EUROPEAN
COMMISSION

Brussels, XXX
[…](2020) XXX draft

SENSITIVE*
UNTIL ADOPTION

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE EUROPEAN COUNCIL, THE COUNCIL AND THE EUROPEAN CENTRAL BANK

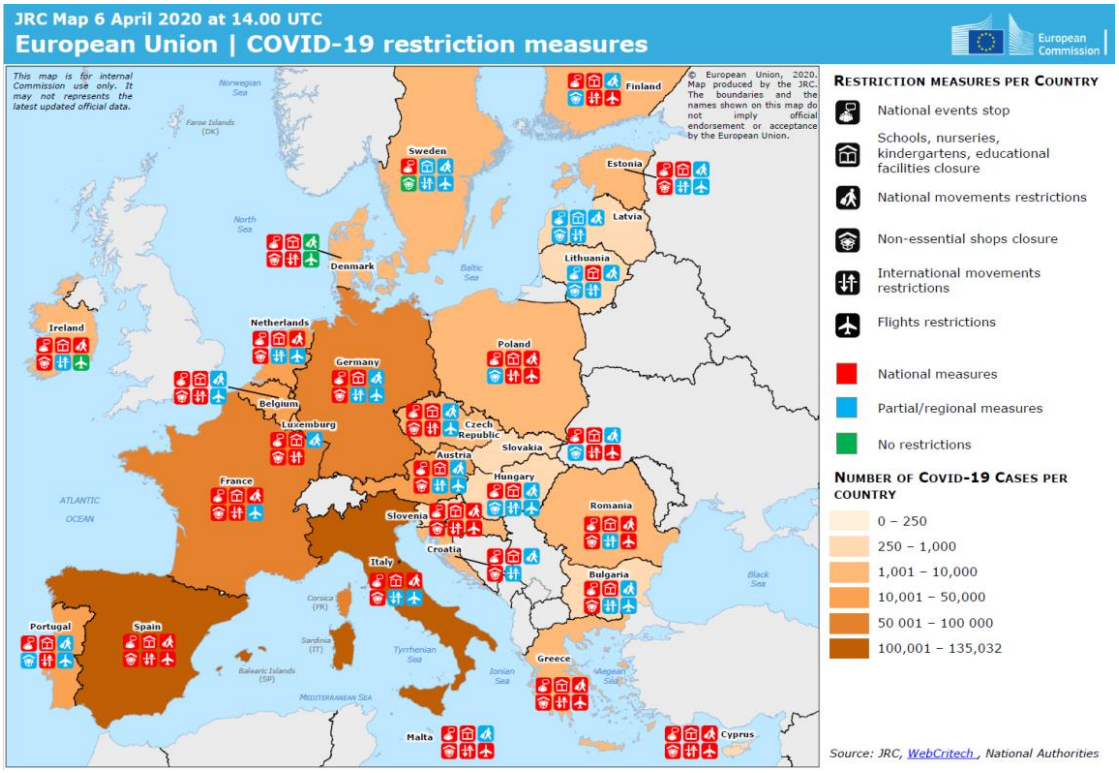
on a European Roadmap towards lifting COVID-19 containment measures

* Distribution only on a 'Need to know' basis - Do not read or carry openly in public places. Must be stored securely and encrypted in storage and transmission. Destroy copies by shredding or secure deletion. Full handling instructions https://europa.eu/!db43PX

1. INTRODUCTION

The fast evolving nature of the COVID-19 pandemic and the significant unknowns coming with it have led to unprecedented challenges for health care systems as well as to dramatic socio-economic effects in Europe and the whole world. The crisis has already claimed thousands of lives and put health care systems under enormous strain. Extraordinary and unprecedented measures – both economic and social – have been taken.

As of 6 April, all Member States had prohibited public gatherings, closed (totally or partially) schools and introduced border/travel restrictions. More than half of the Member States had proclaimed the state of emergency.



These restrictive measures are necessary to slow down the spread of the virus and have already saved tens of thousands of lives.[1] But these measures come at a cost. They have created huge shocks to the economy and seriously impacted on the functioning of the Single Market, in that whole sectors are closed down, connectivity is significantly limited and international supply chains and people's freedom of movement have been severely disrupted. And they have a strong social impact, including putting a strain on mental health and forcing citizens to radically change their day-to-day lives. This has triggered the need for public intervention to counterbalance the socio-economic impact, both at EU and Member State level.[2] Despite the measures taken, the economic and social impact

[1] Commission services; Seth Flaxman, Swapnil Mishra, Axel Gandy et al. Estimating the number of infections and the impact of non-pharmaceutical interventions on COVID-19 in 11 European countries. Imperial College London (2020).

[2] Beyond the measures taken at national level, the Commission has swiftly put in place enabling measures to facilitate national public spending, e.g. with a temporary framework for State aid measures.

will be severe, as market sentiments and rising figures of short-term unemployment schemes drastically show.

Even though the way back to normality will be very long, it is also clear that the extraordinary confinement measures cannot last indefinitely. Keeping them requires a continuous assessment on whether they are still proportionate and serve their intended purpose. It is therefore indispensable to plan for the phase when Member States can restart economic and social activities while minimising impact on the citizen's health and preventing overburdening of health care systems. This will require a well-coordinated approach among all Member States and the EU level.

Responding to the call of the European Council of 26 March[3], the Commission has developed the present Roadmap. It builds on the expertise and the advice provided by the European Centre for Disease Prevention and Control (ECDC) and the panel of scientific experts advising the Commission on COVID-19 and takes into account the experience and outlook from a number of Member States. The roadmap sets out recommendations for the consideration of Member States, with the goal of preserving public health while gradually lifting containment measures to restart community life and the economy. It is not a signal that containment measures can be lifted as of now but intends to inform Member States' actions and provide a frame for ensuring EU-level and cross-border coordination, while recognising the specificity of each Member State. The territorial organization, healthcare service arrangements, population distribution or economic dynamics are some of the factors that might affect Member States' decisions on where, when and how measures are lifted.

2. Evidently, the conditions and criteria under which containment measures can be lifted depend largely on data that are developing over time, notably data on the level of circulation of the virus in the affected regions, the development and duration of immunity to the virus among the population, and how children are affected by the disease. Reliable data will minimise the risk of decisions based on incorrect assumptions or incomplete information, due, for example, to delays in reporting or lack of testing of infected people with no or mild symptoms. The recommendations in this Roadmap are based on the scientific knowledge available to date. They should be revised as further evidence appears, as national data become more comparable and measuring methods are being harmonised.

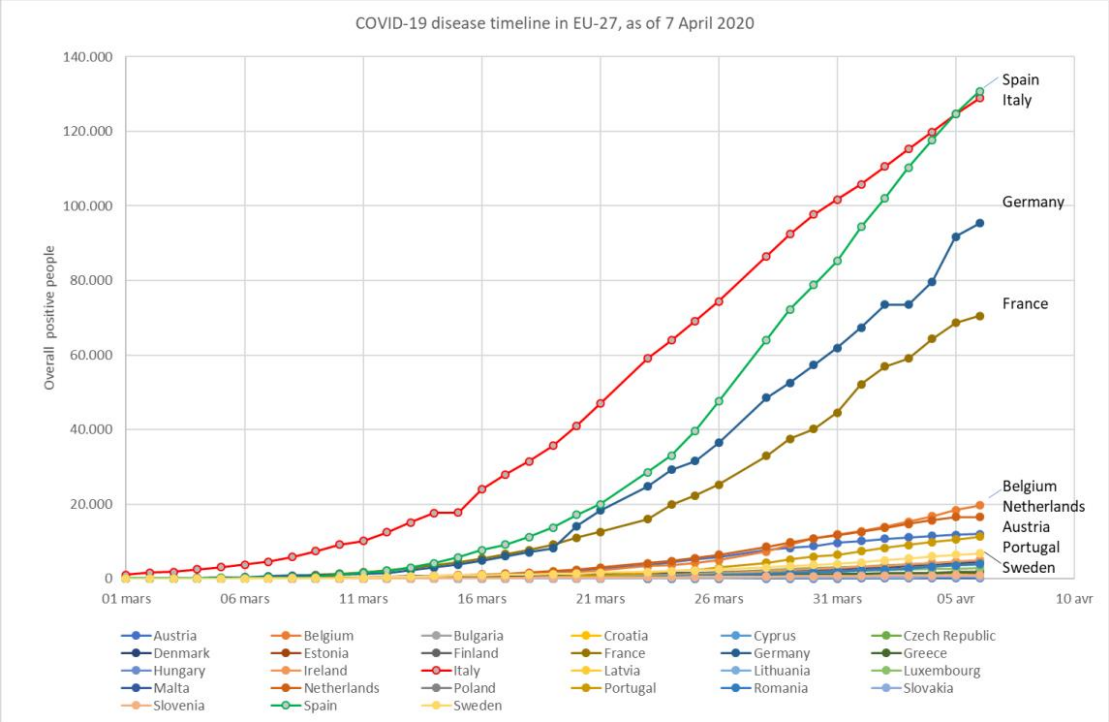
TIMING

The restrictive measures introduced by Member States were necessary to delay the spread of the epidemic and alleviate pressure on health care systems ('flatten the curve'). These measures were taken based on available information in relation to the characteristics of the epidemiology of the virus and followed a precautionary approach. They have allowed buying precious time for preparing the health care systems in the Member States, procuring essential products such as personal protective equipment and ventilators also at EU level, and advancing on vaccine development and possible treatments.

The activation of the general escape clause of the EU fiscal framework will also allow for national discretionary stimulus. At EU level, the Commission has provided economic and financial support from the EU budget and the European Central Bank has provided monetary policy support. For an overview of the **Coordinated economic response to the COVID-19 outbreak**, see also the **Commission Communications COM(2020) 112 final of 13 March 2020 and COM(2020) 143 final of 2 April 2020.**

[3] https://www.consilium.europa.eu/media/43076/26-vc-euco-statement-en.pdf

Present scientific consensus indicates that these measures are essential, and indeed, the data that start to appear shows that a combination of stringent containment measures achieves meaningful reductions in transmission rates.[4]



Source: Commission services, cut-off date: 6. April 2020

At the same time, these measures need additional time to show their full effect, taking into account the incubation period of the virus, the reporting delays, differences in the intensity of testing and further spread that might happen while being in confinement, such as among members of the same family.

Confinement measures have been in place for several weeks and the question starts to arise whether, when and how they can be relaxed. This is a legitimate question. **At the same time, it must be acknowledged that the virus continues circulating and any level of gradual relaxation of the confinement will unavoidably lead to a corresponding increase in new cases. This will require constant and detailed monitoring as well as the readiness to adjust and reintroduce new measures if needed. We will have to live with the virus until a vaccine or treatment is found. Clear and timely communication and transparency with citizens is essential in this respect.**

Three main criteria should be considered to assess whether time has come to begin to relax the confinement:

[4] European Center for Disease Prevention and Control (ECDC), "**Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – eighth update**", 8 April 2020, https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-eighth-update-8-april-2020.pdf

1. **An epidemiological criterion** showing that the spread of the disease has significantly decreased for a sustained period of time. This can for example be indicated by a sustained reduction in the number of new infections and hospitalisations.

2. **Sufficient health system capacity**, in terms of e.g. occupancy rate for Intensive Care Units, adequate number of hospital beds (in permanent and temporary facilities, both in public and private facilities), access to the pharmaceutical products that are required in intensive care units for which there is an imminent risk of shortages (antibiotics, anaesthetics, resuscitation drugs and muscle relaxants), the reconstitution of stocks of equipment (ventilators, protective equipment), the availability of primary care structures as well as sufficient and sufficiently recovered human resources with appropriate skills. This criterion is essential as it indicates that the different health care systems can cope with future increase in infection rates after lifting of the measures. At the same time, it is likely hospitals will face a backlog of elective interventions that had been temporarily postponed so Member States' health system should have recovered sufficient capacity in general, and not only related to the management of COVID-19.

3. **Sufficient monitoring capacity,** including large-scale testing capacity to detect and monitor the spread of the virus combined with contact tracing and quarantine capacity in case of reappearance and further spread of infections. Antibody detection capacities will be necessary to oversee the share of the population that has successfully overcome COVID-19 and likely acquired immunity.

Member States should consider, depending on their size and organisation, at what level compliance with the criteria above should be assessed (e.g. regional or macro-regional level rather than at national level).

3. PRINCIPLES

Exiting from the COVID-19 crisis is a matter of common European interest. All Member States are affected albeit to different degrees. The spread of the virus cannot be contained within borders and actions taken in isolation are bound to be less effective. The containment measures and their relaxation affects highly integrated value chains, as well as national and cross-border transport systems necessary to enable the free movement of people, goods and services. While the timing and specific modalities might differ between Member States, it is essential that there is a common operating framework.

Three basic principles should guide our work:

1. **Action must be based on science and have public health at its centre:** the decision to end restrictive measures is essentially a multidimensional policy decision, involving balancing public health benefits against other social and economic impacts. At the same time, the protection of public health in the short and long term should remain the ultimate goal of Member States' decisions. The available scientific evidence must inform as much as possible Member States' decisions and Member States should be ready to revise their approaches as more scientific evidence appears.

2. **Action must be coordinated between the Member States:** a lack of coordination in lifting restrictive measures risks having negative effects for all Member States and is

likely to give rise to political friction between Member States. While there is no one-size-fits-all approach, at a minimum, Member States should notify each other and the Commission in due time before they lift measures and take into account their views. Member states are invited to nominate single points of contact for the European Commission and neighbouring countries, ideally as part of an operational Task Force-like structure. A European network of such points of contact will monitor and exchange information in the weeks and months ahead in order to tailor the response to the virus' spread and impact in the transition phase. Communication and discussion should take place in the context of the Integrated Political Crisis Response.

3. **Respect and solidarity between Member States remains essential:** a key success factor in this phase is to build on the strengths of our neighbours. Not all health systems are under the same pressure, there is a wealth of knowledge to be shared between professionals and Member States and mutual assistance in times of crisis is key. In the past weeks, examples of solidarity between Member States have been witnessed. Intensive-care patients from Italy and France have been taken for care to Luxembourg, Germany and Austria, and from the Netherlands to Germany and Belgium. Romania has sent doctors and nurses to Bergamo, facilitated by the EU Civil Protection Mechanism. Poland has sent doctors and paramedics to Lombardy. The Czech Republic has supplied Italy and Spain with protective suits while France has donated masks and protective suits to Italy. Germany has delivered ventilators to Italy. 17 Member States have so far organised flights, many of them facilitated and funded through the EU's Civil Protection Mechanism, to bring home European citizens of all nationalities that were stranded abroad. This is the right approach and it should be continued.[5] It will lead to further solidarity measures at EU level for supporting some Member States and regions that will be even harder affected than others by the ensuing economic crisis.[6]

4. ACCOMPANYING MEASURES

Managing successfully the gradual lifting of the existing confinement measures requires a combination of accompanying measures that are relevant for all Member States. The EU is taking steps to support them in that respect.

1. **Gather data and develop a robust system of reporting**: gathering and sharing of data at national and subnational level by public health authorities in a harmonised way on the spread of the virus, the characteristics of infected and recovered persons and their potential direct contacts is essential to better manage the lifting of measures. At the same time, with increasing evidence that a large number of people may be asymptomatic carriers of COVID-19 or may only present limited symptoms, information on cases reported to health authorities may only represent the tip of the

[5] In this context, on 3 April, the Commission adopted **Guidance on EU Emergency Assistance on Cross-Border Cooperation in Healthcare** (C(2020) 2153 final). The Guidance aims aim at facilitating Member States' cooperation to assist patients in need of critical care by offering available hospital bed capacity (as well as health professionals) so as to alleviate overstretched healthcare facilities in Member States in need and where it does not put the functioning of their own health systems at risk.

[6] For example, the **European Unemployment Reinsurance Scheme**, as proposed by the Commission on 2 April (COM(2020) 139 final), will support those in work and protect those who have lost their jobs during this crisis while reducin pressure on national public finances under the current circumstances.

iceberg. Significant unknowns remain. Mathematical models are thus being used to understand the spread of COVID-19 and to predict and evaluate the potential impact of the various containment measures implemented in the Member States. Social media and mobile network operators can offer a vault of data on mobility, social interactions, as well as voluntary reports of mild disease cases (e.g. via participatory surveillance) and/or indirect early signals of disease spread (e.g. searches/posts on unusual symptoms). Such data, if pooled and used in anonymised, aggregated format in compliance with EU data protection and privacy rules, could contribute to improve the quality of modelling and forecasting for the pandemic at EU level.

2. **Create a framework for contact tracing with the use of mobile apps which respect data privacy.** Mobile applications that warn citizens of an increased risk due to close proximity with an infected person, can be an effective tool in the exit strategy. They are particularly relevant in phase of lifting containment measures when the infection risk grows as more and more people get in contact with each other. These applications can help to interrupt infection chains faster and more efficiently than general containment measures, and can reduce the risk of massive virus spreading. They should thus be an important element in the exit strategy, complementing other measures like increased testing capacities. Such mobile applications should be voluntary, based on users' consent and fully respecting European privacy and personal data protection rules. Tracing close proximity between mobile devices should be allowed only on an anonymous basis, without any tracking of citizens. Mobile warning applications should be deactivated as soon as the COVID-19 crisis is over, and any remaining data erased. Taking into account network effects, widespread take-up of a pan-EU reference app, or at least interoperability and sharing of results between such apps, would allow for a more effective tracing and public policy follow-up. The Commission adopted on 8 April 2020 a Recommendation [7] that sets up a process with Member States for developing a common European approach ("Toolbox") to the use of digital means which empower citizens to take effective and targeted social distancing measures as part of an exit strategy. This common approach will be complemented by Commission guidance that will specify relevant privacy and data protection principles.

3. **Expand testing capacity and harmonise testing methodologies**: in the absence of a vaccine, the population must be protected as much as possible from the infection. Therefore, the availability of large-scale testing that can provide fast and reliable results is key to tackle the pandemic and also a precondition for lifting social distancing measures in the future (and is also important for the effectiveness of contact tracing apps as outlined above). **A three-pronged approach** is needed to expand the testing capacity in the Member States:

   a) The **development and ramping up of sustained COVID-19 diagnostic capacity**, in hospitals and healthcare centres and decentralised testing facilities, accessible for all risk groups and carers of vulnerable individuals.

[7] **Recommendation of 8 April 2020 on a common Union toolbox for the use of technology and data to combat and exit from the COVID-19 crisis, in particular concerning mobile applications and the use of anonymised mobility data** (C(2020) 2296 final).

b) The **roll-out of serological testing** to assess the acquired immunity of the population.

c) Once properly validated, the **consideration of roll-out of self-testing kits.** A public reference point to liaise and provide instructions on their use and follow-up will allow for individual testing of persons with COVID-19 symptoms while avoiding the contamination of others. These measures will reduce the pressure on healthcare systems.

The harmonisation and standardisation of testing methodologies and kits is a critical component of this testing strategy and requires sharing of experiences in order to achieve comparable results across the EU and within Member States' regions.

The ECDC will provide advice on testing [this week] and further work is on-going on harmonising test validation at EU level. The Commission will facilitate the compilation of all relevant scientific studies with key methodological information in a common database to filter them in order to make emerging data and results accessible to Member States and researchers.

4. **Increase the capacity and the resilience of health care systems:** gradually lifting certain confinement measures will inevitably lead to a re-appearance of infections. It is thus essential that new COVID-19 patients can appropriately be taken care of by the health care systems and, in particular, in case of need, by hospitals. In addition to hospital capacity, a strong primary care, the protection of the financing capacity of the healthcare system, well-trained health care staff and guaranteeing access to health care to all will be decisive for the resilience of health systems in the transition to ensure a smooth gradual transition from the existing situation. The Commission has mobilised **EU budgetary instruments to provide additional resources** – including staff – for supporting health care systems in the fight against the COVID-19 crisis and thereby save lives.[8]

5. **Continue to increase the medical and personal protective equipment capacity:** the COVID-19 crisis has led to a massive surge in demand for medical and personal protective equipment, such as ventilators, testing kits and masks. Yet, this demand is not always matched with sufficient supply. The first weeks of the crisis were thus characterised by competition between national and joint procurements, disruptions of supply chains including export restrictions, and the lack of information of different Member States' needs. Vital products, such as medicines and protective personal equipment are not reaching their destinations or arriving with significant delay. This has highlighted the importance of coordination to ensure adequate supplies across the EU, and the Commission is acting accordingly together with the Member States.[9] It is also to be noted that the use of personal protective equipment

[8] In this context, the Commission has mobilised the **Emergency Support Instrument**. This is the EU's general purpose crisis fighting vehicle based on the solidarity principle allowing for unprecedented fast, flexible, fast and direct support. In addition, the **Coronavirus Response Investment Initiative (CRII)** proposes financial support to the Member States to take measures to alleviate the pressure on their health systems and to strengthen their resilience to foster the crisis response capacities in health systems.

[9] The Commission has set up a **'Clearing house for medical equipment'** that facilitates the identification of available supplies, including testing kits, and their matching with demand by the Member States. This also entails collaboration with industry on increasing production by existing manufacturers, as well as facilitating imports and activating alternative ways of producing equipment. The Commission will

depends on evolving knowledge of the most effective use of such materials, which is changing over time.[10]

Medical devices – like ventilators – are normally assessed and certified by a notified body at national level through conformity assessments. This can take several months. The Commission calls on notified bodies to prioritise essential medical equipment in the fight against COVID-19, based on a list to be agreed with Member States.

[With regard to testing devices, market surveillance authorities and notified bodies should share best testing practices and reach a consensus on common testing protocols to assess non-CE marked PPE. Member States should set up a single contact point for all questions related to PPE and medical devices to link national testing bodies and relevant market surveillance authorities.]

Ensuring sufficient supplies of equipment and medicines for enabling the exit strategy may require a higher than normally allowed degree of cooperation between firms, including competitors, in some ecosystems. The Commission is and will be providing, as necessary, **antitrust guidance** and comfort for cooperation between firms in ecosystems to overcome shortages on goods and services required to enable the gradual exit from containment measures. The EC and the National Competition Authorities will, via the European Competition Network (ECN), also ensure a coherent application of this guidance in their respective enforcement actions.

6. The development of a **safe and effective vaccine** would be game-changing to help put an end to the COVID-19 virus. Its development and fast track introduction is therefore essential. The Commission is mobilising additional funding to foster research in the field of the vaccine. Based on the information currently available and past experience with vaccine development timeframes, the European Medicines Agency (EMA) estimates that it might take a year before a vaccine against COVID-19 is ready for approval and available in sufficient quantities to enable widespread use. The Commission, in cooperation with the EMA, is streamlining the needed

---

set up a reporting system for Member States to specify their needs for medical equipment, including a geographical mapping. The Commission supports new market entrants for protective equipment with dedicated guidance documents. Information on the availability and capacity of conformity assessment bodies will be shared with market operators. Moreover, the Commission is centralising the emergency stockpiling of medical equipment via **rescEU**. Together with the Member States, the Commission has also already stepped up its efforts by launching **joint procurement actions** for various medical supplies, including testing kits. It has also issued guidance on 1 April 2020 **on the options and flexibilities available under the EU public procurement framework** for the purchase of the supplies, services, and works needed to address the crisis (C(2020) 2078). Moreover, it adopted on 8 April 2020 **a Temporary Framework for assessing antitrust issues related to business cooperation in response to situations of urgency stemming from the current COVID-19 outbreak**, in order to ensure the supply and adequate distribution of essential scarce products and services during the COVID-19 outbreak (C(2020) 3200). On the same day, it also adopted **guidelines on the optimal and rational supply of medicines to avoid shortages during the COVID-19 outbreak** (C(2020) 2272 final.

[10] In that context, the ECDC adopted on 8 April 2020 **advice on reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks**: https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission

regulatory steps, from clinical trials to marketing authorisations, to ensure an acceleration in the process. It will organise the research community and industry to join forces in large clinical trials and explore how to support the scaling up of the production of vaccines in the medium term. At international level, it will foster international cooperation, notably to promote access to the vaccine.

7. At the same time, the **development of safe and effective treatments and medicines**, including notably by repurposing existing medicines currently authorised for other diseases or conditions, could limit the health impact of the virus on the population in the months to come and allow the economy and society to recover sooner and stronger. Clinical trials for these treatments have started and like for vaccines, EMA is preparing for an acceleration of the regulatory steps from clinical trial to market authorisation. Preference needs to be given to setting up large, as much as possible European, clinical trials as these are necessary to generate the robust data required. Joint procurement for large scale purchases of the potential COVID-19 therapies are at an advanced stage of preparation.

5. RECOMMENDATIONS

Based on the scientific advice of the ECDC and the Advisory Panel on COVID-19, the Commission has developed a set of elements to be taken into account for the design of measures to gradually lift the containment measures:

1. **Action should be gradual.** Measures must be lifted in different steps and sufficient time should be left between the steps (e.g. one month[11]), as their effect can only be measured over time.

2. **General measures should progressively be replaced by targeted ones.** This would allow gradually going back to normality, while continuing to protect the EU population from the virus. For example:

   a) **Most vulnerable groups should be protected for longer**: data is still missing, but evidence suggests that elderly and people suffering from chronic diseases are at higher risk. Measures should therefore be envisaged to continue protecting them, while lifting other restrictions.

   b) **Diagnosed people or people with mild symptoms should remain quarantined and treated adequately:** this allows breaking transmission chains and slows the spread of the disease. The Commission will task the ECDC to update its guidance on criteria for ending quarantine.[12]

   c) Safe alternatives should replace existing general prohibitive measures: this allows targeting of risk sources while enabling the gradual return of necessary economic activities (e.g. intensified and regular cleaning and disinfection of

[11] See for example the advice of the Statens Serum Institut (SSI) in Denmark: https://files.ssi.dk/Prognose%20for%20epidemiens%20fremtidige%20udvikling%2030032020 .

[12] ECDC, **Guidance for discharge and ending isolation in the context of widespread community transmission of COVID-19** – first update, 8 April 2020, https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-guidance-discharge-and-ending-isolation-first%20update.pdf

transport hubs and vehicles, instead of entirely prohibiting transport services).

d) **General states of emergencies with exceptional emergency powers for governments should gradually be replaced by more targeted interventions by the governments.** This would ensure the democratic accountability of the measures taken and a wide acceptance by the populations.

3. **The lifting of measures should start with those having a local impact and be gradually extended to the measures having a broader geographic coverage, taking into account national specificities.** This would allow to take more effective action, tailored to local conditions, and to re-impose restrictions as necessary, when reappearance of infections occurs (e.g. cordon sanitaire). This approach would also allow relaxing first the measures affecting the life of people more directly. This would finally allow taking better into account regional differences of the COVID-19 spread within the Member States.

4. **A phased approach for the opening of our internal and external borders is needed.**

   a) **Internal border controls should be lifted in a coordinated manner:** the Commission has been working relentlessly with Member States to limit to the extent possible any impact of the reintroduction of internal border controls on the functioning of the internal market. It is doing also the utmost to minimize the impact of the current situation on the transport sector, including operators and passengers.[13] The travel restrictions and border controls currently applying should be lifted once the border regions' epidemiological situation converges sufficiently and social distancing rules are widely and responsibly applied. Neighbouring Member States should stay in close contact to facilitate this. Restrictions on travel should be eased first between areas with comparably low levels of risk. The ECDC will in cooperation with Member States maintain a list of such areas. The Commission will also put forward more detailed guidance on how to progressively restore transport services and connectivity as swiftly as the health situation allows it and in view of planning summer holiday travel.

   b) **External border reopening and access of non-EU residents to the EU should happen in a second stage,** and should take account of the spread of the virus outside the EU, and of the dangers of reintroduction. Safeguarding social distancing measures taken by EU Member States and Schengen Associated Countries requires continued restricting non-essential travel to the EU.[14]

---

[13] The Commission has already proposed more **flexibility in the application of existing rules on slots use for airlines** (Regulation (EU) 2020/459 of the European Parliament and of the Council of 30 March 2020 amending Council Regulation (EEC) No 95/93 on common rules for the allocation of slots at Community airports) and adopted **guidelines on green lanes** (C(2020) 1897 final) **and cargo operations to facilitate free movement of goods in the EU** (C(2020) 2010 final). The Commission has also adopted **guidelines on passengers' rights** (C(2020) 1830 final**) and on seafarers, passengers and other persons on board ship**s (C(2020) 3100 final).

[14] The Commission adopted on 30 March **guidance on the implementation of the temporary restriction on non-essential travel to the EU** (C(2020) 2050 final).

5. **The re-start of the economic activity should be phased in,** thus ensuring that authorities and businesses can adequately adjust to increasing activities in a safe way. There are several models (jobs suitable for teleworking, economic importance, shifts of workers, etc.), but not all the population should go back to the workplace at the same time, with an initial focus on less endangered groups and sectors that are essential to facilitate economic activity (e.g. transport). As social distancing should remain largely in place, teleworking should continue to be encouraged.

The Commission will create a **rapid alert team** to identify supply and value chain disruptions, relying inter alia on existing networks such as Enterprise Europe Network (EEN), Clusters, Chambers of commerce and trade associations, SME Envoys etc. The rapid alert team will look at the best available solutions to tackle these disruptions, which can have their origin in an asymmetrical lifting of containment measures (inside or outside the EU), the bankruptcy of businesses or third country actor interference.

6. **Gatherings of people should be progressively permitted. When reflecting on the most appropriate sequencing, Member States should focus on the specificities of different categories of activity, such as:**

a) Schools and universities (with specific measures such as different lunch times, enhanced cleaning, smaller classrooms, increased reliance on e-learning, etc.);

b) Commercial activity (retail) with possible gradation (e.g. maximum number of people allowed…);

c) Social activity measures (restaurants, cafes…), with possible gradation (restricted opening hours, maximum number of people allowed…);

d) Mass gatherings (e.g. festivals).

Lower-risk individualised transport (e.g. private cars) should be allowed as soon as possible, while collective means of transport should be gradually phased in with necessary health-oriented measures (e.g. reducing the density of passengers in vehicles, higher service frequency, issuing personal protective equipment to transport personnel and/or passengers, using protective barriers, making sanitizing/disinfecting gel available at transport hubs and in vehicles, etc.)

7. **Communication efforts to prevent spreading of the virus should be sustained:** awareness campaigns should continue to encourage the population to keep up the strong hygiene practices acquired (availability of sanitizers, washing of hands, coughing/sneezing etiquette, cleaning high-contact surfaces, etc.). Social distancing guidelines should continue to apply. Citizens should be provided with full information on the situation in order to contribute to stemming the transmission of the virus by means of individual measures and responsibility. Although there is only limited indirect evidence supporting the use of non-medical facemasks as a means of source control, the latest ECDC guidance[15] advises that the use of facemasks in public may serve as a means of source

[15] https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission

control. Facemasks can reduce the spread of the infection in the community by minimising the excretion of respiratory droplets from infected individuals who have not yet developed symptoms or who remain asymptomatic. The use of facemasks in the community could be considered, especially when visiting busy, confined spaces, such as grocery stores, shopping centres, or when using public transport, for example. The use of non-medical facemasks made of various textiles could be considered, especially if – due to supply problems and priority use by healthcare workers – medical facemasks are not available for the public. The use of face masks in the community should nevertheless only be considered as a complementary measure and not as a replacement for established preventive measures, such as physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth. The use of medical facemasks by healthcare workers must always be given priority over the use in the community. Recommendations on the use of face masks in the community should carefully take into account evidence gaps, the supply situation, and potential negative side effects.

8. **Action should be continuously monitored** and preparedness developed for returning to stricter containment measures as necessary, in case of an excessive rise in infection rates, including the evolution of the spread internationally. This applies in particular to the reinforcement of the health care systems. The Commission will task the ECDC to develop advice on a common EU approach for future lockdowns, in view of possible resurgence of the disease, taking account of the lessons learnt so far.

CONCLUSION

Coordination and solidarity in the EU are the key principles for Member States to successfully lift the current confinement measures. International cooperation and support to third countries must also remain.

In this context, a carefully calibrated, gradual approach is needed. Several accompanying measures need to be operational to move to such a phase. The Commission has provided EU level tools as well as guidelines, both for the public health and the economic response. It will be important that Member States support and use the instruments available at the EU level without having recourse to emergency powers.

In order to streamline coordination efforts, the Commission will develop **a Guidance Protocol** with a view to ensure a gradual transition from general confinement, coordinated at EU level to avoid negative spill-overs between Member States and to ensure that the implementation of measures across different Member States is mutually reinforcing.

Rather than being a static document, that Guidance Protocol will evolve over time, taking account of the evolution of the health crisis in the EU overall and at Member State level. The change in situation will be reflected in a weekly update of that Guidance Protocol, which will be submitted to the **Integrated Political Crisis Response** for monitoring and agreement after each update.

The Commission will also be interacting with Member States to discuss measures and initiatives to be financed under the Emergency Support Instrument[16], in line with the Guidance Protocol providing an opportunity for Member States to bring forward requests and raise issues. In this way, the Guidance Protocol and the Emergency Support Instrument will provide a co-ordination structure backed up by EU finance to manage the gradual transition from the crisis.

The success of a coordinated lifting of containment measures at EU level will also determine the timing and impact of the EU's recovery plan. There is already a need to strategically plan the recovery, in which the economy needs to pick up pace and get back on a growth path. This also includes enabling the twin transition towards a greener and more digital society.

During this recovery phase, the EU level and national governments need to continue to support the economy. Large-scale fiscal stimulus measures are needed to get the economy and our social systems back on track. This would include measures to stimulate production and demand, targeted tax reductions for businesses and citizens, large-scale investment and innovation, and an increase in social spending, education and training.

To that end, the Commission will develop a recovery plan, which will be based on a revamped proposal for the next Multiannual Financial Framework and the updated Commission Work Programme for 2020.

16 Regulation (EU) 2016/369, OJ L 70 of 16.3.2016, p. 1.