Politicization as driving factor for European Union crisis management collaboration

Case study research into European Union crisis management, in the field of public health security

Master Thesis

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Abstract

The security challenges that European states have faced over the recent past years, and will face over the coming years are dispiriting. Terrorism, increased complexity of critical infrastructures, cyber challenges, climate change and environmental degradation have brought complex issues, in which the European states have been increasingly pressured to cooperate in the realm of crisis management. As modern societies are nowadays strongly interconnected and geographical borders of less importance, EU collaboration in addressing those challenges seems to be an obvious development. However, what capacities does the EU have in managing such crises? And how to organize EU crisis management collaboration, in a context where different Member States exist in different political and social systems? This Master's thesis addresses the question to what extent politicization does affect the level of European Union collaboration in the crisis management of public health security issues. Based on research into the H5N1 crisis and the Ebola crisis, the findings present an image of urgency-paced EU collaboration, and regulation by depoliticization.

Content

List of abbreviations:

AI = Avian Influenza

BSE = Bovine spongiform encephalopathy (Mad Cow disease)

CDC = Center for Disease Prevention and Control

CPM = Civil Protection Mechanism

EC = European Commission

ECDC = European Center for Disease Prevention and Control

EERC = European Emergency Response Coordination Center

EHC = European Health Commission

EHEC = Enterohemorrhagic E.coli

EP = European Parliament

EU = European Union

EVD = Ebola Virus Disease

EWRS = Early Warning and Response System

FAO = Food and Agriculture Organization

GHRF = Global Health Risk Framework for the Future

GloPID-R = Global Research Collaboration for Infectious Disease Preparedness

HPAI = Highly Pathogenic Avian Influenza

HSC = Health Security Committee

JRC = Joint Research Center

LPAI = Low Pathogenic Avian Influenza

MS = Member State

OIE = World Organization for Animal Health

PAFF = Standing Committee on Plants, Animals, Food and Feed

SARS = Severe Acute Respiratory Syndrome

SCFCAH = Standing Committee on the Food and Chain and Animal Health

UN = United Nations

UNMEER = United Nations Mission for Ebola Emergency Response

UNSC = United Nations Security Council

WHO = World Health Organization

Foreword

This thesis was written as a completion of the Master's program of Crisis & Security Management, at the University of Leiden. The content describes the crisis management process by the European Union as was executed during the 2005 H5N1 crisis and the 2013 Ebola crisis, analyzed on the influence of politicization on European Union collaboration in certain crises.

The general idea of research into the European Union as crisis managing body developed during my internship at the COT Institute for Crisis and Security Management. Being part of developing crisis management preparedness in the full scope of policy areas showed the complexity of certain processes and the problem of the inability of complete preparation. The development of resilience appeared to be a key issue in each form of crises. When adding the complexity of the institute of the European Union, a huge challenge is presented. However, an important challenge in facing crises that are increasingly of cross-boundary nature.

Within the large scope of this topic, I have been able to dive into just a piece of the issue. Much more research is being done and will be done, and it would be interesting to have a glance of what will be the status of the European Union as crisis manager in a couple of decades. For now, I hope to give insight in two of the crisis management processes that have passed, and the position of public health security in general.

I would like to take this opportunity to thank the professors and teachers of the master program in general, for their enthusiasm and inspiration, and their willingness to deliberate on each idea or perspective in this important and instantly interesting topic. It has been a privilege to be involved into that. With regard to my thesis I would like to thank my supervisor Wout Broekema, for his support and feedback during these months, and keeping up the pace that it (and I) needed.

Leiden, January 9, 2018
Hilde Krol

Chapter 1:

1.1 Introduction

Over the years, the European Union has built a variety of capacities in order to coordinate the response of member states to natural disasters and foreign crises (Boin, Rhinard & Ekengren, 2014). Whereas the European states once started to find joint strategies to protect themselves for external threat, over the past decades the current European Union has become increasingly integrated in effectively managing transboundary crises, on a variety of sectors. These sectors include, natural hazard like floods or earthquakes, terrorist attacks, managing critical infrastructures including cyber security, cross-boundary healthcare threats and financial crises. The transboundary nature of these crises, the complexity and possible high impact of them logically ask for a joint approach. "There is no such thing as a Dutch environmental problem" (Versluis, 2016). Due to the interdependent nature of such problems and the related - sometimes enforcing - problems across our borders, risk and uncertainty easily spread across borders, as well as to different policy areas.

A policy sector that involves pre-eminently such wicked problems is the one of public health security. Wicked problems are those where both nature of the problem and solution are uncertain and controversial (Durant & Legge, 2006), and often a wicked problem is of such a scope that each problem can be considered as a symptom of another problem (Head & Alford, 2015). Recent cases like the Chernobyl crisis, the Mad Cow crisis, the H1N1 and the H5N1 Avian Flu, SARS and Ebola have caused major disaster for the European Member States. The death toll of infectious diseases annually is with approximately a small 15 million enormous (Davies, 2008). Obviously, marking national borders is of no importance in hindering those crises, and - to give one example - in the middle of a huge refugee migration issue, we are accordingly facing enhanced vulnerability for national health risks (WHO, 2015).

Managing these crises with their transboundary nature is a difficult task. The fragmentation of authority within the European Union, the different security traditions of its Member States and accordingly different perspectives on the urgence and approaches that would be appropriate, create a complex framework in addressing issues in which the stakes are often

high. As a consequence of enhanced European integration in general, and the occurrence of such crises, sequences of agreements and arrangements have been established in order to develop joint strategies and express commitment in cases where joint action is needed. However, full participation in a joint strategy by the Member States during a crisis is not a guarantee. The impact of crises is dependent on geopolitics, preparedness, response capacity, a nation's crisis management system, but is also likely to be dependent on the specific political context when a crisis emerges. Within the EU, the definition, perception, and foreseen impact of any given policy problem will never be exactly the same for all 28 Member States (Versluis, 2016).

The consequence of that different perceptions and the foreseen impact is that the issue at stake is likely to become politicized. Politicization of an issue involves the transfer of it to the political- and public sphere and debate. The issue is part of a political game in which the outcome is highly dependent on narratives and framing of the problem. Increased attention can either lead to a common awareness of the problem, or result into framing the problem into a specific context and enhance polarization among the involved actors (Lindholm, 2017). Complexification of a problem by making it a political ball in the game of political and societal interests, will have its consequences for the crisis management collaboration by the actors involved. Core question is whether the different perceptions and interests in the issue at stake will complicate the decision making process and hinder the willingness for and adequacy of actors' collaboration, or that the urgency of a crisis calls for common agreement, strong leadership and active decision making. Probably, both shall be true. However, considering the importance of effective crisis management collaboration, insight in those decision making processes and the challenges that they involve is needed to further improve and ground the EU as crisis manager. Shortly, when politicization leads to the hinder of EU collaboration, a precondition for effective crisis management is lacking.

In this thesis the relationship between politicization and EU crisis management collaboration will be studied, in the field of public health threats. Based on the recent H5N1 Avian influenza crisis during 2005-2006 and the Ebola crisis during 2013-2014, the extent to which politicization is the driving factor behind crisis management collaboration within the EU will be the topic of study. Accordingly, the central research question of this thesis will be *'to what*

extent does politicization affect the level of collaboration in European Union crisis management, in the policy area of public health crises?'.

1.2 Academic & Societal Relevance

The field of security as part of academic research is relatively new (Baldwin, 1997). Globalization, disappearing borders and interdependency have brought new security challenges throughout the world. Those security challenges involve new threatening actors, and new forms of local- regional- and international cooperation to address those problems. Nations' borders do not draw the lines for those threats anymore (Abrahamsen & Williams, 2009). Terrorism can occur anywhere, a cyber attack hits places all over the world, blocking critical infrastructures does have global consequences, a refugee crisis is an intercontinental problem, environmental problems and climate change has its consequences throughout the globe and so do threats to public health security. National governments - as Boin, Ekengren and Rhinard argue - are ill equipped to address these complex challenges. When national governments needs to operate across policy- or nation's boundaries to face certain crises, paralysis looms large (Boin, Ekengren & Rhinard, 2013). In light of future crises, they will need a way to overcome these barriers and work together. The EU is increasingly the place where such attempts are being made.

However, since the EU is still developing and its mandate and institutionalization are up till today issue of debate, coping with such complex problems is a challenging attempt. The relatively new existence of both the increasingly large scope of transboundary policy issues, and the European Union in the role of crisis managing body, brings forward the need for understanding the complex problems as well as the functioning and driving factors behind EU collaboration. In understanding both elements and their interaction, many issues for research are open and will be increasingly needed.

Questioning to what extent politicization affects political collaboration within EU crisis management is one element of that research. Within academic research, the consequence of politicization on political collaboration is explained in different ways. Both the argument that in the context of the EU, deliberative problem-solving will only be effective when

politicization is low and there are no clear national preferences (Turnpenny et al., 2009), as well as the argument that politicization has the ability to enhance collaboration and accordingly compliance to the policies are being made. In a crisis situation that outcome is of even higher importance, after all: when actors do not collaborate during a crisis, or stronger, political preferences dominate the decision making process, the consequences can be disastrous.

1.3 Readers guide

The study was conducted by a qualitative content analysis of both the H5N1 case and the Ebola case. Both are examples of public health threats caused by infectious diseases, that possibly led to either an epidemic or a pandemic. The threat that both cases formed for the EU led to the debate concerning the preparedness of the EU within the field of public health security and its ability to cope with certain crises. But even so, it opened the debate on the indirect factors of the crises: development policies, the question whether EU countries should be more engaged in public health matters in other continentes, migration issues and trade policies. Just a glance of the scope and complexity that both cases represent.

By conducting an in depth document analysis of the European Parliamentary debates that have been held concerning both crisis, as well as reviewing the measures taken by the European Commission, the aim of this study is to expose the relationship between politicization as independent variable and EU political crisis management collaboration as dependent variable. Although studied by both the aforementioned cases, the author's purpose is to reveal the interactions between the variables that hopefully will enable one to draw conclusions on the the relationship in a more general sense of EU crisis management collaboration.

Having introduced the topic and problem definition, the next chapter will consist of the theoretical framework. The framework describes concisely the history of European integration and developments in EU crisis management and the position of public health security within the European Union. Subsequently the variables of politicization and political collaboration will be explained as well as the research methods that have been used for conduction of the study. As core of the research the chapter of analysis will give a description

of the insights gained by analysis of the EU documents and lastly this analysis will be transformed into a chapter involving the conclusions and subsequently implications for the EU as crisis managing institute and further research.

Chapter 2: Theoretical Framework

2.1 European Integration

From the start of European integration by the establishment of the European Coal and Steel Community, Europe has passed a variety of stages in the broadening and deepening of European integration. The number of actors has been expanded over the years, European cooperation has been spilled over to a broad variety of policy-areas, and over the years a huge amount of political forms have been established in order to bring all actors together and to find effective ways of working. It came even close to the establishment of a European Union constitution. Many scholars have written on the topic of European integration, defined what it is and how and why it could work. Or they addressed the normative side whether we should aim for deeper European integration, or does national interest eventually prevail?

Ernst Haas (1958), one of the earliest and most influential academics in theories on European integration defines European integration as the process 'whereby political actors in several, distinct national settings are persuaded to shift their loyalties, expectations and political activities toward a new centre, whose institutions possess or demand jurisdiction over the pre-existing national states' (Haas, 1958). Functionalism and neofunctionalism are strongly focused on the element of the *process* and the existence of a *spill-over,* assuming that cooperation among actors will lead to further integration of the actors because of interdependencies, a necessary integration by elites because of wicked problems, and a cultural spillover catalyzed by normalizing stronger cooperation. From an intergovernalist perspective on the other hand, a much more modest description of European integration is presented. The intergovernmentalist argument is that the development of European integration is determined by states' interests and the outcomes of EU bargaining. Integration only takes place if there is a permanent excess of gains and losses for nation-states. It is thus viewed as strengthening the nation-state since it takes place according to its 'rules'(Hoffmann, 1966; Milward, 1992).

Accordingly, a core element in European integration is the question whether national sovereignty will be or - from a normative perspective - should be transferred to an overarching institute. This is most clearly represented by the difference between intergovernmentalism and supranationalism, both ends of a continuum of European

cooperation. Where in intergovernmentalism the final choice in each issue always will be the one of the nation-state, supranationalism favors the transfer of sovereignty and mandates the international institute to make decisions that are beyond the state (Marks, Hooghe & Blank, 1996). Unless the perspective one favors, a deeper integration by increased institutionalization of the European Union has been the history of the EU over the last decades. Theories and perspectives on institutionalism, multi-level governance and addressing complex policy problems raised in order to map the complex phenomenon of collaboration and joint strategies in policy making and problem-solving.

2.2 Building European Crisis Management

Deriving from the element that European integration was once established in order to aim for peace and security among its Member States, providing security is still one of the main tasks of the European Union. Over the past decades, the EU increasingly enlarged its capacity to improve its response, and coordinate Member States during natural disasters and foreign crises. (Boin, Rhinard & Ekengren, 2014). Examples are the EU coordinated humanitarian response after the massive earthquake in Haiti, the joint European efforts in the 2011 revolts in Northern-Africa and the Middle-East, the EU-wide investigation and implementation of measures after the vicious *E. coli* (EHEC) epidemic in Germany and the European centralized measures in response to the financial crisis taken in 2012 (Boin, Ekengren & Rhinard, 2013). These examples form an image in the broad field of crisis management and the role of the European Union in it. With a growing European integration over the past decades, *transboundary crises* explicitly call for a joint answer. Transboundary crises are described as crises in which life-sustaining systems or critical infrastructures of multiple member states are acutely threatened (Ansell, Boin & Keller, 2010). Examples within the territory of the EU include the 1986 Chernobyl disaster, the outbreak of BSE *(mad cow disease)* in the early nineties or the 2010 Iceland ash crisis.

Developing a joint European strategy on crisis management is both the result of a grown European integration over the past couple of decades and the occurrence of crises, either outside the geopolitical boundaries of the Union, or within. Today's security challenges, including the refugee crises in the Southern part of Europe, our changing climate, failed states

and a fear of terrorism, pose new challenges for political-administrative elites (Boin & Rhinard, 2008).

Within collaborative crisis management by the EU, a couple of factors have appeared to be determinative for the attitude of European Member States during crises. Helsloot and Schmidt (2012) argue in their research that the attitude of a Member State in European collaboration during a crisis, is dependent on the frequency and magnitude of a particular crisis and the probability that a state will face that crisis, the level of (de)centralization of the national crisis management system, the differences in a state's focus on prevention or response and the nation's specific organization of the crisis management system. Though the crisis management capabilities have been growing over the past decades, enhanced by the occurrence of different crises, they point out the lack of a more general framework that gives direction to the approach of European crisis management. The inherent differences between European Member States, and their different traditions in security are often problematic to really develop a joint approach (Wendling, 2009, Helsloot & Schmidt, 2012).

2.3 Public Health and National Security

The scope of cross-boundary security threats is broad, ranging from natural disaster to human-made crises and the currently growing danger of cyber threats. In the protection of citizens against cross-boundary crises, health security is a backbone in today's non-traditional security issues (McInnes & Kelley, 2006, Davies, 2008). Approximately 14.7 million people die each year from known and preventable infectious diseases, while in the meantime the possibility of a pandemic influenza represents one of the most serious threats to global health because it is one of the few infections that could be transmitted easily and to which all populations would be equally susceptible (Davies, 2008). Infectious disease outbreaks that turn into epidemics and potential pandemics can cause massive loss of life and huge economic disruption. The history in the relation between public health and national security however, has been ambiguous and has gained and loss attention paced by the serious health threats and crises over the past decades. By the late 1970's there was some confidence that the risk of infectious disease had decreased. The development of new vaccines and knowledge of microbes would lead to the eradication of infectious disease as a major cause of

death (Davies, 2008). However, it was only a decade later this optimism was fade away by the outbreak and severe spread of HIV/AIDS, followed by the resurgence of stronger microbe-resistant pathogens such as malaria, tuberculosis, meningitis and dengue fever, and the possible consequences those resistant pathogens could have by using them as a biological weapon.

The (re)occurrence of infectious diseases over the globe in the past and in our latest era have shown that infectious diseases are not ruled out and in a globalizing age, in which borders are disappearing, the risks for public health are far from away. In spite of this, in terms of national security public health is often regarded as an ignored policy field. In his work on public health and national security in the global age, Fidler (2003) puts forward the high-politics/low-politics dimension to explain that a realist perspective on public health has characterized its role in international politics, and the issue is highly dependent on geopolitics and the extent to which a potential health crisis could address a country. His argument can be summarized to the notion that, one of the reasons why the discipline of international relations has ignored public health as a field of study stems from the public health's attachment to " (i) issues and methodological approaches not related to great-power politics, international order and national security, and (ii) improving health conditions in poor and weak countries at the periphery of realism's central concern with the great powers". Other academics have argued that the use of pathogenic microbes might constitute the greatest threat for security and stability in the Post-Cold War world as well as the argument that the bad state of public health in developing countries is the core catalyzer of badly developed economics and contribute to poverty, state failure and national- and regional destabilization. Accordingly, public health crises are able to catalyze both a direct and indirect threat to international security in a globalized age.

From the nineties, public health matters and the threat of infectious disease outbreaks attained more importance as a matter of national security, as well as the far reaching consequences of a well- or badly established public health system and resilience in times of crises (Boin, Ekengren & Rhinard, 2013). The EU, along with the boost of European integration in the early nineties increased its joint efforts in health responsibilities through treaties and public health surveillance. The Maastricht Treaty of 1992 marked the first agreement to some cooperation in the public health area, including the confirmation that fighting disease and

enhancing public health should be an EU competence. However, as Lezaun and Groenleer (2006) argue, those attempt remained very limited in those early years. The main part consisted of developing research programs, education programs and other 'light' forms of coordination (Boin, Ekengren & Rhinard, 2013).

Chapter 3: Variables

3.1 Collaboration in EU crisis management

Since the core issue of the research is the influence of politicization on the level of EU collaboration, the dependent variable is defined as the level of collaboration in EU crisis management. Collaboration describes the joint attempt by different actors to achieve a common goal. In recent decades, more collaborative arrangements have been emerging between many different types of partners (Head & Alford, 2015). Collaboration between differing partners is increasingly regarded and used as an approach to address complex (policy) problems, and by involving those actors to increase compliance to implementation of policies. For the purpose of this research the term shall be defined in political terms, and based on that the use of the variable will be operationalized by using a model of collaborative governance.

Collaboration in political terms is a formal way of political cooperation in achieving an objective that is in both actor's interests (Ansell & Gash, 2007). Over the past decades, collaboration has become increasingly important, on the global level in the form of international organizations and international arrangements both on the public actors' level and in public-private cooperation and on national and local level in pooling public sources and the use of public-private partnerships. This form of policy making and implementation has become known as collaborative governance (Ansell & Gash, 2007). The presence of collaborative relationships is likely to enhance the understanding and addressing of policy issues by having different actors and accordingly capacity to form and implement policies. This is one form of what Huxham and Vangen (2005) called 'collaborative advantage'. Where a collaborative attempt operates properly, there should be an advantage on different levels. First, the active participation of different actors, and the given that they do have the same goals increases the probability that there is a common problem-definition and the underlying causes of that problem (Padilla & Daigle, 1998). This is represented in a shared understanding and a deliberative process in defining the problem, and the common purpose of achieving improved policy outcomes. Hence, the process of common problem-definition and ownership of that problem, joint attempts are being made in finding solutions. That process is

sustained by joint fact finding and the confirmation of "small wins" - that represent the upward process in achieving the actual purpose.

The strength of collaborative governance is accordingly, primarily found in the ability of collaboration to enhance commitment among participants by the inherent promotion of the empowerment of actors. Within organizational theory - in which the origins of collaborative governance are found - this is described as one of the important factors that makes joint efforts effective. Based on equity of its participating actors, partnership that emphasizes the interdependence of the actors and accountability, the pooling of resources and efforts can be highly effective (Emerson, Nabatchi & Balogh, 2012).

Certainly, those efforts are no guarantee for success. The participation of different actors makes collaborative governance especially vulnerable for the problem of power-asymmetry, the actual existence of different interests, a lack of understanding of other actors - and accordingly what McGuire & Agranoff (2011) explain as 'overprocessing' - too much focus on the past and ongoing problem-solving process. However, since the main purpose of this research is not to find out the effectiveness or adequacy of collaborative efforts but the existence and strength of collaboration in EU crisis management, the dependent variable shall be operationalized based on the discussed elements.

The main dimensions of collaboration as described above are (i) the actors' commitment to the crisis management process, (ii) shared understanding of problem and process and (iii) the joint finding of intermediate outcomes. Actors' commitment to the collaborative process is regarded as a critical variable. Commitment is closely related to the original motivation to participate in collaborative governance, and accordingly involves the existence of shared ownership. High interdependence among the stakeholders is likely to enhance commitment to collaboration. Second, during the process, actors should develop a shared understanding of what they can collectively achieve together. Shared understanding is expressed in the existence of common purposes, based on and deriving from shared values and ideology. Lastly, smalls wins, or intermediate outcomes, are described as indicators of the collaboration. Intermediate outcomes represent tangible outputs in achieving the collaborative process. Those 'in-between'- wins are essential for building the momentum that can lead to

successful collaboration. This leads to the following construction of the dependent variable, split out by its dimensions and indicators that belong to them:

[1]**Dependent variable**	**Dimensions**	**Indicators**
Collaboration in EU crisis management	Commitment to crisis management process	Mutual recognition of interdependence
		Ownership of crisis management process
		Openness to mutual investment in achieving common goal
	Shared understanding	Clear mission
		Common problem-definition
		Identification of common values
	Intermediate outcomes	Joint fact finding
		Development of strategic plans
		Identification of small wins

[1] Table 1: Construction of dependent variable

3.2 Politicization

The independent variable that is used for the study is politicization. Politicization in general terms means the demand for or the act of bringing an issue in the field of politics (Zurn, 2006; Koopmans & Statham, 2010; de Wilde & Zurn, 2012). Accordingly, a previously depoliticized topic can suddenly an issue of political interest. When a crisis occurs, the process of politicization is likely to accelerate. Crisis bring major interests at stake, often in a short time in which events subsequently occur, and decision making is under pressure (Broekema, 2016).

Two overarching features of politicization in EU politics characterize the concept: (1) the concept of politicization is used to describe the involvement in EU politics of societal actors, like political parties, mass media, interest groups, social movements and citizens through public opinion, and (2) in a dynamic and societal understanding of politics, politicization is a characteristic of the 'input' side of the political process. In other words, politicization concerns policy demands being voiced and their effects on policy-formulation processes and institutions involved in these processes (de Wilde, 2011).

In case of crises, the extent to which a problem is brought into the public sphere is likely to be higher and faster (Atkeson & Maestas, 2012; Broekema, 2016; Lindholm, 2017). The high level of visibility of an issue, and the urgency to do something to resolve that issue strongly ask for a solution (Kingdon, 2005). However, the definition, perception, and foreseen impact of that crisis will not be the same for each actor, due to different political structures, the direct impact of the crisis for an actor and the actors' view on its responsibility in the cause and solution of the crisis. Accordingly, an increased level of politicization during a crisis can have different outcomes. In addressing the level to which politicization affects crisis decision making collaboration, concept is separated into three different dimensions. First, a politicized issue involves *increased awareness* of the issue at stake. The issue is visible and the stakes are often high, the issue has become into the political and/or public sphere. Secondly, politicization involves *increased mobilization* of political and/or societal actors. Either the public of political entities, often both, will raise their voice about the issue in the ways they can express themselves. Political mobilization is seen in national parliamentary debates, and in our case of EU transboundary crises also in EU parliamentary debates; by also by (social)

media and proposed policy changes. Social mobilization can be found in (social) media, statements by interest groups or lobbyists, citizen initiatives, platforms et cetera. Thirdly, politicization is expressed by *polarization or contestation among actors* on the issue at stake. Politicization implies a level of disagreement or contestation about the issue, its cause and its solutions. Since different policy demands are being voiced, differing opinions are expected to increase. When all parties would agree on the cause and the approach to handle the issue, the case would not be politicized anymore. Shortly, politicization can be explained as *politicization = salience x (actor expansion + polarization)* (Zurn, 2011; Zurn & de Wilde, 2012; Hutter & Grande, 2014). As with the dependent variable, also the the independent variable of politicization has been defined by three dimensions that are accordingly split out by corresponding indicators.

[2]**Independent variable**	**Dimensions**	**Indicators**
Politicization	Increased awareness	Visibility of the issue at stake
		Issue has become part of public debate
		Issue has become part of political debate
	Increased mobilization	Urge for action in political- or public sphere
		Urge for policy change
	Political contestation on the issue at stake	Expression of differing opinions on the issue at stake
		Framing of the issue into a specific background
		Blame attribution

[2] Table 2: Construction of Independent Variable

Chapter 4: Methods

4.1 Research Methods

Having discussed the variables being used, the next chapter involves the researches methods of the study. The research shall be conducted by a qualitative analysis of two cases in public health security, which will be analyzed on the appearance of the presence of the indicators that have been discussed. The cases that were chosen are the 2005 outbreak of the H5N1 crisis and the 2013 outbreak of the Ebola Virus Disease (EVD). The choice for qualitative research based on case study was made for its ability to investigate a contemporary phenomenon in its actual and real-life context. Yin (2003) adds to this, that especially when boundaries between the phenomenon under study and its context can be made fully clear, case study allows for the ability to evaluate the events within its context. Accordingly, a representation of the variables that interacted and the surroundings that could have influenced that interaction can be assessed thoroughly. Since each crisis has its own specifics and evolves within its own time frame, gaining insight into the characteristics of the crisis is in particular allowed by qualitative study and would not be sufficiently answered by a large-N study or systemic analysis of the content. Accordingly, - and to some extent unfortunately - only a small piece of the research topic will be analyzed, since the research involves the affection of politicization on EU collaboration for only two cases in the field of public health security. However, to give explanation to observed phenomenon and take into account the context of both crises this method enables the researcher to draw conclusions the closest to its reality.

4.2 Case criteria

The criteria for choosing cases in this study consisted of the need for being crises that occurred relatively recent, since both the EU as crisis managing body would not be of interest and the purpose of gaining insight in EU crisis management collaboration would not be achieved as well as of importance. The cases should represent crises within the public health sector and explicitly form a threat for public health security, and concern in more or less extent all EU Member States. Although the purpose of the research is not to generalize conclusions it should be prevented that the context of both cases would differ that much, that drawing final conclusions would not make any sense in general. Accordingly, the cases

should have to some extent common characteristics in importance and scope for the European Union. However, since the research involves EU crisis management collaboration within the public health sector, the cases are not required to share an equal cause or particular form of health threat. The criterion of the highest importance is that the impact of the crises should be of equal levels. Finally, the EU as institute should have been involved in the crisis management attempts of the cases, since otherwise the research could not have been executed.

4.3 Case choise

Four pandemics have occurred in Europe since the beginning of the twentieth century (WHO, 2017) listed under (a). Epidemics and other public health threats have occurred more often of which the most impactful ones since the beginning of the twenty-first century have been listed by (b) and (c).

a. Pandemics	Spanish influenza	1918
	Asian influenza	1957
	Hongkong influenza	1968
	H1N1	2009-2010
b. Epidemics	Mad Cow Disease (BSE)	1999
	SARS	2002
	H5N1 Avian influenza	**2005**
	EHEC	2011
	Ebola Virus Disease	**2013**
	Zika	2016
c. Chemical threats	Cooking oil poisoning	1981
	Chernobyl disaster	1986
	Dioxin Scandal	1999

Following the aforementioned criteria, the cases that were chosen for this study include the 2005 H5N1 crisis and the 2013 EVD-crisis. The cases both represent a crisis in public health security with large impact internationally and for the EU as well, that accordingly required the EU Members to address them. From the public health threats that occured over the past era, some exclusions were made. First, the pandemics that Europe has faced during the twentieth and twenty-first century, occurred in such different time frames - in spite of the fact that they are all relatively recent -, that study to these cases with the purpose of this research would not be feasible and meaningful. As described, the criterion of involvement of the European Union needs to be met in order to conduct the study. In line with that element, it was also chosen to leave out cases that happened before the most recent EU system was established. Obviously, improvements of policies and agreements are being made continuously, but the general establishment of EU engagement in crisis management attempts was made within the 1992 Maastricht treaty. Also, the 2004 enlargement of the EU widened its actors and enhanced its further integration. Consequently, the cases were also chosen for the element that they occurred after both developments. Thirdly, crises that occurred due to a chemical scandal were left out. Although it was mentioned that - in the researcher's opinion - the cases do not specifically need equal characteristics as for instance an equal cause, the choice for research cases was reduced to epidemic crises. This reduction was made based on the differing impact of the chemical crises that occurred over the recent decades, and consequently the nature of the cases would differ to much. Also, the argument of time-frame and level of EU integration applies for these cases. Leaving that with four cases, the H5N1 case and the EVD case share the characteristic of having been an epidemic that was feared to grow out to an epidemic, and consequently share a particular level of severity that qualifies them for this study.

4.4 Data

The data for this study consists of both the European Parliamentary debates and the policies and measures implemented by the European Commission. As both the main deliberative- and executive body of the EU, the parliamentary debates of the EP and the policy making of the EC gives a representation of the crisis management process within the EU. Based on a document analysis of the parliamentary debates of the European Parliament (EP), and the policies and measures taken by the EC in both the H5N1 case and the EVD case, the research

aims to reveal the presence and interaction between the dimensions of politicization as described: a. increased awareness, b. increased mobilization and c. political contestation or polarization of actors; and the level and presence of the given indicators of the dependent variable based on the model of collaborative governance. Document analysis is a systematic procedure for reviewing or evaluating documents—both printed and electronic material. Like other analytical methods in qualitative research, document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge (Bowen, 2009). Transcripts of the parliamentary debates with regard to the cases, held within the European Parliament were gathered on request by the Transparency Unit of the European Parliament. All documents released by the European Commission were available under the European Commission Documents Register.

4.5 Operationalization

The previous chapter described both the dependent and independent variable of EU crisis management collaboration and politicization. Since the independent variable of the study consists of the level of politicization, the framework for analysis will be the dimensions of politicization, awareness, mobilization and political contestation respectively. By research of the European Parliamentary debates and the policies that were implemented the research will make an assessment to what level the issues indeed politicized, and why they did. In other words, what triggered the extent of politicization of the issue and in return, do they also depoliticize at some point? Accordingly, the dimensions of politicization have been defined by different indicators that should represent the existence of politicization. The indicators represent the visibility of the issue, the urge for policy change and possible differing opinions or blame attribution of the issue to another actor involved. A strong representation of those indicators should point out a high level of politicization. It should be taken into account that increased importance expressed within the deliberative and executing bodies of the EU, does not present the full picture of politicization of policy issues. Media, lobby- and activist organizations do play an important role in the politicization of policy issues. Those were for feasibility of the study left out and might have its consequences for the completeness of the study. However, since the European Parliament is the EU deliberative body and consists of representatives of all EU Members, the representation of the deliberation should be adequate.

Secondly, also the dependent variable of EU crisis management collaboration will be divided into three dimensions that represent the level of collaboration. The variable was build upon the dimension of (i) commitment to the crisis management process, (ii) shared understanding and (iii) intermediate outcomes respectively. Hence, the dimensions of EU crisis management collaboration were split out into pairs of indicators for each of the dimensions. These indicators represent the building blocks of them, consisting of the expression of common values, mutual recognition of the actors' interdependence, common problem definition et cetera. A complete description of the construction of the variables are added and found in the table below this chapter, including examples of the data.

Finally, the research aims to assess the interaction between the independent variable of politicization and the dependent variable of EU crisis management collaboration. To what extent does politicization affect the level of that collaboration? Guided by the construction as described, the research will address that question by making explicit what that the analyzed data tell about enhanced of decreased levels of politicization of both crises, and the presence of interdependence, common problem-definition and unanimity during the crisis management process. In short, the presence of EU collaboration.

4.6 Limitations of study

The study to be conducted is explicitly restricted in its external validity or transferability, since the research only involves one policy sector of EU crisis management and only two cases that represent the EU crisis management attempts within the sector. It is accordingly difficult to generalize conclusions and make a more applicable analysis for European Union crisis management. Since the relevance of the issue, a lacking external validity is regarded as the strongest limitation of the study and consequently, much research would be needed in order to give a complete analysis of EU crisis management that would allow for improvement or a general evaluation of its efforts. Further limitations involve the reliability of the study largely based on the given that the research is subjected to interpretation of the data. To decline that limitation to the extent to which this is possible, the researcher will aim to make the analysis and visibility of the data detailed and explicit. Accordingly, the reader should be allowed to understand the reasoning of the research and be able to have thorough picture of the findings that are presented. As was mentioned, the exclusion of media reports and the

involvement of interest groups, lobby- and activist groups is also a restriction of the study specifically with regard to the completeness of the data. For the feasibility of the study however the data has been restricted to sources within the EU. On the contrary, the data does involve both debate as well as policy steps to make the evidence of value and at least present the cases within the EU as explicit as possible. Lastly, the study is limited in its time frame and with further development of the EU crisis management capacities the system will differ and accordingly the conclusions might become outdated. In the conclusions given in the final chapter, there will be further elaborated on the extent to which conclusion on the interaction of the indicators are expected to be present in other cases and which were dependent on these specific cases. Extended research of crisis management cases in public health security that have occured over the past decades would give more extended insights in the influence of politicization in EU crisis management.

[3]Case	Variable	Dimensions	Indicators	Example
1. Ebola	Politicization	Increased awareness	- Visibility of issue at stake - Issue has become part of public debate - Issue has become part of political debate	"*Clearly we are debating this with greater urgency because Ebola has now reached the European Union."* Mairead McGuinness, EP 20-10-2014
		Increased mobilization	- Urge for action in political- or public sphere - Urge for policy change	*"The Member States have agreed to step up awareness-raising campaigns at EU entry points, and we shall establish a network of volunteer clinicians with experience in treating Ebola patients in Europe as an infection control measure. I am pleased to inform Parliament that the Research and Innovation Commissioner, under Horizon 2020, will approve 25 million euros for research on candidate vaccines."* Tonio Borg – EP 20-10-2014
		Political contest/polarization concerning the issue	- The expression of differing opinions on the issue at stake - Framing of the issue into a specific background - Blame attribution	*"But we are ridiculous. We are waking up for 25000 infected people. We release 2 billion, 900 million by the Commission. However, malaria, with 500 000 infected people per year, 190 million people infected, we don't talk about. (…)* *It is illusion of ' the plan Junker' , and an illusion for the whole of Africa."* Jean-Luc Schaffhauser, EP, 26-10-2015

[3] Table 3: Construction of variables

	Collaboration	Commitment to the crisis management process	-Mutual recognition of interdependence -Shared ownership of the process -Openness to exploring wins	*"Even though the EU has expressed solidarity and support, we could do much more to save people in West Africa from this tragic disease."* Cristian-Silviu Busoi – EP, 26-10-2015
		Shared understanding	- Clear mission - Common problem definition - Identification of common values	*"Our efforts need to focus on the target of bringing the number of infections to zero because even a single case not identified quickly enough can pose a significant threat. The target of bringing the number of infections to zero, and maintaining that level, is ambitious, yet, by working together, we can achieve it."* Zanda Kalnina-Lukasevica, EP 10-03-2015
		Intermediate outcomes	- Joint fact finding - Strategic plans - Identification of 'small wins'.	*"First, the conference succeeded in bringing together all the key actors in the fight against Ebola. In a joint effort between the European Union and the three affected countries, their presidents played a central role in the proceedings, but also involving the United Nations and the West African region, as well as the African Union.*

2. H5N1	Politicization	Increase awareness	- Visibility of issue at stake - Issue has become part of public debate - Issue has become part of political debate	*"Mr President, the WHO and the ECDC have issued extremely serious warnings, based on scientific data, of a possible influenza pandemic in the future. We are therefore debating a topical issue which relates directly to public health and, of course, from our debate today I expect us to draw conclusions and commit to action."* Antonios Trakatellis, EP 25-10-2005
		Increased mobilization	- Urge for action in political- or public sphere - Urge for policy change	*"The approach of Member States is highly differing. Belgium does control at its airports, the Netherlands do not. This causes fear and insecurity amongst civilians. How will we centralize this?"* Annie Schreijer-Pierik, EP 20-10-2014
		Political contest/polarization concerning the issue	- The expression of differing opinions on the issue at stake - Framing of the issue into a specific background - Blame attribution	*"We have to break away from this European schizophrenia, which says that the Member States' prerogatives should not be infringed. What will people say when a pandemic occurs?"* Francoise Grossetete, EP 25-10-2005
	Collaboration	Commitment to the crisis management process	-Mutual recognition of interdependence -Shared ownership of the process -Openness to exploring mutual wins.	*"We therefore need to establish solidarity now, when we can be more realistic in our approach than in a time of crisis. Then it can work in the way we would all wish.* Markos Kyprianou, EP 13-06-2006

		Shared understanding	- Clear mission - Common problem definition - Identification of common values	*"Strengthening coordination and transparency between Member States, and protecting Europe's borders at the same time as assuming our duty of solidarity towards third countries, are principles that must guide our actions."* Veronique Mathieu, EP, 20-10-2005
		Intermediate outcomes	- Joint fact finding - Strategic plans - Identification of 'small wins'.	*"Each country has its own peculiarities, so each country needs to have its own plan, but we have a Community plan. Last year we established such a plan, which coordinates and links the national plans with the Community in order to achieve coordination."*

Chapter 5: Case description

5.1 EVD (Ebola) Outbreak 2013

Between December 2013 and April 2016, the largest epidemic of Ebola virus disease (EVD) to date generated more than 28000 cases and more than 11000 deaths, for the largest part in the populations of Guinea, Liberia and Sierra Leone (WHO, 2016). The disease of Ebola was already known since the mid-seventies when it occurred in the Democratic Republic of Congo near the Ebola river and occurred a several times in smaller scale until the recent outbreak. The origin of the infection remains up to today uncertain but it is largely assumed that the virus originates within an animal, probably a bat (WHO, 2016).

Although it is assumed that the first case was acquired from an animal, the subsequent cases are likely to have arisen from human-to-human transmission (WHO, 2016). The virus is generally transmitted by direct personal contact with blood or other body fluids of a person with symptomatic disease. There have been 35 outbreaks of the Ebola virus. Besides the Zaire variant that is the most commonly known, four other species of the genus Ebola-virus have been identified. The most occurring symptoms of the virus are elevated body temperatures and fever, including headache, fatigue, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. Patients in the final stage of disease die in the clinical picture of tachypnea, anuria, hypovolemic shock and multi-organ failure (ECDC, 2014). Since Ebola has an incubation period of 21 days, the spread of the virus is, explicitly in the first stage of the outbreak, highly inexplicable and unpredictable. Determining a diagnosis is also an uneasy job since the symptoms of Ebola are in its early stages quite trivial.

It is when a person is already contaminated for some time when the symptoms are getting worse and a diagnosis can be made. It is very likely that the virus has already spread around during that time. With a peak of 950 cases a week by the end of September 2014, the amount of total cases grew up to 20000 cases in total by early November 2014. As with the diagnosis, also direct treatment is up till today not possible. Whereas diagnosis is generally done by tracing back the possibility of contact with infected people or animals, the most effective treatment is isolation and administration of fluids and balancing electrolytes that maintain the required blood- and oxygen levels to enable the body to recover itself. Highly intensive care

and a relative strong condition and immune system of the patient can lead to recovery of the patient.

Ebola as international crisis

The EVD outbreak was decided to be declared as a Public Health Event of International Concern by the WHO, on the 8th of August 2014 (WHO, 2014). The risk for health workers and partly the unforeseen consequences for local and international health workers contributed to this latest development. Local health workers were increasingly assisted by international health workers deployed by international organizations and non-governmental organizations (NGOs).

The WHO (2014) declares on the 25th of August 2014 the underestimation of the crisis, the large scale, the unforeseen infections of local and international health workers, for that moment 240 of which 120 died. Far too few medical staff members and materials are being present, of which the largest part was based upon earlier outbreaks of the Ebola-virus that were controlled quite quickly. The underestimation of the scale of this outbreak and the lack of effective countermeasures leads to an unforeseen escalation and the threat of worldwide spread of the disease. On the 18th of September 2014, the crisis was declared by the United Nations' Security Council (UNSC) as a threat against international peace and security. By doing so, a special health mission was deployed to "to combat one of most horrific diseases on the planet that has shattered the lives of millions" (UN, 2014), to be known as United Nations Mission for Ebola Emergency Response (UNMEER). Ban- Ki Moon as Secretary General of the UN speaks of de need to "race ahead of the outbreak- and then turn and face it with all our energy and strength". Besides thousands of lives that were taken on that moment, and the death of hundreds of healthcare workers, the epidemic was still growing and predicted by the WHO Ebola Response team to become twice as big in less than a month.

5.2 H5N1 Avian Influenza Outbreak 2005

Avian influenza (AI), commonly known as avian- or bird flu is a highly contagious viral disease that can affect wild birds as well as poultry raised for food. Outbreaks can cause serious damage for bird populations, economies and international trade. H5N1 is part of the Influenza A diseases, a group of influenza viruses that are most often found in animals, but of which different mutations can be deadly for human beings (WHO, 2017).

Influenza A viruses can be divided into so-called Highly pathogenic AI viruses (HPAI) and Low pathogenic AI viruses (LPAI). Highly pathogenic viruses can spread very rapidly and accordingly may lead to serious disease in birds and cause high mortality rates. Low pathogenic AI viruses on the other hand cause a milder track of the disease, which may not be detected at al (Durand et al., 2015). The fast mutation of the virus – and viruses in general – complicates the predictability of the disease. Each new strain has to be evaluated individually to assess the risks it poses to animal and potentially public health. Even so, low pathogenic viruses can mutate into high pathogenic ones, and consequently early detection of the virus is important.

From the beginning of the twentieth century, forms of Influenza A viruses have caused a subsequence of deadly epidemics and pandemics. Within the twentieth century, the impact of the 1918 ‘Spanish flu’ has lasted for years after already having caused millions of lives. The H5N1 virus that caused the worldwide pandemic remained present in influenza outbreaks that occurred over the years. After a couple of decades in which the Influenza A group of diseases were of lesser virulence, a recurrence of a deadly variant was found in 1957. Though the virus was quite fast recognized as being a variant of the influenza group, the specifics that made it a deadly virus for human were not found. Eventually this subtype mutated to what became known as H2N2. In 1968 a new upheaval of the disease caused approximately 1 million deaths worldwide, by what was known as the H3N2 influenza (Durand et al., 2015).

By the end of 2003, a influenza A type known as H5N1 one occurred, and caused global spread of the disease by birds and poultry. By 2009 the virus had spread to 62 countries in Asia, the Middle East, Europe and Africa. Within the region of Asia the virus has been almost continuously present in Asia and has become endemic to several countries in the

continent. H5N1 can also cause severe illnesses in humans, 777 human cases of the virus were registered by the WHO, coming from 16 different countries. Still, there are new cases found with a recent peak in 2015, when 108 cases and 35 human deaths were confirmed over only four months (CDC, 2015). The risk of spread of the disease is often consequence of a lack of knowledge by local people keeping small flocks of animals on their properties, without understanding the associated health risks. Co-circulation of influenza A viruses in human and animal reservoirs can provide opportunities for these viruses to reassort and acquire genetic material that facilitates sustained human-to-human transmission, a necessary trait of pandemic viruses (CDC, 2015) .

After the outbreak of H5N1 there have been more occasions of influenza A variants of which the one with the highest impact has been the 2009 pandemic of H1N1, also known as Mexican Influenza. Over 2009 there were almost 18000 confirmed deaths. Also H7N9 and H5N8 which were found more recently are of concern. The H5N7 subtype changed from a low pathogenic one quickly to a high pathogenic type, that accordingly the fear for a new unpredictable disease catalyzed. Similarly, the spread of H5N8 is very diversificated and raised similar concerns (WHO, 2016).

Chapter 6: Analysis

The purpose of this research is to find out to what extent politicization does affect the crisis management decision making in public health security, by the EU. In case of politicization the enhanced attention enables increased knowledge and information in a topic, a common interest in the need for solving an issue and reflections on how a crisis could have prevented, how response could have been earlier or more efficient or how resilient a country or a system is to be able to cope with the crisis. On the other hand, politicization can blur the real purpose of the crisis management and function as an opportunity to put forward own interests or blame other parties of being contributive to the occurrence of the crisis. The previous chapters have shown the history of EU crisis management efforts and the cases that occurred within the area of public health security, and a framework for analysis was made in order to make the analysis of data explicit. Using this framework, this chapter presents the analysis of the data used regarding the cases. Each of the dimensions concludes with a sub-conclusion, that will collectively be the foundation of the concluding chapter.

6.1 Awareness

Case 1: Ebola

A first element of increased awareness that is noticed, was by the common observation that there had been a strong lack of it, up to the moment that already thousands lives had been taken. The outbreak of Ebola started by the end of 2013 within the region of Southeastern Guinea near the borders of Liberia and Sierra Leone. About three months later the death of 95 people and the confirmation of 151 official cases of EVD, and the occurrence of the virus at the border-regions of Liberia and Sierra Leone forced the national governments into activating its national emergency committees and enhanced cooperation with international organizations as the WHO, Unicef and MSF was established (WHO, 2015). For about eight months, barely any response by the international community including the EU was given.

The declaration by the WHO, convened by the Directorate-General under the International Health Regulations (IHR), on August 8 2014 (WHO, 2014) changed this with the statement that the EVD-outbreak was by now a Public Health Event of International Concern, as well as the notion that the scope and consequences of the crisis were unforeseen. The WHO also

called for a coordinated international response by unaffected States focussing on coordinated air-travel with regard to possible spread of EVD, preparation for the possible need for investigation of EVD-cases, possible evacuation of healthcare workers and informing general public on the outbreak and its risks (WHO, 2014). Declaring the outbreak as a public health event of international concern led to the first concrete efforts internationally, but as well by the EU. Under authority of the EC, the affiliated European agencies were activated on monitoring the crisis and working on EU preparedness (EC, 2014).

The European Parliament was convened on the topic of the Ebola crisis at September 17, 2014, shortly after the first official press release on Ebola by the EC of September 5. The debate centers around a couple of topics which focus on: a) the unprecedented evolvement of the crisis and the conclusion that the scope of the crisis was highly unforeseen, b) the lack of reaction by the EU, c) the potential danger for European countries, and d) how to establish a coordinated response. The large scope of the crisis and the focus on both the late international response as well as the already severe stage of the crisis, made the issue of high concern by the EP. Accordingly, the importance that was given to the issue, and attention for the crisis raised from zero up to a high level, that is in direct relation with to the urge for response by the involved international organisations and NGOs, as well as the declaration of a public health event of international concern. Within the EP, an almost unanimous vision on the gravity of the crisis, the need for European response and the wish for centralized coordination is visible. A strong urge and common purpose for EU collaboration is noted on each of the indicators. Expressing its shared identity and interdependency, presents the EU as united entity that is in charge to guide and coordinate the Members' efforts. Examples from the EP on September 17, are: "The European Union has committed itselves in taking a leading role in reacting on this crisis", (EP, 2014) regarding the commitment to the crisis management process and acting as one entity, which corresponds with a shared understanding of the issue. A common definition of the problem is made by all participating Members, by concluding that the disease was indeed unforeseen in severity and scale, of which each of the EU actors have been part, and accordingly the need to take responsibility to act. Another phrase that illustrates this is stating that "it is their problem, but it is our problem too" (EP, 2014) referring to a mutual recognition of interdependence. "It is a war that must be waged and for

this Europe must be at the heart of this issue"(EP, 2014), showing a shared identification of common values.

A second trigger of awareness occurred shortly after the first EP debate, when the first European case of Ebola was confirmed. Europe was directly faced by the Ebola-virus on October 6, 2014, when the Spanish government officially confirmed that a case of Ebola was diagnosed in the country (WHO, 2014). The measures taken by the EC involve scaling up the efforts of the Civil Protection Mechanism (CPM) and the ERCC and the promotion and facilitation to collaboration between the EU Member States and the surrounding countries of Macedonia, Iceland and Norway (EC, 2014). A high-level meeting was held under chairmanship of Tonio Borg, commissioner for health to discuss measures within the EU to be made, in which 21 ministerial representatives took part. The presence of about eighty percent of the representatives was highly appreciated by the EC, since the call for such a meeting was on very short notice (EC, 2014). Further, Commissioner Andriukaitis for Health launched a new platform enabling the rapid exchange of information on the treatment and prevention of the Ebola virus disease (EC, 2014). The aim for the network was to support preparedness and response against Ebola by linking together expertise between health care specialists.

The attention for the crisis broadens in the EP to an assessment of the underlying causes of the crisis and the need for thinking over the policy topics that have been responsible for the large impact and the lack of response. Topics that are being discussed involve development politics, public health security including the quality of partnerships with the pharmaceutical industry, but also the risk of migration politics. Mairead McGuinness on behalf of the European People's Party (PPE) expresses the raised urgence by stating that "clearly we are debating this with greater urgency because Ebola has now reached the European Union. I am not proud to say that is the case, but it is the reality and perhaps it may lead to a cure, and indeed more effective action" (EP, 2014). In contrast to the previous EP debate that was characterized by a common view on shared responsibility, the need and willingness for joint action by the Member States, the focus changes to a general observation that the EU collectively falls too short on the policy areas related to the crisis. An example of this is expressed by Gerben-Jan Gerbrandy on behalf of the Alliance of Liberals and Democrats for

Europe (ALDE), by stating that “I do think that we all agree that the EVD crisis urges for a forceful response by the EU. But doesn’t the EVD crisis show poignantly, that the current European institutions are too weak, and in this crisis is growing us ahead? Now the Ebola outbreak is escalating, there is a strong need for centrally, and with great discipline directed organization. But the European crisis response system is way too weak for that, because of a lack of financial means and a lack of mandate.” (EP, 20/10/2014). Similar statements are made regarding the the cooperation between the EU and the involved international organizations as the WHO, MSF and UNICEF, that is commonly perceived as to be insufficient. The appearance of the ill-established coordination between the institutions opens the discussion on the accordingly dysfunctional cooperation that hinders successful international crisis management attempts.

What is striking, is that although the indicators of collaboration; shared ownership of the problem and process, mutual recognition of interdependence, a clear mission and joint fact finding, are clearly expressed within the European Parliamentary debates, there is also a remarkable difference visible between the picture that is presented by the European Commission and the one that derives from the European Parliament. The EC consistently emphasizes the leading role of the EU as part of the international community, and the point that the EU has been involved in containing the EVD-outbreak from the outset. This does not comply with the enhanced indignation by as presented within the EP, on the lack of awareness on the possibility of public health threats, the lack of coordination, the different messages that are heard from international organizations and non-governmental organization on the ground and, the bad state of health systems in developing countries. The EU is described within the EP, as “a global coalition of inaction” (EP, 2014), arguing the gap between the high potential of EU countries, and the inability to transfer this into effective action.

By the end of 2014 and the beginning of 2015, the EVD crisis management process is changing from the emergency response to the recovery phase. The disease is diminishing in its epicenter and the global threat is decreasing (WHO, 2015). On March 3, 2015 a High Level Conference by the EU Member States and representatives of the involved international organizations, was held to discuss the impact, EU response and the challenges that are still

present. The core issues of the conference are the EU future policies, the need for renewed efforts and the revision of the leading EU role in certain crises. A shift from EU crisis management to EU engagement in ruling out the threat of epidemics, and the establishment of frameworks for response and recovery by EU agencies and regional cooperation is visible. The general evaluation of the EU role in containing the crisis is on the one hand an important and leading one, but on the other hand did the crisis show that the efforts that were made very much ad hoc, without a comprehensive approach. The participating Members call for the development of that comprehensive approach and a plan for the future (EP, 2015). "An emergency response that ends in April, and then nothing else happens, will mean we will have another crisis in years to come" (EP, 2015). And, "that should be the lesson for the future, that we need to take care of this by development politics, build resilient health care systems" (EP, 2015). Not only EU collaboration is expressed, but also the need for common approaches in collaboration by - with regard to public health security - the EU and the most vulnerable countries. But the key lesson is that investment should be done in health for the long term (EP, 2015). The argument is among many Members made on behalf of the S&D in stating that "the world must learn lots of lessons from the Ebola crisis - mainly that a health crisis and a poor health system can very quickly become a huge crisis, especially for the economy and education in those countries"(EP, 2015), and "we need a comprehensive cross-border strategy encompassing health, education, public services and economic development".

Implications:

In questioning to what extent awareness of the issue was raised and accordingly its consequences for increasing or decreasing collaboration the observation is strongly unequivocal. Not only for the EU as institute, but for the international community in general, the issue was barely at stake until it got out of hand, international organizations and non governmental organizations urged for international response. Up to the moment that the outbreak was declared to be an event of international concern by the WHO, the impact of the crisis was highly underestimated. By the observation that the EU needed 1. the statement that the event was of international concern and the urge by the WHO for response, and 2. the presence of EVD within the EU to enhance its efforts, it can be ascertained that high impact of the crisis raised attention and importance of the topic, and hence, the major issue at stake

and the need for saving lives unifies EU Members in their willingness to jointly fight the crisis. Moreover, the Member States equally conclude that *they* are - although as part of the international community - responsible for a joint lack of response and consequently the already large impact of the crisis. Accordingly, a common problem-definition regarding the EU efforts in the EVD crisis is established. Further, the common agreement on the need for long-term policies point out the common understanding of reviewed policies and the need for comprehensive approaches within the EU, and the investment in resilient health systems in developing countries. On each of the indicators that define collaboration, a positive relation can be drawn from the EU debates and the EC policies, in raised awareness by politicization and its implications for EU crisis management collaboration. The lack of adequacy of the EU crisis management efforts, does not seem to affect that collaborative process and might even strengthen it by the common perspectives of all Member States to be part of that.

Awareness

Case 2: H5N1

The disease of H5N1 had its earliest outbreaks by the end of the nineties on the continent of Asia. By the end of 2003, the disease began to form an visible threat for animal health as well as public health but was still limited to the Asian continent (WHO, 2014). First cases nearer the territory of Europe were confirmed mid-2005, first by the Russian Federation and shortly afterwards in Turkey and Romania.

For a long time, the H5N1 issue had not been on the EU agenda until a reference to the presence of the virus was made within the EP on March 7, 2005. On behalf of the PPE the issue was brought up stating that with a mortality rate of 72%, it is questionable why the EU wasn't preparing for potential spread of the disease (EP, 2005). By that moment the virus was already present for over a year on the Asian continent. Furthermore, it was pointed out that a couple of States, including France, Italy and the United Kingdom were preparing themselves by stockpiling antiviral vaccines, while a common EU approach stayed away. The issue was off the table for another six months for it was brought up again within the EP: "I may not be saying anything new here, but I have the feeling that we are constantly underestimating the very real threat of the bird flu pandemic. *(...)* Together with many colleagues present here, I

believe that the preventive measures that individual Member States and the European Union as a whole have taken are inadequate, which may be partly due to lack of funding, or an unwillingness to release such funds" (EP, 2005).

Requested by the Committee on the Environment, Public Health and Food Safety, the threat of the virus was debated at October 25, 2005, for the sake of the extremely serious warnings - as pointed out by commissioner Antonios Trakatellis (PPE) - that were made by the WHO and the ECDC. What characterizes the debate is two-fold. On one side it presents a gap between the recommendations of the WHO and the EU preparedness for a possible pandemic. But also the question of what ís the actual threat is on the table. In contrast with the EVD-outbreak the opinions on to what extent the H5N1 epidemic is a real threat for the EU Member States vary up to a high degree. Whereas the majority counts the virus as an important threat to public health security stating that "the next influenza pandemic is not 'if' but 'when' (EP, 2005), the concern for the European public health is also referred to as highly overstated. An "outbreak of foolishness and stupidity" as referred to by Luca Romagnolo on behalf of the Non-Inscrits[4] (NI). Similar to that, also the measures taken by Member States strongly differ. In contrast with the urge for coordination and joint action during the EVD-outbreak, in this case there are Member States that adopted rigorous veterinary measures, restricted open-air poultry farming and banned trade fairs (EP, 2005) but also Member States who do not have any preparedness plan at all. Consequently, the concern is expressed that "infectious diseases do not respect borders, especially where there are high rates of migration" . It shows an ambivalence with regard to the responsibilities of the EU and the borders of them regarding preparedness, a question that is also issued in stating that "today's debate on the strategy against an avian influenza pandemic is a good opportunity to ask questions both about where the responsibility lies for public health, which is one of the European Union's main priorities, and about security and truth in public life" (EP, 2005).

A boost in the attention for the issue is visible by the end of 2005 and beginning of 2006. Cases were confirmed at the borders of the EU, within the countries of Romania, Croatia and

[4] Members of the European Parliament who are not a part of one of the recognized political groups, also referred to as Non-Attached Members.

Turkey. Enhanced pledges from the international community as well as the health departments of the EU are made to raise money and develop strategies on the preparedness for a human outbreak of H5N1 in the EU. The issue is discussed by the EP on March 16, 2006 concerning the presence of H5N1 within Europe. However, although the bird-flu epidemic is regarded as the reason for debating the issue, the central issue during the debate is the relation of the EU to health promotion in general, and the scope of the EU responsibilities. "The problem of bird flu was – I am sure you will agree – an opportunity for the Union and the Member States to act in a coordinated and effective manner, by strengthening citizens' confidence and feeling of security. However, it also provided further proof of the value which Community action has in the field of public health" (EP, 2006). What is evident, is that awareness was particularly raised for cross-border public health policies as a whole and the need for considering the EU role in that policy field. This happens within the context of the EU that is under very negative attention by the public, strongly represented by quitting the efforts to establish a European constitution, opposed by particularly France and the Netherlands. Also, the policy area of public health is under pressure. "Heightened public awareness of the dangers of chemicals in the food chain, growing resistance to antibiotics through overuse and concern about the side effects of some conventional drugs are all contributing to a massive re-think about the way we live and how we seek to regain our health" (Lucas, 2006).

Increased visibility of the public health threat enforces increased urge for reviewing the public health security sector, and treating it as a cross-boundary policy field. This is for example expressed in the call for acting on cross-border questions that one Member State is unable to deal with alone in the field of health. (EP, 2006). Three core subjects are introduced that related to the new challenges of 'our' time: the response to threats - "taking as an example the epidemics that are at present very much in our minds with bird flu". Secondly, health in general and prevention of diseases that are pattern of behaviour. Thirdly, the necessary cooperation between national health authorities, where there is surely still room for improvement at many levels. The statement that was made concludes with arguing that there is no undermining of subsidiarity here, but on the contrary greater cooperation, effects of synergy and strengthening of subsidiarity (EP, 2016).

Implications:

As with the EVD-outbreak, visibility is needed to get an issue on the agenda. In the H5N1 case it took about a year before the issue was debated within the EP, and again the urgency was boosted when cases of the virus were confirmed near the borders of Europe by the beginning of 2006. The crisis management process in this case however, is clearly different from the one during the EVD outbreak. A high amount of ambivalence concerning the urgency of the threat and its possible consequences characterizes the process, varying from perceiving it as a very urgent threat to no threat at all. Hence, also the role of developing a cross-boundary strategy by the EU includes higher levels of ambivalence. Instead of a clear notion that the EU has the ability and responsibility to take preventive measures, it is questioned to what extent the EU-role reaches in this case, and what is the responsibility of the Member State. Further, in the extent to which there is indeed enhanced attention for the issue, the threat of H5N1 primarily functions as a motive for bringing the broad question of public health provision and the threats of epidemiological viruses on the agenda. Contradicting with the EVD case, the impact of the threat and therefore the focus on the issue appears to be more ambiguous and accordingly, also ambiguity in finding a common definition and understanding of the problem seems to be present.

The element that is likely to be enforcing this ambiguity is the political context that was mentioned during the March 2006-debate, namely the precarious position in which the EU pledged for stronger integration by the EU constitution, that was wiped out by France and the Netherlands in 2005. The need for a joint approach in the public health security area is on the table, but the question how to form that collaboration and the particular roles of the EU as institute and the Member States themselves seem to be the core questions.

6.2 Mobilization

What is evident from the dimension of awareness during the EVD-outbreak, is that the urgency of the crisis also led to awareness on the underlying causes of the crisis. The risk of epidemics or even pandemics as neglected dimension of public security, the weak health systems in the affected countries but also pitfalls in preparedness and response capacity within the EU countries. It led to a common recognition by EU Member States how ill prepared and vulnerable EU countries are, and the shortages in political commitment to a certain cross-boundary border crisis. In debating the responsibilities for the EU in the EVD-crisis, a similar pattern can be drawn from the extent to which Member States reacted actively.

By the announcement of the severity of the crisis and the international risks that were involved to them, the Member States enhanced their efforts to be contributive to the reduction of the crisis. From the moment that the EU has committed itselves to be a main actor in fighting EVD, it only takes a short time before the EU is leading in the financial response to the crisis. Commissioner Georgieva states during the debate on September 17, 2014 that she is "proud to say that the Commission, with €150 million is leading in the financial response to the crisis. (..) We are putting our funding together and we will do more. On Monday our Member States had pledged up to €78 million. Many of them however, are working on raising their financial contributions so we can be more and more effective" (EP, 2014). Besides the financial inputs of the Member States, much of the funds are gathered by public-private partnerships between the EU and partners, especially within the pharmaceutical industry. An example of this is the European and Developing Countries Clinical Trials Partnership programme (EDCTP2), specifically directed to fight infectious diseases. A great deal of funds for certain programmes is coming from Horizon2020, that also finances this particular programme with €700 million. Further financial provision is done by the EU Member States. The financial flows are initially channelled through the humanitarian partner organizations like MSF, the IFRC, Unicef, and the WHO (EC, 2014). But also field hospitals and mobile laboratories are provided as well as emergency supplies provided by the Member States, coordinated by the Emergency Response Coordination Centre (ERCC).

The cooperation between governmental, public and private actors is regarded as important and effective. EU Commissioner for Research, Science and Innovation endorses this by emphasizing that "the EU is determined to help find a solution to Ebola. We are putting our money where our mouth is and boosting EU research on Ebola with an additional €280 million. With the funding from Horizon 2020 and our industry partners, we are stepping up the development of new vaccines and medications to help save lives around the world" (EC, 2014).

The difficulty of putting boots on the ground

Despite mobilizing millions for international aid and research into vaccine development, a discrepancy exists between the efforts that are made and the real difference that those efforts are making. Several times it is repeated within the EP that the response measures that are presented by the EC, and the messages from the international aid organizations show very different pictures. An example of those messages is expressed by Lina McAvon on behalf of the S&D Group, the "big NGOs on the ground, like MSF, Oxfam and UNICEF are telling me that they are not feeling that effort on the ground - that we are talking about it and pledging money but that nothing is changing for them." (EP, 2014). Especially from within the organization of MSF the criticism on the lack of fast and effective action by the EU is high. Consequently, the EU Members call upon the development of follow-up actions and insist on "keeping up the momentum"(EP, 2015). The development of a common and comprehensive approach in enforcing cross-boundary public health capabilities, and renewing efforts in development politics is favored by all participants, but transforming this into concrete further steps appears to be difficult.

What is most evident however that appears throughout the debates concerning the EVD crisis, is the wish for and the lack of coordination. That lack of coordination might explain why the tapping of financial aid was quite effective and fast, and the mobilisation of medical workers, medical materials and emergency supplies was strongly lacking. The organization of such a measure requires a much more synchronized attempt. The same goes for the measures that were taken by national governments in order to protect its countries against possible EVD-cases. This was stated by Annie Schreijer-Pierik (PPE), when she points out that the approach of all Member States are dissimilar, in for instance controls on airports. She argues

that “ this will raise insecurity and fear by civilians.” “ How are we going to centralize this, and take away their concerns?” (EP, 2014). After collectively having faced the issue of the late response and inaction by the EU, an urge for act and willingness to act characterizes the attitude of the Member States but a returning question is how and under whose leadership? It is not evident at all - especially during the first stages of the crisis - that the EC would be the central body in the coordination of the international response. The eyes are equally on the United Nations, the WHO and the ECDC to take the leading role in the international response. Among different MEPs, this is pointed out by Kathleen van Brempt (S&D) when she calls upon the necessity to recognize in the early stages of a crisis the EC as the body to forcefully and coordinately act during humanitarian crises (EP, 2014). The lack of clarity in who coordinates illustrates the further debates in the topic, especially since - although much efforts are being made over the months by the EC and the Member States - the EU started slow and very rigid in their response.

Where increased awareness indeed led to the mobilization of EU Members, transforming those efforts into the pursed and necessary European response appears to be difficult. However, such a conclusion in return opens the opportunity for new efforts, programmes, policies and the implementation of measures. Internationally, the conclusion of the slow response on EVD, led to the establishment of the Global Health Risk Framework for the Future (GHRF). The Commission on Global Health Risk Framework for the Future exists of a variety of public as well as private international actors and experts, that regarded the international response on the EVD outbreak as a wake-up call in international public health security. As appeared, the slow response was not exclusively a matter of the EU. One of the obvious conclusions of the GHRF is that all eyes were on the WHO, who did not have or did not take the mandate to set out the coordination of international response. The coordination of international actors, the WHO, the CDC, the ECDC, the EC, and its partner international and non-governmental organizations turned out to be the greatest challenges, as well as a lack of coherence internationally in preparedness for public health crises.

Implications:

From the moment that the urgency is clear and has been recognized, the effectuation of financial aid is quickly arranged. Financial means are employed by the EC, by Member States and found in public-private partnerships. The establishment of material aid and medical personnel however appears to be much more difficult and in spite of its efforts, a core element of debate is the issue that international- and non governmental organizations do not feel the contribution that the EU is making. Unless the quick financial means that are employed, it is clearly not enough or effective enough to transform those means into the necessary means. However, in relating increased mobilization to levels of commitment, shared understanding and intermediate outcomes, the difficulties in the employment of means does not make an important difference.

What appears from the EP debates and the released material by the EC, is that the attempts to find a common approach, joint efforts and an effective collaboration are still present, despite the fact that the outcomes are not completely satisfying. For instance, the contribution of and collaboration with private partners, and accordingly the establishment of a security network in the field of public health security appeared to be effective and quickly arranged - in spite of the fact that these collaborations were made quite ad hoc. Indeed, the urge by the EP Members for coordination and increased efforts point out a high motivation to perform better as EU. The problem is found in the question who is leading in the EU efforts and which agency coordinates, or is responsible for what part of the EU response. This appears to be a worrying and confusing element by the MEPs, and though it might negatively affect collaborative adequacy in its crisis management, it does not have that effect on collaboration qualified by the indicators of the study. Even more, dissatisfying outcomes might even enhance those indicators in the motivation for effective collaboration.

An example is found in the establishment of the GHRF that was aimed for evaluating the crisis management process of the EVD crisis and to find better approaches for the future. A list of recommendations should improve the international response in certain crises, of which a core element is the clarification of agencies' roles and responsibilities, and the need for that to be known by EU Member States.

Mobilization H5N1 crisis

As was shown, the issue of the H5N1 virus took months in which the problem was tried to put on the EU agenda before the issue was indeed debated. On request of the WHO, the EU made an assessment of the Member States' preparedness for a possible epidemic in October 2005. The main part of the discussion held regarding the H5N1 virus focussed on the availability of vaccines whenever a certain crisis would occur. However, in that discussion, the perception of what would be an appropriate level of preparedness strongly differed among Members. The differences between Member States and their efforts in preparing for a possible epidemic or pandemic are a central element in the EP discussion on what is done and what should be done. That discussion is partly imputed to a lack of information on the status of the virus and the possible consequences. This point is made by Francoise Grossetête (PPE-DE) when she states that: "it emerged from last week's informal meeting held by the Health Council that some Member States still do not have any real emergency plan. We ought to be aware of it! There needs to be transparency, because it is up to us to make these governments acknowledge their responsibilities" (EP, 2005). Also the part of what the responsibilities are of the EU as an institution and the responsibilities by the individual Member States are ambiguous.

The measures taken to deal with H5N1 threats within the EU Member States are largely taken by the States themselves. On february 13, 2006, cases were confirmed in Slovenia, that accordingly implemented national measures. The measures applied by Slovenia were, as Greece and Italy had implemented, the establishment of a high risk area - that is a 3 kilometer protection zone - around the area where the case existed, and a surveillance zone of 10 kilometers. Also border regions with other States were under enlarged attention. As a consequence of the case confirmation, the situation with regard to a possible outbreak was reviewed by the Standing Committee on the Food Chain and Animal Health (SCFCAH) (EC, 2006). That same day, it was confirmed that the earlier found suspected case in Bulgaria concerned a case of H5N1 (EC, 2006). The Commission prepared a decision on banning imports of live poultry and products related to those, from the affected areas, that was endorsed by the SCFCAH. On February 14, 2006 a similar confirmation was made in Austria, that accordingly implemented the same precautionary measures as was done in the previous countries (EC, 2006). One day later, on February 15, 2006 the measures were taken

in Germany after confirmation of cases of H5N1. Accordingly, the European Commission proposal to approve all Member States' individual surveillance plans for Avian influenza, and the provision up to 50% co-funding for the programmes followed, and was endorsed by the SCFCAH.

France and the Netherlands present shortly afterwards, on February 21, 2006 a preventive vaccination plan for poultry, as a precautionary measure against highly pathogenic avian influenza, that was subsequently endorsed. The programmes were authorised only in specified regions and supervised by strong surveillance and control requirements. By April and May that same year, the EC enhanced the pledge for funds to assist internationally in fighting the H5N1 virus. The EC pledged for a €100 million, of which €30 million was for countries in Asia, €30 million of African, Caribbean and Pacific countries, €10 million for countries in Eastern Europe and Central Asia and €10 million for countries on the Mediterranean littoral. A further €20 million was being used to support avian influenza research projects (EC, 2006).

The European Commission strongly called upon Member States to increase their stockpiles for vaccines, although the extent to which that was complied to was differing. Nevertheless, the Commission - in line with the WHO guidelines - pushes Member States to have at least vaccines for 25% of the population available (ECDC, 2012). Shortly after, in November 2005, all EU Member States take part in the Pandemic Influenza Exercise for the European Union with the objective to 1) test the execution of the national plans of the Member States and examine their compatibility and interoperability. 2) To examine the role and availability of countermeasures, 3) determine the availability and suitability of containment measures and 4) examine the role of the EC during an influenza pandemic (ECDC, 2005).

During the subsequent months and eventually years, the topic has been on the EU agenda occasionally, in evaluating and reviewing pandemic preparedness in the EU and accordingly to develop improvements in its preparedness. This especially visible during 2006, when it was negotiated to organize a variety of meetings by the Ministers of Health of the Member States, and the specific agencies in the policy field of pandemic preparedness: the Committee on the Environment, Public Health and Food Safety, the European Agency for the Evaluation

of Medical Products, and the agencies of the ECDC and the WHO (EP, 2006). The meetings had to insure improvements in communication and transparency, and coordinate national preparedness plans to a more similar and comprehensive approach. Hence, the main part of research, reporting and the development of strategies for improvement is either executed by the WHO and by the ECDC. The issue of H5N1 has lost importance in these subsequent years, especially since by the end of 2007 the subtype of H1N1 is emerging. Accordingly, the debate does not particularly change since the core has - also during the H5N1 crisis - been the status of pandemic preparedness in general.

Implications:

A couple of elements can be drawn from the crisis management process during the appearance of H5N1. First, it took long to put the issue on the agenda and it lasted long on the agenda, in the way that it catalyzed a general discussion and approach on pandemic preparedness. For reasons of the subsequent subtypes that existed over the following years, the issue has always been present since then, however in the more general debate on epidemic- and pandemic preparedness of which the influenza A-diseases have been part. The ambiguity of the urgency of the threat that was explained in the previous section on awareness, has a similar consequence in ambivalent ideas on whether the EU should have a role in ruling out certain epidemics and what measures should be taken concretely. There is no joint strategy on fighting cross-border epidemics and national plans differ, varying from thorough preparation to having no plan at all. The directions given by the EC consists mainly of the recommendations made by the WHO, but also here there are remarkable differences in the extent to which Member States comply with those directions.

Secondly, as is evident in this case is that the actual establishment and implementation of measures is done by the Member States themselves. The core body in charge is the Standing Committee on the Food Chain and Animal Health (SCFCAH), that reviews and endorses measures to be taken by EU Member States. Accordingly there is an interaction between Member States and the SCFCAH, in which the EC mainly functions as a body to report to. Consequently in the actual response on the H5N1 issue, both the EC and the EP do not have a very visible role and do not seem to function as the main body of crisis management. The policy making is largely covered by a broad variety of agencies and committees that -

although enforced by a general debate on pandemic preparedness, instigated by the threat of H5N1 - appear to be the core bodies in development and implementation of measures and policies. The relationship, especially during the existence of H5N1 on European territory, with the Member States turns out to be close, and in practical terms of higher importance than the European Parliament and European Commission.

Relating this to our dependent variable, the core observation is that the existence of the commitment to a process, shared problem-definition and shared understanding of what needs to be the direction of the EU as well as small wins are not very visible. The debate on what have to be the next steps in improving European preparedness for possible epidemic or pandemic crises is quite ambiguous and research and the development of policy strategies are mainly 'outsourced' to the EU agencies. Accordingly, if the dependent variable would be present - what is not excluded at all - , it is not visible in the data that was researched but would exist in the framework of agencies that are related to the issue.

6.3 Political contestation

Inherently to politicization is the presence of differing opinions, and somewhat stronger put: political contestation or polarization on the issue. This third dimension is probably the most ambivalent in its affection on the attempt for and outcome of collaboration, since it both amplifies the importance and knowledge within the issue, but can also enable dragging into dissatisfaction and blame attribution.

It was shown that the large scope and consequences of the EVD-outbreak were unforeseen and unprecedented. Also the risk for human infection within Europe seemed to appear surprisingly concrete once the rapid spread of the disease was noticed. What follows within the European Parliament is a very common perception on the urgence of the crisis, the role of the EU including the existence of a very slow response and a lack of flexibility, and what is necessary to contain the crisis. From the start of facing the crisis, the Member States commonly agree on the fact that they act too late and the Member States are all responsible for that lack of action. The latter seems to particularly contributed to the lack of coordination and leadership. The opening statement of Georgieva during the first Ebola-debate illustrates

this by the notion that “I want to end by saying that I was very encouraged at the meeting on Monday to see Europe coming together as one. I heard a Member State that would not normally say such a thing asking ‘please, coordinate us’. We want to act together and together we will act.” (EP, 2014). What derives from the EP there are barely any opposing references made, or differing opinions expressed among Member States. All that refers to differing positions or anything that somehow suggests political contestation involves joint indignation about the slow EU response and the issue that for the international aid organizations on the ground it is too little too late.

This unanimous vision on the crisis and the role of the EU changes slightly when questions come up regarding future steps. In discussing the lessons learned from the EVD-crisis, the issues to be reviewed that are presented by Development Committee rapporteur for Ebola Charles Goerens involve:

(i) The slow EU response
(ii) The badly organized health care systems in the affected countries as well as the surrounding countries in the continent of Africa.
(iii) Coordination of all Member States showed strong deficits.
(iv) Improvements were made after the installment of Ebola coördinator Stylianides.
(v)The role of international aid organizations has been huge.
(vi) Collaboration with the pharmacy industry was quite effective and fast.
(vii) The health care systems of third countries needs reconsideration, and financial means should not restrict that.
(viii) Within European politics there appears to be a strong sense of indifference with regard to public health security within Europe and outside. That should be changed.
(ix) The EP needs long-term collaboration, and proposed to spend at least 20% of its State aid to development outside the basic social sectors, of which the public health system will be the one of the highest importance.

Though in general there is a substantial agreement on the importance of these issues, disagreement exists on the cause of them and the feasibility to change policies. The commissioner for environment, health care and food safety Juaristi Abaunz emphasizes that there has been a difference in the commitment and response between Member States.

Therefore, he states, the European Parliament should not compliment itselves for their efforts made. (EP, 2015) The Ebola crisis particularly pointed out that the EU did not act as a whole and commitment of States differ. Two other important elements that gained renewed attention in discussing the causes and solutions of the crisis were both the attention for the policies on development aid, and the forth during migration crisis. A strong call for 'prevention instead of response' (EP, 2015) is a request that is repeatedly made within the Parliament. The need for increased efforts in development politics and better cooperation with international aid organizations and NGOs. But also the cuts in many Member States in the policy field of healthcare are on the table and are held responsible for the European inability (EP, 2015). In return, this is contested by the argument that - now that the drama and urgency of a certain crisis has been this visible - illusions are being created with regard to EU efforts, that will never be complied to and will not be financially feasible (EP, 2015). Also the reform of the EU crisis management system in public health security, the reform of the WHO and the cooperation between the EC, the ECDC and the WHO are on the agenda. It is generally agreed that this cooperation did not suffice during the EVD-crisis and the lack of coordination delayed the deployment of effective measures.

Implications:

Political contestation was primarily found in the recovery phase of the crisis and in discussing the lessons and policies for the future. Though outside the scope of the EP - taking for example the critical messages from international and non-governmental organizations - the opinions on the EU's performance have been different, the urgency of the issue within the EP seems to be too high to deliberate on how it could have happened that the EU response was late, and what would be the appropriate way to address the crisis. The need for rapid response and to do whatever it takes and what is possible, fades away - at least the visibility of - possible contestation on the issue. Also the evaluation that was presented by Ebola rapporteur Charles Goerens, and the need for improvement and investment in a well-established health sector, does not seem to be an issue of contestation. However, the question on how to implement new policies, how to reform the WHO - if perceived to be necessary - and how to prepare on certain crises appear to allow for renewed discussion.

Evaluation of the crisis brings forward the necessary steps that should be taken. The need for preparedness plans and the sharing and benchmark of national plans. Several calls were made for a revision on the exact role of the different EU agencies and the need for knowledge on those role by the EU Members. In this phase, the presence of real polarization on the issues involved was not found, and will probably be found in the next phase of specifically discussing those renewed efforts. However, up to this moment, the only conclusion that can be made regarding the influence of political contestation to the presence of collaboration is that is strengthens its motive to do so.

Case: H5N1

An important difference between both the EVD-crisis and the H5N1 crisis, is that the H5N1-crisis has been less visible and highlighted but cases still occurred for a longer time. Moreover, the existence of H5N1 and other variants as the H1N1 overlapped. Besides the element that it took months in which the request was done to put the topic on the EP agenda, there is strong contestation about the question whether there is a real threat or not. Once the topic is debated, it is several times pointed out that "we (MS) need to ask ourselves if there is a pandemic". "Is there an epidemic? Perhaps there is no epidemic either. We have 60 recorded deaths; in other words, as many as from road traffic accidents throughout the world in ten minutes" (EP, 2005). That is opposed by arguments concerning the fear of infringing Member States' prerogatives. Core question is whether the issue should be addressed by Member States separately, or there should be one approach by the EU by coordination of the EC and the ECDC. The vision that the implementation of common measures and the EU needs a common approach against the threat of a pandemic outbreak is strongly contested by a couple of Members of the EP. That contestation is based on (i) the doubt on the severity of the threat, (ii) the lack of reliable information - the pharmaceutical industry is being accused of exploiting the issue for their benefit - and (iii) the underlying cause of the crisis according to some of the Members, the import of meat and meat products.

In line with the levels of awareness of the H5N1 issue and the mobilization that follows, the presence of political contestation on the topic is strongly subjected to the ambiguity surrounding the issue. The differing opinions on the urgency of the crisis and the policies that

should be changed and implemented, the level to which the European Union is responsible for that represent the process of the crisis. Especially the lack knowledge on the probability that a certain crisis would hit the EU, and the consequences that this will involve leads to the ability for EU Members to frame the issue into the perceptions they pursue. The issue is several times framed as "a cross-border problem *par exellence*" (EP, 2015), and the urge for not only national plans, and the subsidiary of national plans is expressed by the largest part of the EU Members. However, since that lack of knowledge accordingly does not allow for fully grounded and thorough-thought statements, the opposing Members take the ability to frame the issue into matters of speculation and panic, quasi-conspiracy based on a lack of reliable data (EP, 2005). Also the element that the health care systems in the EU Member States are relatively strong, is brought up argue that the threat is exaggerated, that in return leads to the accusation that only a couple of Member States "do allocate national resources in a responsible manner, but there are also countries that clearly underestimate the threat of the disease and, in particular, its possible consequences." (EP, 2005).

Implications:

The pace that characterizes the H5N1 case, but - although not having part of the research - also other variants of the Influenza A diseases, characterizes the struggle on fruitful discussing the topic within the European Parliament. The urgency of H5N1 entails a lot of ambivalence and a lack of knowledge. Accordingly, discussion on cause and solution are intertwined. Where strategies are being discussed are other Members still contesting the question whether the EU should be involved as an institute in the issue. In general however, steps appear the be made in the common agreement on the need for both national plans that are subsidiary with each other, and Community plans as well. Accordingly, the discussion on H5N1 is not really a crisis management issue in it selves, but confirms the issue that there is little knowledge in the topic, and research is necessary. The issue functions as a means to engage in research and strengthen collaborations with for example the pharmaceutical industry as well as in discussing the prospects for collaboration on pandemic preparedness within the EU.

Chapter 7: Conclusions

Concluding, the crisis management processes of both crisis do create an image of how the EU performs during crises within the policy area of public health security, and the general position of this topic within the EU. Revealing these crisis management performances - in any policy field - could be contributing in explaining the challenges for a complex institute as the EU in functioning as one body, including the large amount of actors participating in it. Having analyzed both cases on the dimensions of politicization: awareness, mobilization and political contestation and its interaction with the indicators of the dependent variable political collaboration: commitment to the process, shared understanding and intermediate outcomes, the final chapter elaborate on the answer to the research question: *to what extent does politicization affect the level of collaboration in European Union crisis management, in the policy area of public health crises?*.

The conclusions are split out by four main elements that shall be argued by explaining them based on the analysis: (i) crises do function as windows of opportunity, (ii) the higher the severity or urgency of the crisis, the stronger the unanimity on the issue (iii) this unanimity fades away by discussing long-term policies, and (iv) the problem and solution are found in the segregation of the EU.

(i) Crisis do function as windows of opportunity.

What is evident by both cases is that as long as there is no direct threat for the EU territory, the urgency of the crisis is perceived as strongly lower than when the EU is directly faced by the crisis, and cannot ignore the issue. For the EVD crisis this was shown by the two triggers that enforced the importance of the crisis within the EP: the declaration of being an issue of international public health concern and the appearance of EVD cases within the EU. For the H5N1 crisis, the urgency was way less visible and accordingly, for a long time there has not been any attention for the issue at al by the EP, only in a couple of statements that urged for bringing the issue on the European agenda. The actual relevance of H5N1 within European politics became visible in 2006, when the peak of cases already decreased, but an increasing amount of cases at the EU borders were found. More broadly both crises opened the way for bringing the issue of infectious viruses and pandemic preparedness on the agenda, as well as -

specifically in the case of H5N1 - public health security in general, including the government's role in health and lifestyle promotion. In short, both crises formed the trigger to think over politics that surround the actual crises. The underlying causes of the crisis: ‘ could the crisis have been prevented?’ and ‘did we have an sufficient preparedness level for public health crises?’. And the apparatus of EU crisis management: ‘Who is leading during a epidemic crisis?’, ‘What is the effect of cuts in the policy field of public health?’, ‘is free movement of people and goods an enhancing risk factor?’, et cetera.

(ii) The higher the urgency of the crisis, the stronger the unanimity on the issue.

Clearly a core element of the study has been the question of a relationship between politicization and a visible level of collaboration in the form of commitment, shared understanding and intermediate outcomes. Both the similar characteristics of the crises as well as its differences have shown that the higher the urgence, or the stronger the focus of the crisis, the more stronger the collaboration process is visible. The EVD outbreak became quite sudden an issue of high importance within the EU, and in its actions as well as its deliberations, the EU seems to perform almost unanimously on each of the steps taken. Especially the urge for coordination and centralization from the Member States clearly present the common vision on the willingness and need to act. Furthermore, the EU presents its selves as part of the slow international response of which all the Member States had equal responsibility, without blame attribution to one or another EU body. Independent of its consequences, this late response can even be considered as a catalyzing element in the common vision on the need for collaboration and centralized action. This conclusion is backed by the H5N1 case in its similarities: although the H5N1 virus did already exist for more than a year, and the threat for hitting the EU territory was highly present, the issue became of importance in the EP by the beginning of 2006 when cases were found near and within the EU. Whereas the scope of views on the issue started with ‘of no importance at all’ to ‘an important threat for EU public health security’ , the common idea of pandemic preparedness and public health security gained more attention and importance by EU Member States when H5N1 became present in the EU. Consequently, also an increase in the common agreement on the idea that infectious diseases do form a threat for public health security is visible.

However, the argument that the collaborative willingness grows when an issue is of higher urgence is mostly visible by the differences between both cases. The difference between the EVD-case and the H5N1-case clearly underlines the element that whenever there is some ambivalence about the cause of the crisis or the urgency of the threat, agreement on the need for crisis management collaboration quickly disappears. The fact that it took months to put the issue of H5N1 on the agenda, and the deliberations on the importance of the threat illustrate the decrease in commitment, shared views on the problem and appropriate approach, and the willingness to make steps forward. Accordingly, where politicization in the first case had a enforcing effect on unanimity and the quest for centrality, the reversed mechanism is visible in the second case.

(iii) this unanimity fades away by discussing long-term policies

As was argued, besides EU collaboration within response phase crisis management, both cases also brought forward the debate on the causing factors and a lack of preparedness, as well as the lack of flexibility and quick response by the EU as institute. Both crises pointed out the relationship between the risk of infectious diseases and increased mobility and migration. The urge was made for reform of the WHO and the responsibilities of the WHO, the EC and ECDC. The H5N1 crisis even called the role of the European Union into question since the crisis occurred in a moment in which the political stability of the EU was little. In questioning that there is a need for policy change and the EU should give more attention to the policy area of public health security, the Member States appear to be quite unanimous. However, the disagreement exists in deliberating on what should be changed and how. The point is not that there is disagreement on the fact that policy change should improve the functioning of the EU as crisis manager, but the question of what the core problem is in working effectively and which policy areas should be adapted, as well as the consequences this will have, not at least financially.

(iv) the problem and solution are found in the segregation of the EU.

Deriving from the third argument, that unanimity fades away when discussing long-term policies, an explaining factor in this process is the segregation of the EU into a high amount of different commissions, agencies and - sometimes ad hoc - expert groups. As the EU evidence shows, in solving complex issues the EU strongly relies upon agencies and their risk

assessment and expertise. During the H5N1 crisis, the main part of endorsing the implementation of policies was done by the Standing Committee on the Food Chain and Animal Health. The European Food Safety Authority is asked to investigate the risks of international trade of poultry, and the European Medicines Agency to explore the possibilities and benefits of vaccination. These agencies have a highly important advising role, and when the stakes are high during for example the Ebola crisis almost a decisive since the highest expertise is in those agencies. Accordingly, it can be argued that this separation of problem-solving efforts and expertise - what is also referred to as '*agentifcation*' (Braun & Gilardi, 2006) leads in return to a level of depoliticization. An important observation of this study is that indeed, a higher level of politicization of an issue - including the element that the stronger the focus and definition of the problem, the more convincing the influence is visible - leads to stronger collaboration based on unanimity, commitment, shared problem-definition and joint fact finding. However, that unanimity is very much restricted to the moment of the highest level of politicization of the crisis - during its crisis response phase. The H5N1 case seems to suggest that as long as it is possible, the EU relies highly on its agencies related to the crisis in order to regulate the problem, and accordingly keeps the crisis out of the core deliberative bodies of the EU. Similarly, the debate on the lessons learned by the Ebola crisis presents a picture of an EP that was shocked by the appearance of the unpreparedness and inflexibility of the EU and the urge for reform and enhanced EU efforts in the policy area of public health security, but the actual continuation of that takes place outside the scope of the EP deliberation.

Consequently, turning back to the research question to what extent politicization affects EU crisis management collaboration in public health security, it can be concluded that there is indeed a positive relation between politicization and EU crisis management collaboration, based on the cases that were studied. Especially in crisis management, politicization represents the urge for 'doing something' for policy change that should prevent future problems or enlarge resilience during such crises. There appears to be a strong unanimity among the EU Member States when the stakes are high and joint EU efforts can be shown. However, the higher the levels of ambiguity and uncertainty, the more difficult it seems to be to define preferences and the more dependent the decision making of the EU becomes on experts and scientific advice, a phenomenon that will often be the case during crises,

especially in its aftermath. For the H5N1 case this was also visible in the origins of the crisis and showed that the stronger the ambivalence, the more room is left for differing opinions and framing the issue into matters of high importance, or of non-sense.

In attempting to broaden this to crisis management in general - apart from public health security - this would also explain the often high urgency and importance that is given to, for instance, terrorism - whereas other policy topics seem to be of less importance. Less visible treats may imply less feelings of urgency to enhance knowledge and expertise in how to prevent or cope with that threat. Consequently, when the issue does come up in (European) politics, the tendency to rely upon own interests might be stronger.

Discussion

What does this imply for the EU as crisis managing actor? The relatively recent attempt of the European Union in managing transboundary crises is inherently subjected to the need to construct and reconstruct. The paced improvements by the occurrence of more or less urgent threats, and crises that differ in scope and impact is accordingly an expected consequence. Although politicization is often qualified as a hindering element of adequate policy making, it also represents urgency and the importance of policy improvement. And, as the European Union has the purpose to succeed as an actor in transboundary crisis management, the commitment to find common and comprehensive approaches to do so. The cases that were studied showed that as long there is no common definition of when the EU should act as crisis management institute, the attempts are already laying behind before the first attempts are made. Indeed, crisis management commitment and common problem-definition may enhance EU collaboration in crisis management, but is however problematic regarding the reason of existence of the practice of it - the phenomenon of (transboundary) crises. Accordingly, the EU should act based on the definition of a crisis, instead of acting based on the deliberation of the urgency of a crisis. As was regarded to in the concluding chapter, I do suppose that this does not apply exclusively in the policy field that was studied, but shall in higher or lesser extent be applicable to EU crisis management in general.

A second element that has been shown is the lack of coordination, and when a crisis occurs the question which body or agency is leading. The confusion on the role of the WHO, the ECDC, the EC , as well as the more specific agencies that are contributive in the EU's crisis management appears to be an important element of improvement, and needs clarification in order to work effectively. It would be fruitful to further improve the network of bodies and agencies, to establish who coordinates that network and enhance collaboration among actors not at least in knowing what the agencies role or mandate, and expertise is. As in both cases appeared, the role of the pharmaceutical industry was of high importance and activated - especially in the Ebola-case - quickly. Accordingly, further research in connecting the EU as crisis managing body to the network of private actors in - in this case the public health industry - but this again will apply to other sectors, shall also be an important attempt.

In line with this, besides crisis preparedness as appeared to be an important effort in limiting crises' impact, strengthening these connections among agencies and having knowledge on their mandate would enhance the EU's crisis resilience and embed the 'urgency-paced' politics in a framework of ownership and coherence.

To conclude, once again, the EU as crisis managing body is a novel development and it shall take some better and worse experiences to effectively address crises that cross boundaries or policy fields. And those experiences will come, with increasingly complexity of threats and enhanced interdependency. However, if the EU proves itselves to be able to transpose its Members' capacities, and the expertise that is grounded in the institute by the EU's agencies that are connected to the policy fields of crisis management, it will make its way to an approach of integrality and accordingly of highly added value within present days.

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Appendix:

List of documents for analysis:

EU body	Date	Document type/reference	Specifics
European Parliament	07/03/2005	Report of proceedings P6_CRE(2005)03-07	
European Parliament	05/09/2005	Report of proceedings P6_CRE(2005)09-05	
European Parliament	08/09/2005	Report of proceedings P6_CRE(2005)09-08	
European Parliament	27/09/2005	Report of proceedings P6_CRE(2005)09-27	
European Parliament	24/10/2005	Report of proceedings P6_CRE(2005)10-24	
European Parliament	25/10/2005	Report of proceedings P6_CRE(2005)10-25	Strategy against an influenza pandemic
European Parliament	30/11/2005	Report of proceedings P6_CRE(2005)11-30	
European Parliament	13/06/2006	Report of proceedings P6_CRE(2006)06-13	Pandemic influenza preparedness and response planning in the European Community (debate)
European Parliament	14/06/2006	Report of proceedings P6_CRE(2006)06-14	
European Commission	13/02/2006	IP/06/154	Press release

European Commission	13/02/2006	IP/06/155	Press release
European Commission	13/02/2006	IP/06/156	Press release
European Commission	13/02/2006	IP/06/157	Press release
European Commission	14/02/2006	IP/06/169	Press release
European Commission	15/02/2006	IP/06/170	Press release
European Commission	15/02/2006	IP/06/172	Press release
European Commission	16/02/2006	IP/06/179	Press release
European Commission	17/02/2006	IP/06/185	Press release
European Commission	21/02/2006	IP/06/195	Press release
European Commission	21/02/2006	IP/06/197	Press release
European Commission	22/02/2006	IP/06/210	Press release
European Commission	15/03/2006	IP/06/317	Press release
European Commission	23/03/2006	IP/06/370	Press release
European Commission	05/04/2006	IP/06/465	Press release
European Commission	28/04/2006	IP/06/548	Press release
European Commission	05/05/2006	IP/06/590	Press release
European Commission	11/09/2006	IP/06/1173	Press release

European Commission	06/03/2007	IP/07/144	Press release
European Parliament	17/09/2014	Report of proceedings P8_CRE-PROV(2014	EU response on Ebola virus (debate)
European Parliament	20/10/2014	Report of proceedings P8_CRE-PROV(2014	Response to Ebola crisis (debate)
European Parliament	03/05/2015	Report of proceedings P8_CRE-PROV(2015	High level conference on Ebola virus disease (debate)
European Parliament	26/10/2015	Report of proceedings P8_CRE-PROV(2015)	Longterm lessons of Ebola crisis (debate)
European Commission	05/09/2014	MEMO/14/520	Fact sheet
European Commission	05/09/2014	IP/14/974	Press release
European Commission	07/10/2014	IP/14/1108	Press release
European Commission	16/10/2014	SPEECH/14/698	High-level coordinating meeting
European Commission	06/11/2014	IP/14/1462	Press release
European Commission	17/11/2014	IP/14/1862	Press release
European Commission	06/12/2014	IP/14/2440	Press release
European Commission	08/12/2014	MEMO/14/2464	Fact sheet
European Commission	16/01/2015	IP/15/3343	Press release
European Commission	02/03/2015	MEMO/15/4507	Fact sheet

European Commission	03/03/2015	IP/15/4521	Press release