between member states has become so extensive that it has exceeded restrictions because of potentially disabling free movement (Robin-Olivier, 2020: 614).

The European Union had to react quickly to comply with measures to prevent health risks of citizens, while on the other hand, had to enable the movement of necessary workers and run the Union economy as much as possible in order to avoid a significant economic crisis and the functioning of specific necessary segments of the economy, health and life in general. Measures have been taken in the form of restrictions on non-compulsory travel. In contrast, the freedom of movement of individual workers has remained in force in specific segments of the economy.

Restrictions of free movement and the reintroduction of internal borders are detrimental to the single market and the undisturbed functioning of the supply chain. Moreover, it is also detrimental to the European way of life in a Union. Citizens can travel freely across borders as workers, students, family members, or tourists (European Commission, C 169/30, 2020). The European Commission has shown a willingness to respond in all segments and at all stages of the epidemiological crisis to minimize the consequences of the crisis and restart the internal market. However, the socio-economic consequences are yet to be seen as the epidemiological crisis has not yet shown to subside.

2. SOCIO-ECONOMIC IMPACT OF THE EPIDEMIOLOGICAL CRISIS ON THE INTERNAL MARKET OF THE EUROPEAN UNION

The epidemic, which has resulted in the implementation of measures to reduce its impact, had the most brutal hit on healthcare, tourism, and transport, primarily on-air transport. The consequences of the epidemic were already felt in the first half of 2020. The estimate of GDP growth was below zero, which came true. Already in the first quarter of 2020, the decline in GDP at the EU27 level was -3.3%, in the second quarter the decline was -11.2%, in the third quarter there was a recovery and growth was 11.6%, then, in the fourth quarter, a decline of -0.5% was re-recorded (Eurostat, 2021).

The expected impact on the economy occurred in the first quarter of 2020 due to a slowdown in growth in China. Then, the impact on the supply of the European and world economy caused by a disruption in supply chains due to the absence of workers from jobs, the impact on demand in the European and global economy caused by reduced consumer demand, and the negative effect of investment uncertainty and, finally, the consequences of limited or reduced company's liquidity. In response to the COVID-19 epidemic, the Commission has set the following targets (European Commission, 2020):

- Contribute to saving lives. Provide the necessary funds for supplies and investments to limit the epidemic and treat the diseased.
- Protect workers (and self-employed persons) in Europe from losing income and provide the most vulnerable companies (especially SMEs) and sectors with the necessary support and financial liquidity.
- Use all available Union funds to mitigate the consequences for the economy as a whole and make unreserved use of the Union's flexible framework for action in the Member States.

The single market of the European Union presents the foundation of the European Union. It allows essential goods to reach those who need them. Therefore, the purpose of the single market is particularly pronounced in times of health crisis.

The impact of the epidemiological crisis on the Union health system has been measured by vast amounts of lack of protective equipment and medicines. By ensuring the availability of health goods in the European Union, the single market contributes to protecting citizens' health. In fact, at the beginning of the crisis, the Union faced closing national borders. The Union has allowed the adoption of national measures to member states to prevent the spread of the epidemic. However, some countries have taken measures that affect the export of personal protective equipment, such as goggles, face masks, gloves, surgical wards, coats, drug exports, and even equipment like respirators. With these measures, the goods are prevented from reaching those who need them most, such as health professionals, field intervention teams, and the sick in the affected parts of Europe. from reaching those who need them most, such as health professionals, fieldwork intervention teams and the diseased in the affected parts of Europe. This has created a domino effect: Member States are taking measures to mitigate the effects of measures taken by other Member States (European Commission COM (2020) 112 final, 2020).

In order to prevent restrictions on the movement of goods needed to combat the epidemic, the European Commission has required all states that derogate from internal market rules and take restrictive national measures, all following Article 36 of the Treaty on the Functioning of the European Union (*...shall not preclude prohibitions or restrictions on imports, exports or goods in transit justified on the grounds of public morality, public policy or public security; the protection of health and life of humans, animals or plants...Such prohibitions or restrictions shall not, however, constitute a means of arbitrary discrimination or a disguised restriction on trade between Member States.* (Article 36 UFEU), such measures must be justified, appropriate, necessary, and proportionate to those goals. They must ensure an adequate supply for the persons concerned and prevent the emergence or exacerbation of shortages of products considered essential goods, such as personal protective equipment, medical devices, and medicines. All planned national measures restricting access to medical and protective equipment have to be reported to the Commission, informing the other Member States (European Commission, 2020). It can indeed be said that at the beginning of the epidemiological crisis, there was a standstill in the supply of a sufficient amount of medical supplies. Some countries have banned the export of specific equipment until their national market is settled with the products concerned. Therefore, every effort was made to meet the needs. However, now, when we look back at a one-year distance, the market of medical products and medicines has adapted relatively quickly to new challenges. There have not been any significant disruptions in the supply of health systems within EU member states.

Workers stayed at their jobs. Some European countries reported providing additional financial support above-average salaries to health care workers involved in the COVID-19 response, like one-time bonus payments or monthly bonus payments for the duration of the crisis from the general government. Reported EU member states that provided additional support are Bulgaria, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Poland, and Romania (Eurohealth, 2020).

Therefore, it can be concluded that the socio-economic aspect of the epidemic in the health sector has been preserved without significant consequences other than perhaps financial ones due to the increase in consumption of goods and medicines.

The transport sector has been significantly affected by the crisis. The closure of borders directly closed road traffic flows, and additionally, due to the prescribed epidemiological measures, air traffic was significantly reduced especially passenger air transportation. In addition to passengers, traffic bans have greatly affected all goods, especially critical materials and perishable products. As far as the transport sector has high importance for the European supply chain, continued land, maritime, and air cargo services play a strategic role for the whole EU. Land-based supply chains, especially roads, which today account for 75% of freight transport, have been particularly affected by introducing entry bans at internal land borders. So to reduce the negative socio-economic aspect, European Commission adopted *Communication on the implementation of the Green Lanes under the Guidelines for border management measures to protect health and ensure the availability of goods and essential services,* which demands continuous flows of all freight vehicles along with the TEN-T Network (trans-European transport network) which consist of the most important arteries for road, rail and inland waterways, including airport terminals. This means that vehicles carrying any goods should be able to use "green lane border crossing" (European Commission, C 96 I/1, 2020).

Finally, tourism is also a sector that has been directly negatively affected by the epidemiological crisis. Due to the epidemic and the consequent traffic restrictions, there has been a mass cancellation of the number of bookings, mainly American, Chinese, Japanese, and South Korean guests. The effects of reduced travel within the EU and domestic travel are also being felt, as EU citizens are less inclined to travel and take preventive security measures at the national or regional level. Most affected are small and medium-sized enterprises that are directly involved in tourism services (renters), then the organizers of business fairs and congresses and related caterers, providers of educational and cultural activities, and others who provide any activities involving more people (European Commission COM (2020) 112 final, 2020). In some of these activities, there was a complete restriction of services, which paralyzed specific sectors and placed an obligation on the European Union and the Member States to protect socio-economic factors within them.

Therefore, generally speaking, the epidemic and restrictions imposed to protect public health and combat the crisis caused by COVID-19 have caused severe economic and social consequences, including a sharp drop in demand for products and services, which practically stopped specific sectors, disrupted

supply chains, and the free movement of workers and services across borders. When the Member States manage to reduce the spread of the virus, general restrictions on free movement to and from other regions or areas in the Member States with a similar overall risk profile should be replaced by targeted measures to complement measures to limit social contacts and effectively monitoring and testing all suspicious cases. Priority should be given to mitigate remaining restrictions on cross-border movement in critical areas of health, social and economic activity until the freedom of movement is re-established. This is important not only so that the economy can fully recover but also because of the social and family aspects (European Commission, C 169/30, 2020).

3. THE UNION'S RESPONSE TO THE COVID-19 CRISIS REGARDING FREEDOM OF MOVEMENT FOR WORKERS

The basic principles of freedom of movement for workers are contained in Directive 2004/38 / EC on the right of citizens of the Union and their family members to freedom of movement and residence in the territory of a Member State (Directive 2004/38 / EC, 2004). The Directive gives the general principles that apply to potential restrictions on freedom of movement and the grounds used to confirm movement restricting measures; these basics are public policy, public safety, and public health. Article 29 of the Directive explains the possibility of applying restrictions on freedom of movement in the case of potential epidemiological disease, set out in the World Health Organization (Article 29, Directive 2004/38 / EC, 2004).

The crisis caused by COVID-19 disease is therefore considered a justified reason for endangering public health. Therefore, measures taken to restrict the free movement of people, or measures to restrict entry and exit from the country and travel in general, can be justified by protecting public health.

Of course, the global declaration of the epidemic disrupted the freedom of movement of people, respectively workers. For the first time, the European Union has faced such a situation where one of the central freedoms of the European Union, which form the basis of the internal market and, ultimately, of the European Union itself, has been violated. The European Commission, in order to prevent the spread of the disease, had to issue several guidelines, respectively

communications to the Member States. The first in a series of communications are related to the temporary restriction of non-compulsory travel in the EU. The title itself suggests that the Commission ensured that this communication did not cover the necessary labor migrations. Therefore, the area of application is only applicable to non-compulsory travels from third countries to the EU + area.

Citizens of all EU Member States and countries associated with the Schengen area are exempted from the temporary restriction when traveling to their homes - all EU citizens and citizens of countries associated with Schengen area along with members of their families, and third-country nationals residing following the Directive on the long-term residence and persons who have the right of residence under other EU directives or national law or who have national long-stay visas. Also, the restriction does not apply to other passengers traveling due to a necessary function or need, which are the following (European Commission COM (2020) 115 final, 2020):

- health professionals, health researchers, and care workers for the elderly
- border workers,
- staff in the transport sector involved in the transport of goods and other employees in the transport sector, to the extent necessary,
- diplomats, staff of international organizations, military personnel, and humanitarian workers performing their functions,
- passengers in transit,
- persons traveling because of necessary family reasons,
- persons in need of international protection, or because of other humanitarian reasons.

In order to maintain the freedom of movement of workers necessary for the functioning of critical activities in the epidemiological crisis, the Commission issued a Communication or COVID-19 guidelines for the free movement of workers who have the occasional character of the movement, within which it categorized in detail workers whose freedom of movement cannot be abolished or prevented from doing so (European Commission, C 102 / I / 12, 2020). Following listed communication and the Guidelines on border management measures in order to protect the health and accessibility of goods and essential services (European Commission, C 86 I / 1, 2020), Member States should allow and facilitate the crossing of border workers, primarily those working in healthcare and the food sector, as well as in the provision of other essential

services (e.g., child care, care for the elderly, critical utility staff) to ensure the continuity of their professional activities. This freedom applies to the countries in which such workers live and the countries they work in, but not to transit countries. Border workers, posted workers (workers whom an employer occasionally sends to another Member State to provide a particular service), as well as seasonal workers living in one country and working in another, many of them are crucial for their host Member States, for example for the health system, the provision of other essential services, including the installation and maintenance of medical equipment and infrastructure, or the provision of goods. Therefore, in these Guidelines, point 2, the Commission specifies and explains which workers they are (European Commission, C 102 / I / 12, 2020):

- health professionals, including medical support staff,
- caregivers in health care, including educators and careers,
- scientists in healthcare-related industries,
- workers involved in the supply of goods, especially in the supply chain of medicines, medical equipment, medical devices, and personal protective equipment, including their installation and maintenance
- information and communication technology experts,
- information and communication technology technicians and other technicians for critical equipment maintenance, engineering experts, such as energy technicians and engineers and electrical technicians,
- persons working on critical or other key infrastructure,
- technicians of technical-technological professions (including technicians of water treatment plants),
- workers providing protection services,
- firefighters, police officers, correctional officers, security guards, and civil protection personnel,
- workers working in food production and processing and in related activities and maintenance,
- machine operators in the food and related products sector (including food production workers),
- traffic workers, especially:
  - drivers of cars, vans and motorcycles, drivers of lorries and buses (including bus and tram drivers) and ambulance drivers, including drivers providing transport assistance within the Union Civil Protection Mech-

anism and those transporting repatriated EU citizens from another Member State to their place of residence,
    - aircraft pilots,
    - train drivers; wagon inspectors, maintenance workshop staff, and infrastructure manager staff involved in traffic management and capacity allocation,
    - maritime and inland navigation workers,
- fishermen,
- the staff of public institutions, including international organizations, in critical positions.

From all of the above, it can be concluded that the epidemiological crisis did indeed call into question the freedom of movement of workers but did not result in a complete ban on mobility. The guidelines given to the Member States contain several exceptions for economic and social reasons. Some authors consider that workers who work in critical sectors and allowed to move (border, referred, and seasonal workers) are privileged. All in all, the complete elimination of freedom of movement for workers has been avoided.

The European Commission, to protect the internal market of the European Union, already in May 2020, after the epidemic began to decrease, brought a communication on a gradual and coordinated approach to restoring freedom of movement and abolishing internal border controls - COVID-19 where criteria for the abolition of controls and travel restrictions are set out. In the document, the Commission defined three stages of easing and re-establishment of free movement of workers: zero phases defining the current epidemiological situation in the Member States, first stage defining re-establishment of free movement of workers by partial abolition of restrictions and controls at internal borders and the second stage in which the general abolition of restrictions and controls at internal borders is defined (European Commission, C 169/30, 2020).

Following the communication of the European Commission, the Council of the European Union also responded and in June 2020 brought Recommendations on the temporary restriction of non-compulsory travels in the EU and possible abolition of such restriction, where it defined that from July 1, 2020, Member States should coordinately and gradually abolish temporary restriction of non-compulsory travel in the EU about persons residing in third countries

in compliance with all further recommendations regarding the epidemiological situation (Council of the European Union, L 208 I / 1, 2020).

Therefore, the European Union institutions did not allow the restrictions to be in force for longer than necessary, thus preserving their acquis, namely freedom of movement, which is the core of the European Union.

4. THE IMPACT OF THE IMPOSSIBILITY OF FREE MOVEMENT OF WORKERS ON THE HEALTHCARE SYSTEM

The movement of health workers is a well-known and widely described topic within the European Union member states. The movement or migration of health workers is considered a change of place of work and residence, the vast majority searching for better working conditions. Therefore, these are workers who have a residence in an EU member state and who, due to the epidemic, did not have to leave their place of residence but worked where they are working in normal conditions. Furthermore, the European Commission, as already mentioned, in its Communication (European Commission COM (2020) 115 final, 2020) and Guidelines (European Commission, C 102 / I / 12, 2020) excluded health professionals, including medical support staff as workers to whom the provisions on restricted movement do not apply. Therefore, the freedom of movement of health workers who occasionally migrate to other countries because of the work was not violated by the declaration of a global epidemiological crisis.

At the beginning of the crisis, the preparedness of health systems for combating the pandemic varied considerably among EU member states. At the top of the scale in terms of system readiness are France and Germany, followed by Austria and Slovenia. In contrast to these countries, preparedness was lowest in Croatia, Hungary, Portugal, and Greece. The Aristodemou, Buchhass, and Clarinbould study (2021) showed the readiness of health systems in EU countries according to the following criteria: health care costs, COVID-19 testing capacity, population structure, number of doctors, number of nurses, and number of bed capacities. The research results showed that France, Germany, Sweden, and Austria achieved more health costs, while Latvia, Lithuania, and Romania recorded the lowest values. In terms of testing capacity, Slovenia and

Germany have shown significant readiness compared to Poland and Hungary, which show significantly less capacity. Finland, Germany, Ireland, and Luxembourg stand out with the high availability of nurses, while France, Austria, and Poland stand out with the high availability of doctors. The lowest availability of nurses was in Latvia and Greece, while the lowest availability of doctors was in Luxembourg, Portugal, and the Netherlands in terms of bed availability per 100,000 inhabitants. Germany is at the top of the scale, followed by Austria, Hungary, and Romania, while Ireland, Denmark, and Sweden are the lowest. Finally, according to the population structure, Italy has the population of the highest age, followed by Germany, Portugal, and Greece. In contrast, Cyprus has the youngest population, followed by Ireland and Luxembourg. Since older people are identified as a risk group, the older the population in a particular state, the higher the risk for the health system (Aristodemou, Buchhass & Clarinbould, 2021).

As always, the problem faced by almost the whole world has come to the fore again, so the European Union is not an exception, and it is the insufficient number of health workers. While doctors, nurses, and other health workers were mobilized on the front line of the fight against the epidemic, Member States' health systems were looking for ways to increase the number of staff available during the peak of the epidemic. The first wave of the COVID-19 crisis has made the current lack of doctors and nurses more visible and acute in many countries. Countries such as Norway, Switzerland, and Germany had a relatively large number of doctors and nurses per head before the outbreak than other countries. This gave them more significant potential to respond to a sharp rise in demand for care, assuming that the activities of some of these health workers could be redistributed to address the crisis. Central and Eastern European countries such as Poland, Latvia, and Romania had relatively fewer doctors and nurses per head and less capacity to respond to the epidemic. The problem became even more visible and more significant with the onset of the second wave of the epidemiological crisis in late August 2020, when the situation was challenging and noticeable in the Czech Republic and Romania due to the lack of doctors and nurses. The epidemiological crisis has significantly increased the workload of most health professionals in all countries, regardless of the size and quality of each Member State's health system, especially hospital health workers. The vast majority of health workers worked overtime, so the wage rate for overtime hospital workers was increased in many countries in rec-

ognition of working in exceptional circumstances, especially during March and April in 2020. Most European countries that are hit hard by the COVID-19 crisis have made efforts to mobilize staff further. France had the so-called reserve census established in response to previous epidemics, while Belgium, Ireland, and Iceland, among others, quickly established new reserve censuses redistributing staff by region. At least half of the European countries have begun recalling inactive and retired health workers. Most countries mobilized students at the end of their studies to provide patient support appropriately. Two-thirds of countries have also transferred some health workers to hospitals in regions that were more affected by the epidemic (OECD/European Union, 2020).

With the spread of the epidemic, the health systems of all countries found themselves in the problem of procuring the necessary equipment to treat the sick. The most significant lack of equipment occurred with respirators and personal protective equipment (masks, gloves, goggles, visors, etc.). Even the United States, which is considered to have the highest availability of medical equipment, reported a lack of respirators, gloves, and other protective equipment (Kaye et al., 2020). The European Union responded very quickly to the problem of lacking protective equipment. Namely, the Guidelines of the European Commission for the application of the public procurement framework in the crisis caused by COVID-19 (European Commission, CI 108/1, 2020) were adopted, where it was possible to shorten public procurement procedures with the goal of faster access to suppliers, namely necessary goods and anti-epidemic equipment. This proved to be effective. The required stocks of equipment stabilized quickly, both because of the ease of procurement of equipment and manufacturers and suppliers who responded quickly to market needs. Finally, many member state governments have put together significant financial packages to respond to the challenges of the COVID-19 epidemic. These resources were used to protect jobs and crafts and the needs of the health system. Among European countries with comparable data, the central government budgetary commitments to the health system ranged from almost € 450 per person in the UK and around € 300 per person in Germany and Ireland, to below € 50 per person in Latvia, Iceland, and the Netherlands, measured by purchasing power parity. Standard budgetary measures related to COVID-19 in the health sector include funding specialized medical equipment, protective equipment for staff, funding of test facilities, recruitment of additional workforce and bonus payments, and vaccine development. Besides that, compulsory health insurance

in many states has played an essential role in financing increased hospital costs and reduced revenues. The governments of many member states have developed unique methods of monitoring costs. For example, Austria has opened separate accounts within the state budget. France has modified the budget law, which provides for two new budget programs to finance the costs of the COVID-19 crisis (OECD/European Union, 2020).

It is a clear fact that the Croatian health care system has been significantly affected by the COVID-19 crisis. The problems faced by all EU member states also affected Croatia. Croatia has also faced both the first and the second wave, and the biggest problem reported so far in the Croatian health system is the problem of lack of money to finance the needs of treatment and control of the disease COVID-19. The lack of financial resources is certainly not a problem that appeared with the epidemiological crisis. It has existed before, but it has further deepened and burdened the health system in this situation. Therefore, the lack of financial resources can also be considered the most significant consequence of the coronary crisis on the Croatian health system.

5. CONCLUSION

The European Union has made sure that in the most significant health crisis since the founding of the Union, it has to some extent retained one of its fundamental freedoms - the freedom of movement for workers. In its numerous official documents, invoking the unique needs, the Union has managed to preserve the freedom of movement of the essential workers. The freedom of movement of workers could not function in full as in a state of emergency. However, the most necessary sectors remained covered by the labor force. Besides that, as soon as more good times appeared, the Union reacted by weakening measures and gradually opening up the possibility of free movement of people. It is clear that many economists have adapted to the new situation and turned their functioning to the maximum online or from home. However, the epidemiological crisis has undoubtedly had consequences for the economy. To what extent remains to be seen, given that the crisis is still ongoing. Most European countries are still struggling between efforts to combat the epidemic on the one hand and to keep the economy functioning on the other. Almost daily, measures are reviewed, and restrictions on the movement of workers and the goods are changed. The onslaught of COVID patients constantly burdens national health

systems. Although the situation with the necessary medical and personal protective equipment has stabilized, such an epidemiological crisis has certainly further deepened the existing problems in health systems. The greater the availability of financial, medical, and hospital resources, the less burden on the national health system. However, there is no single EU member state that can say it has all three. The epidemiological crisis has opened many chapters and forced all countries to change how they function both in terms of the economy and the population. It can be concluded that certain adjustments have taken place quickly, but some branches of the economy cannot function in any other way than they usually do, such as tourism. Therefore, as far as the socio-economic impact of the coronary crisis in the European Union is concerned, we still have to wait to show and conclude how negative it is.

REFERENCES

Aristodemou, K., Buchhass, L. & Clarinbould, D. (2021). The COVID-19 crisis in the EU: the resilience of healthcare systems, government responses and their socio-economic effects, *Euroasia Business and Economics Society* [available at: https://link.springer.com/article/10.1007%2Fs40822-020-00162-1, access March 18, 2021]

Eurohealth (2020). How are countries supporting their health workers during COVID-19? [available at: https://apps.who.int/iris/bitstream/handle/10665/336298/Eurohealth-26-2-58-62-eng.pdf, access March 16, 2021]

European Commission (2020). Communication from the Commission to the European Parliament, the European Council, the Council, the European Central Bank, the European Investment Bank and the Eurogroup Coordinated economic response to the COVID-19 Outbreak, *Official Journal of the European Union COM/2020/112 final*, Bruxelles.

European Commission (2020). Communication from the Commission to the European Parliament, the European Council and the Council COVID-19: Temporary Restriction on Non-Essential Travel to the EU, *Official Journal of the European Union COM/2020/115 final*, Bruxelles.

European Commission (2020). Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak, *Official Journal of the European Union C 102 I/12*, Bruxelles.

European Commision (2020). Communication from the Commission Guidance from the European Commission on using the public procurement framework in the emergency situation related to the COVID-19 crisis, *Official Journal of the European Union 108 I/01*, Bruxelles.

European Commission (2020). Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls – COVID-19, *Official Journal of the European Union C 169/30*, Bruxelles.

European Commission (2020). COVID-19 Guidelines for border management measures to protect health and ensure the availability of goods and essential services, *Official Journal of the European Union C 86 I/1*, Bruxelles.

European Commission (2020). Communication from the Commission on the implementation of the Green Lanes under the Guidelines for border management measures to protect health and ensure the availability of goods and essential services, *Official Journal of the European Union C 96 I/1*, Bruxelles

European Parliament (2016). Consolidated versions of the Treaty on European Union and the Treaty on the Functioning of the European Union, *Official Journal of the European Union C 202/1*, Bruxelles

European Parliament and The Council of the European Union (2004). Directive 2004/38/EC of the European Parliament and of the Council of April 29, 2004, on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States amending Regulation (EEC) No 1612/68 and repealing Directives 64/221/EEC, 68/360/EEC, 72/194/EEC, 73/148/EEC, 75/34/EEC, 75/35/EEC, 90/364/EEC, 90/365/EEC and 93/96/EEC Direktiva 2004/38/EC, *Official Journal of the European Communities, L 158/77*, Bruxelles.

Eurostat (2021). Impact of COVID-19 on mail GDP aggregates including employment [available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Impact_of_COVID-19_on_main_GDP_aggregates_including_employment, access March 18, 2021]

Eurostat (2021). GDP and principal components (output, expenditure and income) [available at: https://ec.europa.eu/eurostat/databrowser/view/NAMQ_10_GDP__custom_77309/bookmark/table?lang=en&bookmarkId=b74febcd-e664-4f22-9c93-2ef510fe371f, access March 18, 2021]

Kaye, A.D., Okeagu, C.N., Pham, A.D. et al. (2020). Economic impact of COVID-19 pandemic on healthcare facilities and systems: International perspectives, *US National Library of Medicine, National Institute of Health*, p. 8-9.

OECD/European Union (2020). How resilient have European health systems been to the COVID19 crisis? in *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris [available at https://doi.org/10.1787/85e4b6a1-en, access March 12, 2021]

Robin-Olivier, S. (2020). Free movement of workers in the light of the COVID-19 sanitary crisis: from restrictive selection to selective mobility, *European Papers*, 5(1), p. 613-619.

The Council of the European Union (2020).Council Recommendation (EU) 2020/912 of June 30, 2020, on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction, *Official Journal of the European Union L 208 I/1*, Bruxelles.