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Health Security in the EU During the Implementation of the Vaccination Strategy in the Covid-19 Pandemic

Bezpieczeństwo zdrowotne w UE w trakcie realizacji strategii szczepień w czasie pandemii Covid-19

Abstract
The Covid-19 pandemic constituted an unprecedented challenge to public health, politics, and society in the European Union. This article examines the Union's actions aimed at strengthening health security through the implementation of mass vaccination. Key measures included the provision of high-quality, effective, and safe vaccines; support for research and production; the adjustment of legal frameworks and regulatory procedures; and transparent, proactive communication designed to counter disinformation. The European Medicines Agency played a central role through rolling reviews, conditional marketing authorizations, and post-market surveillance. The analysis conducted in this article indicates that the EU's vaccination strategy reinforced citizens' sense of health security, while simultaneously revealing the pre-existing limitations of supranational competences in this domain.

Keywords: EU health policy, Covid-19 pandemic, vaccination, health security, disinformation, public trust

Abstrakt
Pandemia Covid-19 stanowiła bezprecedensowe wyzwanie dla zdrowia publicznego, polityki i społeczeństwa w Unii Europejskiej. Artykuł analizuje działania UE w zakresie budowania bezpieczeństwa zdrowotnego poprzez masowe szczepienia. Kluczowe działania obejmowały zapewnienie wysokiej jakości, skutecznych i bezpiecznych szczepionek, wsparcie badań i produkcji, dostosowanie ram prawnych i stosowanych procedur oraz transparentną, aktywną komunikację w celu przeciwdziałania dezinformacji. Europejska Agencja Leków odegrała centralną rolę poprzez przeglądy ciągłe, warunkowe dopuszczenia do obrotu i nadzór po wprowadzeniu szczepionek na rynek. Przeprowadzona w artykule analiza wskazuje, że strategia szczepionkowa UE wzmocniła poczucie bezpieczeństwa zdrowotnego obywateli, ujawniając jednocześnie istniejące już wcześniej ograniczenia kompetencji ponadnarodowych w tym obszarze.

Słowa kluczowe: polityka zdrowotna w UE, pandemia Covid-19, szczepienia, bezpieczeństwo zdrowotne, dezinformacja**,** zaufanie publiczne

Introduction

The Covid-19 pandemic emerged as an unprecedented challenge for the entire world – one that was not confined to the health sector, but extended to economic, social, and political domains. A crucial dimension of this crisis concerned public trust in the institutions responsible for crisis management, both at the national and at the European level.[1] One of the most significant challenges in this regard was the need to build trust during the implementation of mass vaccination campaigns. This proved particularly difficult due to the traumatic experiences of Europeans during the first months of the pandemic, as well as the intensification of disinformation.[2]

The aim of this article is to examine the process of constructing a sense of security in the context of the unprecedented implementation of mass vaccination campaigns in EU member states. The author advances the hypothesis that safeguarding health security during the rollout of mass Covid-19 vaccination comprised two dimensions: first, the provision of high-quality and safe medical products (the medical dimension); and second, the pursuit of transparent communication policies designed to counteract disinformation (the societal dimension).

The analysis of the research problem is based on a purposive selection of EU documents as well as the relevant academic literature on health security and vaccination policy during the pandemic. The selection of documents is both selective and problem-oriented, allowing for the identification of key actions undertaken at the EU level in relation to mass vaccination. Methodologically, the article relies on qualitative research, encompassing: content analysis of strategic documents with reference to health security, vaccine quality, and public communication and literature studies that enable the situating of the issue within a broader context. The article adopts the form of a case study of the European Union's vaccination policy, with the objective not only of reconstructing the actions of EU institutions, but also of reflecting on how this process contributed to the strengthening (or weakening) of citizens' perceptions of health security.

The Pandemic as a Threat to Health Security in the EU

The issue of public health constitutes an important subject of inquiry not only within the field of health sciences, but also in political science, security studies, and international relations.[3] The Covid-19 pandemic placed health squarely at

[1] See Z. Czachór, P. Leszczyński, T. Marcinkowski, *Polska-Niemcy-Unia Europejska. Wartości i polityka wobec wybranych wyzwań współczesności*, Gorzów Wielkopolski 2025, pp.166-175.

[2] See Czachór Z., Marcinkowski T., Sikorski J., *Polityka zdrowotna Unii Europejskiej w obliczu działań klasyfikowanych jako walka informacyjna. Casus pandemii covid-19*, [in:] *Skutki i zagro¿enia cywilizacji informacyjnej*, eds. K.A. Nawrot, K. Prandecki, Warszawa 2023, pp. 159-179.

[3] See I. Wrześniewska-Wal, V. Korporowicz-Żmichowska, *Rezylientność i adaptacyjność polityki zdrowotnej w czasach zagrożeń egzystencjalnych: Studium na przykładzie kadry medycznej*, „Studia z Polityki

the center of politics, becoming a factor that reshaped dynamics at both the state level and within international organizations such as the European Union. The concept of health security is defined in various ways across the scholarly literature.[4] As M. Pietraś observes, "as a category of political practice, it has been gaining increasing acceptance, particularly under the conditions of the Covid-19 pandemic."[5] At present, health security is shaped by processes of globalization—especially social mobility—and conditioned by prevailing values as well as socio-economic determinants. Its significance becomes particularly salient in times of crisis.

The European Union possesses rather limited competences in the field of public health.[6] Responsibility for population health lies primarily with the member state authorities, while the Union plays a complementary role to national activity in this domain. Within the process of European integration, successive treaty revisions, rulings of the Court of Justice of the European Union, and initiatives of the European Commission have placed health policy under growing pressures of Europeanization.[7] Nevertheless, the solutions and legal frameworks developed prior to 2020 proved insufficient for an effective crisis response to the Covid-19 threat. The outbreak of the pandemic took the European Union—lacking appropriate supranational procedures and instruments—by considerable surprise. Member states, too, were initially caught unprepared, seeking to cope with the crisis through their own national strategies. Yet, the rapid spread of the pandemic, the magnitude of the problem, and its transboundary nature necessitated action at the EU level.[8]

An analysis of the Union's actions during the pandemic threat[9] indicates that vaccination and social distancing were, from the very outset, identified as key

Publicznej" 2024, vol. 11, no. 4, pp. 7-25, V. Korporowicz, *Polityka zdrowotna w systemie nauk o polityce publicznej*, „Studia z Polityki Publicznej" 2015, vol. 2, no.1(5), pp. 47-62, M.J. Kuczabski, *Kategoria bezpieczeństwa zdrowotnego w naukach o bezpieczeństwie*, „Studia Bezpieczeństwa Narodowego" 2021, issue 21 (2021), pp.11-32.

[4] A. Augustynowicz, J. Opolski, M. Waszkiewicz, *Health Security: Definition Problems*, "International Journal of Environmental Research and Public Health" 2022, no. 19, pp. 1-7.

[5] M. Pietraś, *Bezpieczeństwo zdrowotne jako wymiar bezpieczeństwa międzynarodowego*, „Atheneum. Polskie Studia Politologiczne" 2023, vol. 78(2), p. 263.

[6] See M. Nabbe, H. Brand, *The European Health Union: European Union's Concern about Health for All. Concepts, Definition, and Scenarios*, "Healthcare" 2021, no. 9, pp. 1-13.

[7] R. Riedel, *Europeizacja polityki zdrowotnej na przykładzie zdrowia w miejscu pracy*, [in:] *Wokół teoretycznych i praktycznych aspektów stosunków międzynarodowych*, eds. T. Kubin, J. Łapaj-Kucharska, T. Okraska, Kartowice 2020, p.261-276.

[8] See. A. Alemanno, *The European Response to COVID-19: From Regulatory Emulation to Regulatory Coordination?*, "European Journal of Risk Regulation" 2020, vol. 11:2, pp. 307-316.

[9] See S. Golinowska, M. Zabdyr-Jamroz, *Zarządzanie kryzysem zdrowotnym w pierwszym półroczu pandemii COVID-19. Analiza porównawcza na podstawie opinii ekspertów z wybranych krajów*, „Zdrowie Publiczne i Zarządzanie" 2020 18 (1), pp.1–31, T. Marcinkowski, *Polityka antykryzysowa Unii Europejskiej w obliczy pandemii SARS CoV-2 w obszarze zdrowia publicznego w 2020 roku. W poszukiwaniu rozwiązań funkcjonalnych*, „Rocznik Integracji Europejskiej" 2021, no. 15, pp. 181-194.

components of population-based management (PBM). Accordingly, the European Union undertook measures to support vaccine development.[10] This included financial support and guarantees that enabled scientific research and implementation efforts, as well as initiatives to expand production capacity. Regulatory adjustments were also introduced, aimed at accelerating the market authorization of vaccines in Europe as swiftly as possible, without compromising their quality and safety. Equally significant was the commitment to transparent strategic communication, serving as a response to the escalating scale of disinformation.[11]

The EU Vaccination Strategy and Vaccine Safety

On 17 June 2020, the European Commission presented the Union's vaccination strategy. It emphasized the urgent need for anti-pandemic measures and proposed a common approach to the challenge. The strategy identified three key objectives: ensuring the availability of effective, safe, and high-quality vaccines; securing rapid access to vaccines for residents of the member states; and guaranteeing, as swiftly as possible, equitable access to affordable vaccines worldwide. The Union's actions to achieve these objectives rested on two main pillars: first, securing sufficient vaccine production within the EU and adequate supply for member states; and second, adapting the legal framework to the crisis situation while making use of existing regulatory flexibility.[12]

In the analyzed strategic document, the Commission emphasized the necessity of adopting a special approach in light of the exceptional circumstances. It highlighted the need to significantly shorten the typically lengthy periods of vaccine development, diversify the financial risks associated with research and development, expand production capacity and access to raw materials, and facilitate the market entry of finalized vaccines within the Union. The importance of collective action was underscored, as it would prevent competition among member states.

[10] See K. Goniewicz, A. Khorram-Manesh, A.J. Hertelendy, M. Goniewicz, K. Naylor, F.M. Burkle Jr., *Current Response and Management Decisions of the European Union to the COVID-19 Outbreak: A Review*, „Sustainability" 2020, vol. 12, no. 9.

[11] See. T. Marcinkowski, J. Sikorski J., *The European Union's policy towards the COVID-19 crisis in 2020 and the Russian contribution to infodemic*, [in:] *Information, Security and Society in the COVID-19 Pandemic*, eds. N. Moch, W. Wereda, J. Stańczyk, Abingdon 2023, pp.147-172, J. Sikorski, *Social Implications of Infodemic Concurrent with COVID-19,* "Polish Political Science Yearbook" 2023 52(4), pp. 79-89, A. Demczuk, *Ruch antyszczepionkowy w Polsce i jego kabiny pogłosowe w alt-internet w latach 2020-2022*, "Rocznik Instytutu Europy Środkowo-Wschodniej" 2022, no. 3, pp. 9-35.

[12] EU Strategy for COVID-19 vaccines. Communication from the Commission to the European Parliament, the European Council, the Council and the European Investment Bank, Brussels, 17.6.2020, COM(2020) 245 final, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0245 [date of access:12.04.2024].

At the same time, it was stressed that vaccines must meet strict standards of quality, safety, and efficacy.

The Strategy also outlined criteria for decision-making regarding the financing of research and production of vaccines. Among these, a prominent role was assigned to the scientific soundness of the approach, which required reliance on all available scientific evidence concerning quality, safety, and efficacy. Additional criteria included: the speed of delivering large quantities of vaccines, the consideration of different technological approaches, cost factors, the capacity to ensure supply through the development of EU-based production capabilities, the clarification of risk and liability, early engagement with EU regulatory authorities, and the principle of global solidarity.[13] The document further emphasized the special role of the European Medicines Agency.

Attention to the problem of vaccine safety and efficacy was also drawn in Preparedness for COVID-19 vaccination strategies and vaccine deployment. The document emphasized that "the development and swift global deployment of safe and effective vaccines against COVID-19 remains an essential element in the management of and eventual solution to the public health crisis. Vaccination, once a safe and efficient vaccine is available, will play a central role in saving lives."[14] It was stressed that despite the time pressure connected with the pandemic crisis, the standards of quality, safety, and efficacy in the creation and production of vaccines would not be compromised. It was also underlined that until vaccinations in sufficient quantities were introduced in the member states, existing measures should be continued and intensified, both in response to the evolving epidemiological situation and in order to limit as far as possible the spread of the coronavirus.

The European Medicines Agency – Safety and Procedures

In the context of the pandemic crisis, there arose an expectation of maximum optimization of actions not only from pharmaceutical companies, but also from regulatory authorities within the EU and its member states. The aim in this regard was to strike a balance between accelerating the evaluation of submitted medicines and vaccines, and maintaining scientific standards as well as a high level of safety.[15]

[13] EU Strategy for COVID-19 vaccines. Communication from the Commission to the European Parliament, the European Council, the Council and the European Investment Bank, Brussels, 17.6.2020, COM(2020) 245 final, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0245 [date of access: 12.04.2024].

[14] Preparedness for COVID-19 vaccination strategies and vaccine deployment, Communication From The Commission To The European Parliament And The Council, COM(2020) 680 final, Brussels, 15.10.2020.

[15] See N. Wathion, EMA'S Response to The Covid-19 Pandemic. Putting People's Health First, European Medicines Agency, August 2023.

An important measure implemented by the European Medicines Agency was the rolling review, which made it possible to assess data on a given product as soon as they became available. Conditional marketing authorization was also applied. This enabled faster approval of vaccines once a positive benefit–risk balance had been established, even if the dataset was not yet complete. Such a solution, however, required a highly rigorous post-marketing control mechanism within the Union.[16] In addition, given the activities of anti-vaccination movements and the spread of disinformation, adequate and non-standard communication in this area proved essential.

As noted by the authors of *Shaping EU medicines regulation in the post COVID-19 era*, there also emerged demands for the introduction of an EU-wide temporary authorization for use in exceptional circumstances: "Around the time of approval of the first COVID-19 vaccine, mainstream media raised the need for a faster approval framework under temporary emergency use authorisation (EUA) at EU level. Such a mechanism to temporary supply unauthorised medicines in the context of a public health threat can be used by individual MSs at national level, but it does not exist EU-wide."[17]

In response to the unprecedented health crisis caused by the Covid-19 pandemic, the European Union—through the European Medicines Agency (EMA) and the national competent authorities (NCAs)—launched in November 2020 a harmonized, transnational mechanism for vaccine safety monitoring. These measures can be interpreted in light of neofunctionalist theory as an example of functional spillover, whereby integration in one domain (public health) generates deeper institutional and technocratic cooperation in other areas (pharmaceutical regulation). As described in the Report on pharmacovigilance tasks from EU Member States and the European Medicines Agency (EMA) 2019–2022, the safety monitoring plan established a comprehensive, centralized reporting system in which vaccine producers were required to submit Risk Management Plans (RMPs), Periodic Safety Update Reports (PSURs),[18] and monthly Summary Safety Reports (SSRs).[19] These mechanisms were intended to reinforce mutual trust and coordination among member states.

[16] M. Cavaleri, F. Sweeney, R. Gonzalez-Quevedo, M. Carr, *Shaping EU medicines regulation in the post COVID-19 era*, "The Lancet Regional Health – Europe" 2021, no. 9.

[17] M. Cavaleri, F. Sweeney, R. Gonzalez-Quevedo, M. Carr, *Shaping EU medicines regulation in the post COVID-19 era*, "The Lancet Regional Health – Europe" 2021, no. 9, p. 2.

[18] On the official guidelines regarding the preparation of periodic safety update reports (PSURs) for COVID-19 vaccines, See. Consideration on core requirements for PSURs of COVID-19 vaccines, corePSUR19 guidance, EMA/362988/2021, 8 July 2021.

[19] See: Consideration on core requirements for RMPs of COVID-19 vaccines, coreRMP19 guidance v3.1, EMA/PRAC/709308/2022, 01 September 2022.

At the operational level, a coordinated and intensified pharmacovigilance system was introduced, including near real-time monitoring of suspected adverse drug reactions (ADRs), particularly with regard to so-called Adverse Events of Special Interest (AESIs). The EU's EudraVigilance system, as a shared information infrastructure, played a key role in collecting 2.8 million individual reports in 2021–2022, representing an example of deepened technological and knowledge-centered integration. Analyses conducted during the pandemic using advanced statistical methods (e.g., observed vs. expected [O/E] analysis), along with the integration of tools such as standardized MedDRA queries and data visualization within the EudraVigilance system, confirm the processes of professionalization and epistemization of EU regulatory policy. The extraordinary mobilization of resources – such as ad hoc expert groups and accelerated MedDRA updates –simultaneously demonstrated the flexibility of Union structures under conditions of crisis.[20] These represent crucial institutional solutions and experiences that may be drawn upon in the future.

As a result of the measures undertaken within the EU, it was established that the vast majority of adverse reactions to Covid-19 vaccines were mild or moderate in nature, occurred shortly after vaccination, and were short-lived. However, rare or very rare adverse reactions were also observed—reactions that had not appeared during clinical development due to their infrequency. These, however, were quickly detected, assessed, and addressed.

For example, in cooperation with the U.S. Food and Drug Administration, an issue was identified concerning thrombosis with thrombocytopenia syndrome (TTS) in relation to adenovirus vector-based Covid-19 vaccines (Vaxzevria and Jcovden). The European Medicines Agency and the EU pharmacovigilance network responded proactively, taking action even before the broad rollout of the Janssen vaccine in the member states. It is worth emphasizing that data from the EudraVigilance system played a crucial role in the early detection and risk assessment of TTS. The actions of the Pharmacovigilance Risk Assessment Committee (PRAC) led to updates of the product information (PI), the Risk Management Plan (RMP), and the issuance of Direct Healthcare Professional Communications (DHPCs). The European Union was one of the first actors globally to identify and describe the link between TTS and the vaccines.

These measures demonstrated the Union's capacity for rapid response and effective supranational risk management. EudraVigilance thus proved its

[20] Report on pharmacovigilance tasks. From EU Member States and the European Medicines Agency (EMA) 2019-2022, EMA 142695/2023, European Medicines Agency 2023, see also S. B. Black, B. Law, R.T. Chen et al., *The critical role of background rates of possible adverse events in the assessment of COVID 19 vaccine safety*, "Vaccine" 2021, no. 39), pp. 1712-1718.

effectiveness as a tool for swift detection of safety signals and the implementation of appropriate regulatory actions, which was of central importance throughout the pandemic. This case confirmed the effectiveness of the EU's health security model, as well as the necessity of further strengthening European mechanisms of health coordination and shared monitoring infrastructure.[21]

Strategic Communication during the Covid-19 Pandemic and Trust in the Vaccination Process

As rightly noted by the authors of the *State of Vaccine Confidence in the EU+UK 2020* report: "Although public concerns over vaccines are as old as vaccines themselves, the rapid spread of infor[m]ation facilitated by hyper-connected online and offline populations has contributed to the spread and amplification of public concerns surrounding vaccination."[22] In Europe, anti-vaccination movements and disinformation have also been gaining increasing significance. This creates an environment that hampers the achievement of vaccination strategy objectives and undermines patients' trust in vaccines.[23]

According to surveys conducted in EU member states and the United Kingdom in 2020 on representative samples of adult residents, the vast majority considered vaccines to be important, safe, and effective. Researchers also demonstrated an increase in confidence in vaccines between 2018 and 2020. However, the level of confidence varied (though remained high overall) across the countries studied: it was highest in Portugal and Spain, and lowest in Hungary and Malta. At the same time, surveys among healthcare professionals revealed a higher level of confidence in vaccines compared to the general population. This is particularly significant, as physicians' opinions are an important factor shaping patients' attitudes and decisions. It is doctors and health system institutions—both at the national level and at the EU level (especially the European Medicines Agency)—that must serve as the source of reliable and effective communication during a crisis.

The European Medicines Agency, which played a decisive role in implementing the EU vaccination strategy, had to adopt special, non-standard measures in the field of communication. These measures included stakeholder meetings, strengthened

[21] See: 2021 Annual Report on EudraVigilance for the European Parliament, the Council and the Commission. Reporting period: 1 January to 31 December 2021, EMA/719826/2021 Noted, 17 March 2022, European Medicines Agency 2022.

[22] A. De Figueiredo, E. Karafillakis, H. J. Larson, *State of Vaccine Confidence in the EU+UK 2020*, Luxembourg: Publications Office of the European Union, 2020.

[23] See: A. Lusawa, J. Pinkas, W.S. Zgliczyński, M. Mazurek, W. Wierzba, *Nieprawdziwe informacje w zakresie szczepień ochronnych jako wyzwanie dla zdrowia publicznego*, „Zdrowie Publiczne i Zarządzanie" 2019, no. 17 (1), pp. 40–45.

cooperation with the media, and regular safety updates on pandemic-related products. To improve clarity, the Agency's communications made use of visual materials explaining regulatory issues and assessment outcomes (e.g., risk diagrams or approval process charts). Building a high level of trust also required measures of extraordinary transparency. Accordingly, the standard time for publishing assessment reports (e.g., European Public Assessment Reports – EPARs) was shortened, and permission was granted to publish data not usually disclosed for other medicines (e.g., lists of medicines receiving scientific advice from the ETF, full Risk Management Plans, etc.). At the same time, once Covid-19-related products were approved, the Agency published the report of the scientific assessment. During the process itself, representatives of patient, consumer, and healthcare professional organizations from across the EU were included in the ETF and participated in discussions.[24]

As highlighted in the document "Tackling COVID-19 disinformation – Getting the facts right", the Covid-19 pandemic was accompanied from the very beginning by an "infodemic".[25] Its effect was the creation of confusion, which could lead to a decline in trust in vaccination or medical measures in general, and ultimately hinder an effective anti-pandemic response. Among the examples of disinformation activities were fraudulent and misleading messages concerning healthcare, containing false claims (e.g., regarding the use of chemical substances as medical treatments), conspiracy theories (e.g., linking coronavirus to 5G),[26] incitement to hatred (e.g., blaming a specific national, ethnic, or religious group for the pandemic), as well as consumer fraud and other forms of cybercrime.

It was emphasized that the actions of the Union and the member states must remain consistent with democratic values while at the same time protecting

[24] The EMA COVID-19 Task Force (COVID-ETF) included: the Chair or Vice-Chair of the Committee for Medicinal Products for Human Use (CHMP), the Chair of the Paediatric Committee (PDCO) and of the Pharmacovigilance Risk Assessment Committee (PRAC), the Scientific Advice Working Party (SAWP), the Vaccine Working Party (VWP), and the Infectious Disease Working Party (IDWP). As needed, it also included representatives from the Biologics Working Party (BWP), the Quality Working Party (QWP), the Safety Working Party (SWP), the Blood Product Working Party (BPWP), and the Coordination Group for Mutual Recognition and Decentralised Procedures – Human (CMDh). Additionally, it comprised representatives from the Clinical Trial Facilitation Group (CTFG), the CHMP rapporteur or co-rapporteur for products intended to treat or prevent Covid-19, a representative of the Reference Member State (RMS) for products in the context of MRP/DCP intended to treat or prevent Covid-19, patient and healthcare professional representatives, and selected experts as required, Mandate, objectives and rules of procedure of the COVID-19 EMA pandemic Task Force (COVID-ETF), 20 June2021 EMA/166423/2020 Rev. 11, Biological Health Threats and Vaccines Strategy.

[25] See: Tackling COVID-19 disinformation – Getting the facts right. Joint Communication to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Regions, High Representative of the Union for Foreign Affairs and Security Policy, JOIN(2020) 8 final, Brussels, 10.6.2020.

[26] See: T. Marcinkowski, J. Sikorski, L. Vomlela, *Conspiracy Narratives About the Covid-19 Pandemic and the Origins of the Sars-Cov-2 Virus: A Contribution to Polish-Czech Comparative Research*, "Politeja" 2025, no. 4(98), pp. 315-336.

citizens from the harmful influence of external and internal actors. Disinformation activities, as underlined, are intended, among other things, to undermine democracy and the credibility of Union institutions, and ultimately to weaken cohesion and disrupt the process of European integration. In view of the growing threat, proactive and positive communication on the part of crisis-response actors is essential. Efforts should also be made to build citizens' resilience (including raising awareness of disinformation threats and strengthening digital competences). Such efforts should involve not only EU institutions and bodies, but also the competent authorities of member states, non-governmental organizations, social media platforms, and other actors present in cyberspace.

In the analyzed document, the Commission announced the strengthening of strategic communication, the improvement of information exchange, and support for actions countering disinformation. Among the proposed measures was the creation of a special early warning section aimed at enhancing the flow of information related to COVID-19. At the same time, it announced stronger cooperation with online platforms, as well as support for organizations engaged in fact-checking and for researchers working in areas related to pandemic crisis management.

Reliable, rapid, and effective communication that builds trust constitutes an important part of vaccine safety. The effectiveness of COVID-19 vaccination campaigns depended not only on clinical trials and regulatory procedures, but also on public perception shaped by physicians, health institutions, policymakers, and the media. It is not enough for vaccines to be medically safe – what is crucial is whether potential patients share this conviction.

Conclusion

The pandemic, as an unprecedented challenge, revealed the limitations of crisis management at the EU level. At the same time, it exposed threats not only in the medical sphere (risks to health and life), but also in the social sphere (economic disruptions, disinformation, and societal problems). Containing the spread of the pandemic required social measures (e.g., distancing, disinfection, masks), better contact tracing, and the development and market introduction of vaccines. The effectiveness of vaccination strategies depended on the high quality, efficacy, safety, and availability of vaccines, as well as on shaping appropriate social attitudes. A critical condition for the implementation of the strategy was the achievement of a high level of public trust. A particular challenge in this area was the need to address the growing wave of disinformation during the pandemic. Vaccine safety is not only a matter of scientific evidence but also of social perception and strategic

communication. The European Union – including the European Commission and the European Medicines Agency – undertook specific measures both to ensure the high safety of medical products and to provide adequate, active strategic communication.

The COVID-19 pandemic, to some extent, accelerated functional integration in an area that had previously remained peripheral within the EU architecture. Strengthened coordination, the development of common surveillance mechanisms, and the mobilization of knowledge networks constitute a foundation for future health policies built on the principles of solidarity, mutual trust, and technocratic risk management. For health security, this represents both accumulated experience and a permanent strengthening of crisis response capacities.

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