COVID-19: Lessons Learned in Public Procurement. Time for a New Normal?

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ABSTRACT
The COVID-19 crisis upended markets and assumptions in public procurement, and posed an almost existential threat to traditional procurement systems. Seismic changes in economic relationships—governments were no longer monopsonists, government officials failed as economic intermediaries between suppliers and the public, and supplies that were traditionally treated as private (such as medical equipment) suddenly became "public" goods under worldwide demand. Traditional trade rules were rendered irrelevant, as the goal was no longer simply to open individual procurements but rather to open borders to intense global demand. Although the disruption was revolutionary, the solution is to return to first principles of transparency and integrity to preserve governments' fragile legitimacy in a crisis.

La crise du COVID-19 a bouleversé les Marchés publics et les certitudes en matière d'achats publics et a conduit une menace quasi existentielle pour les systèmes traditionnels de passation de marchés publics. Changements sismiques dans les relations économiques : les gouvernements n'étaient plus des monopsonistes ; les responsables gouvernementaux ont échoué en tant qu'intermédiaires économiques entre les fournisseurs et le public ; les fournitures qui pouvaient être traditionnellement considérées comme privées (tels que les équipements médicaux) sont soudainement devenues des biens "publics" sous la pression de la demande mondiale. Les règles habituelles de la commande publique internationale sont devenues non pertinentes, l'objectif étant plus simplement d'ouvrir des marchés publics au cas par cas, mais plutôt d'ouvrir les frontières à une demande mondiale intense. Bien que la perturbation ait été révolutionnaire, ironiquement la solution est de revenir aux premiers principes de transparence et d'intégrité pour préserver la légitimité fragile des gouvernements en cas de crise.

1. In a crisis folded within the broader COVID-19 pandemic, public procurement during the pandemic suddenly seemed incapable of satisfying its raison d'être, namely, to provide public institutions with the supplies they needed—the masks, personal protective equipment and respirators desperately needed by medical personnel, patients and ordinary citizens all over the world. This crisis of confidence in public procurement deepened as hundreds of press articles, radio and TV debates around the world, specialized magazines and blogs (the reaction on the internet has been almost as rapid as the pandemic) exposed the dark corners of public purchasing of medical supplies, revealing countless failures in this obscure corner of public administration.

2. On a legal level, the COVID-19 crisis, decidedly unlike any other, called into question many pillars of public procurement law, including the long-standing assumption that direct negotiation between public buyers and sellers should be avoided if at all possible. The crisis overturned the traditional order of the public procurement market: with the sudden spike in public demand, suppliers and intermediaries took over the somnolent markets traditionally dominated by public buyers. The pandemic, like Pandora opening her legendary box, released many evils as well as hope—hope that stems from the new perspectives lent by the pandemic.

3. With this article we wish to review some of the most important elements of this purchasing crisis, specifically the key disruptive forces which stand in stark contrast to traditional approaches to public procurement. Several disruptions warrant attention:

– The temporal disruption, with the unprecedented and forced acceleration of purchasing procedures;
– The competition disruption, which caused an inversion of the characteristics of the public purchasing market;
– The epistemological disruption, i.e., the destruction of assumptions grounded in a monopsonist’s market with sudden competition between public buyers;
– The geographic disruption due to the global dimension of the voracious public demand;
– And finally, the protectionist disruption—the way the pandemic paradoxically both fed and made nonsense of the nationalism that normally surrounds public procurement markets.

4. After these observations, we will propose possible solutions, while mindful that the pandemic’s extraordinary disruptions, though novel and jarring, were linked to an exceptional situation of shortage across a limited range of supplies. The pandemic’s lessons should not be generalized beyond reason to dismantle the entire public procurement regime. But if the pandemic has laid bare the need to rethink emergency public purchasing procedures, the crisis should also trigger other improvements to traditional public purchasing mechanisms, while remaining true to fundamental principles. As the discussion below reflects, the lessons from the pandemic reinforce procurement’s traditional principles, for the pandemic showed why it is necessary for public purchasers to:

– Restore transparency and integrity even in emergencies;
– Learn to buy through an international supply chain;
– Learn to buy collectively;
– Regulate from a holistic perspective that can adjust to rapid changes in public markets.

I. Opening Pandora’s box: The pandemic’s disruptions

1. The temporal disruption: The rapid obsolescence of the so-called “emergency” purchasing procedures in the context of the coronavirus crisis

5. One of the abiding assumptions in procurement is that time flows like water—time is considered a bountiful resource, one that can be freely allocated to resolve inefficiencies in a system built around the agent—the purchasing official—rather than the principal (the government and its users).4 Leisurely timelines are set by statutes and regulations, not by user’s needs or market exigencies. Thus, for example, in important part because a purchasing official may not have sufficient market information, the U.S. system requires that a competition be held open for 30 days after notice of the solicitation is published,5 to allow the market to respond; after award, the European rules call for a 10-day “standstill” period to give disappointed bidders a chance to challenge any mistakes; and the U.S. system allows another 100 days for a bid challenge to be resolved.6 Time allows the purchaser’s (the agent’s) mistakes to be corrected, and the opportunity costs caused by long delays are typically borne by the user and the contractor—not the agent or official. Where the opportunity costs of delay are acute and unbearable, when there is a real emergency, then the rules allow expedition by short-cutting the normal notice and competition requirements, but even then the rules anticipate an orderly process and at least some measure of transparency.7 All of that, however, collapsed in many places relatively early in the pandemic.

6. To cope with the swelling medical needs during the pandemic, public purchasing procedures loosened through successive phases over the course of a few weeks. Even if some purchasing authorities expected in February 2020 (as the pandemic emerged) to launch open bidding processes (that is to say, to follow traditional procedures), this first recourse to traditional bidding procedures quickly reached its limits because the deadlines for filing and examining offers were simply incompatible with the rapidly rising medical demands.

7. Then, from mid-March 2020, at least for France, the so-called “emergency” procedures with shortened advertising deadlines (fewer than 15 days instead of 35 days) seemed the right solution under the European Procurement Directives. To this end, the French government published an interpretation note of March 18 to encourage public buyers to reduce the usual deadlines.8

8. However, this approach also quickly showed its limitations, because an even less restrictive third procedure, the negotiated procedure without prior publicity under the

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European directives, was much more flexible and seemed better adapted to the runaway situation of the COVID-19 market. After all, the purchases needed to deal with the brutal emergence of the epidemic perfectly met the regulatory definition of urgency, and even of extreme urgency under the European rules, that is to say a situation which is unpredictable, irresistible and external. As a result, the European Commission recommended the negotiated procedure without prior publication or direct agreement for use by the European Member States on April 1, 2020.10

9. But, with the pandemic’s escalation at the end of March, and the unbridled demand in the market for personal protective equipment desperately sought after by major world players, the expedited procedures under traditional rules, though exceptional, were themselves abandoned by many public buyers in favor of direct orders, without transparency or open competition, in clear violation of long-established procurement rules and international standards. Market players were explicit: if available supplies could not be purchased and paid for quickly—sometimes within minutes—those supplies could go to another buyer.11

10. With the rise of these purchasing techniques without any supervision, the traditional pillars of public purchasing collapsed. Some nations, such as Algeria, the Central African Republic, China, Mexico, Poland, Senegal and Zimbabwe adopted laws specifically allowing contracting authorities to derogate from their public procurement laws in making contract awards and administering public contracts during the COVID-19 emergency.12 Faced with the rising tide of a pandemic, public buyers found themselves caught between the opportunistic demands of suppliers and the urgency to meet needs—to the point that the traditional bulwarks, the principles of transparency and competition that undergird public procurement—gave way. The COVID-19 crisis thus upended the traditional assumptions that shape public procurement.

2. The competition disruption: A supplier market

11. Another abiding assumption in public procurement has long been that, because of governments’ massive purchasing power, public procurement is a “buyer’s” market—indeed, the government is often the only buyer, in a monopsony. This explained why public purchasers could afford to underinvest in market engagement: suppliers focused on the public market, to survive, would accommodate government delays and transaction costs. The problem was magnified in a way not fully understood before the pandemic, because public markets were literally buyers’ markets, structured around contracting officials who serve as purchasing intermediaries. All of that turned upside-down in the crash of the pandemic, as sellers of critical supplies took the upper hand. While public markets in principle allow public buyers to take advantage of a dominant position (even a monopsony in certain sectors, such as armaments), in a market normally characterized by a multitude of suppliers who compete for the public bonanza, the situation was completely reversed in the context of the health crisis. Taking advantage of the surging demand from governments that suddenly became competitors in purchasing the same products, suppliers and sometimes unscrupulous intermediaries not only set prices far above previous prices but also demanded conditions normally prohibited by public procurement rules (such as advance payment). Worse still, as suppliers abandoned commitments to public purchasers to take advantage of new, more attractive prices, certain contracts were not honored.

12. Across the globe, direct buying on vendor terms replaced orthodox public procurement techniques that traditionally require scrupulous checks on company guarantees and a tightly framed system of advance payments. On March 24, for example, a cross-section of front-line purchasers from Europe and the Americas explained during an international webinar how buyers’ and sellers’ relative power had reversed in the pandemic.13 Obliged to find vital supplies as quickly as possible, Italian procuring entities had been authorized by a succession of exceptional regulatory provisions14 to accept vendors’ demands for advance payments which are normally prohibited in Italian public procurement law.

13. To understand the scope of this supply crisis, it is necessary to segment the analysis according to the types of markets, between industrialized and developing economies. Not only has public demand grown exponentially during the pandemic, but for certain off-the-shelf commercial products such as masks or hydroalcoholic gels, private demand has helped multiply needs and exacerbate competition among potential buyers. This imbalance in the market for health supplies first struck the most developed countries, which were better able to cope with the resulting rising prices. On the other hand, the delayed spread of the pandemic in the poorest countries raised other questions, in particular whether the international community would provide necessary support as

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those poorer nations confronted radically higher prices. This growing rift in the market, exacerbated by competition between buyers, was finally addressed by the World Bank in early May 2020, when it proposed to assist its beneficiary nations through a new means of assistance, by presenting vendors to interested governments. 15

3. The epistemological disruption: Competition between public buyers

14. As was noted above, the pandemic uprooted classic means of procurement because scarcity of critical supplies gave suppliers control in the market. The global and savage competition for scarce supplies had another disruptive effect: it pitted governments against one another, turning compliant monopolists into aggressively competing buyers. This disruption might be termed an epistemological one—one that threatens to destroy the premise for the discipline of public procurement—because it raised serious questions as to whether procurement should be left to corps of public procurement officials governed by a commonly recognized set of norms and rules. This disruption thus ran much deeper, when governments competed openly against other governments, and governments were held publicly accountable for their failures to procure essential supplies, stakeholders asked aloud whether the public procurement system might not be replaced by another logistical arrangement better able to meet users’ needs. The crisis in the market, in other words, led to a crisis in confidence, and opened the door to a fundamental shift in the way we think about public procurement.

15. Thanks to a rush for common medical supplies, as noted the logic of public purchasing was reversed, and vendors found themselves in a dominant position to raise prices; at the same time, because the pandemic caused the same health calamity in many nations simultaneously, governments competed with each other fiercely for supplies, even within the same country. As the pandemic unfolded over days and weeks, public reports revealed the intensity of competition between governments, some with considerable financial means—China, the United States, Italy or France in particular—against others much less wealthy such as North African countries that were quickly affected by the pandemic and those of sub-Saharan Africa to a so far, lesser extent.

16. But governments’ competitive purchasing during the pandemic also devastated weaker public buyers within nations, such as local governments, public hospitals or retirement homes, which were trying to protect their workers and their patients. Here again, the competitive situation strongly disadvantaged small public buyers. The search for key equipment such as masks became a true race, such as through online auction sites in the United States on which both public central purchasing bodies and large public buyers positioned themselves for vital purchases.

17. This startling competition between public buyers reflected major shortcomings in coordination and collaboration, and unforeseen limits to decentralization or federalism, sometimes fueled by political concerns, as demonstrated by the situation in Spain. In the United States, the Trump administration’s willingness to use federal powers16 to usurp state governments’ purchasing—literally, to seize supplies which had been bought by state governments, even though state governments constitutionally have first responsibility for public health—even led some state governors to threaten the use of force to block federal requisitions of medical devices. This would have resulted in a direct confrontation between federal and state armed forces, essentially unknown since the U.S. Civil War ended in 1865. 17 This was clearly a market in collapse, a dystopian marketplace.

18. To understand the depth of this disruption, and the scope of the potential remedies, it is important to stress that this was a crisis of legitimacy: the governments that could not procure vital goods in a time of natural disaster risked losing their mandate to govern. The assumption that has always informed critical thinking about public procurement is that, however inefficient it may be, the established system of public procurement is preferable to the chaotic and corrupt buying that would otherwise undermine governments’ legitimacy. The pandemic in many ways destroyed that assumption, and as the discussion below will show, this conceptual revolution—this destruction of the epistemological foundations of public procurement—may lead to radically different pathways for reform.

4. The geographic disruption

19. International trade instruments which address public procurement, such as the World Trade Organization (WTO) Government Procurement Agreement (GPA), were gradually built after World War II to facilitate access for foreign vendors by removing non-tariff barriers to public procurement markets19. By way of illustration, at the European level, the legal framework of the EU Public Procurement Directives was designed to encourage


European public contracting authorities to broaden their base of suppliers beyond preferred local vendors: per the GPA, above certain monetary thresholds, not only European companies but also vendors from other members of the GPA (such as Japan and South Korea) are eligible to compete without discrimination.

20. Acting as an accelerator, the pandemic has driven open public procurement markets, forcing Western contracting authorities (even the most reluctant\(^19\)) to turn to Asian suppliers to fill domestic gaps in supply. In fact, production of key COVID-19 medical supplies was highly concentrated in China\(^20\); a country which is not (for the moment) party to the GPA, and which does not have a trade agreement governing procurement trade with the European Union or the United States.

21. Consequently, this episode of massive international public procurement took place largely outside the trade instruments that were designed to facilitate public procurement trade. This apparent paradox arose because these instruments were designed to redirect trade in a stable global public procurement market, and those who framed the agreements did not foresee such a catastrophic situation. Certainly the trade negotiators envisaged the possibility of a public health crisis,\(^21\) but then only to allow a State Party to refuse access to foreign companies, and to purchase solely from domestic companies.

22. In the COVID-19 upheaval, nations found themselves in the precisely opposite situation, in which they hoped to increase their purchases from foreign suppliers.\(^22\) In one prominent example of this conundrum, the United States lifted restrictions on the sale of certain key supplies which would normally be subject to the Buy American Act.\(^23\)

23. The COVID-19 crisis thus revealed a bias deeply embedded in international public procurement trade instruments: in order to facilitate access for foreign companies, these instruments (such as the GPA) focus on a relatively narrow band of trade barriers—overtly discriminatory measures such as “buy national” laws and crabbed procurement procedures devised to exclude foreign vendors. By focusing on \textit{ex ante} requirements in order to stimulate competition, these trade instruments have largely overlooked the upstream controls and certifications which this pandemic showed can be much more important to cross-border trade in public procurement markets. Even within the framework of the European Public Procurement Directives, which do address certifications and restrictive labels in European procurement markets, the gaps in the regulatory structure became clear when governments purchased Chinese supplies incompatible with European standards,\(^24\) and goods with fraudulent certifications with counterfeit labels used by malicious suppliers. The pandemic showed, in sum, that while trade negotiators had long sought to open international procurement markets, how those trans-border procurements would work in practice too often had been ignored.

5. The protectionist disruption: Emergency trade controls on essential supplies

24. Just as too little attention had been paid on how to control cross-border trade, the pandemic showed that there are far too few controls in place to keep trade channels open when they are essential to save lives. Protectionism—both import and export controls—ran riot in the pandemic, as governments responded to popular pressures to close their borders. Those trade restraints included efforts to “on-shore” production of essential supplies by discouraging foreign competition, and export controls to keep critical supplies from flowing abroad. Because of the uneven spread of the pandemic, and the need to respond flexibly to new outbreaks in new populations, these clumsy trade barriers threatened to increase the death toll from the pandemic.

25. The phenomenon of a speculative market with a sharp spike in demand is a well-known economic circumstance, and is especially common in petroleum markets. But it is very rare in public procurement markets for many countries to seek large quantities of the same supplies around the world. It should be noted that this sudden surge in demand did not come from all countries simultaneously, since the epidemic struck successively at different times and to varying degrees; peak demand was reached when there was convergence of demand from countries which had particularly high purchasing power (the United States, Europe). These countries therefore found themselves in competition to buy the same products, which came primarily from domestic sources and China (since Chinese production was predominant in masks and personal protective equipment (PPE)).

26. The case of China is particularly interesting because, as the first country to fall victim to the pandemic, and a primary source of essential medical supplies, China’s reaction had a major collateral impact on international


\(^{22}\) However, we can advance the idea that this exception could play in the future if the countries which launched mass productions of sanitary products and equipment found themselves in a situation of surplus: they would then be tempted to invoke this exception of public health to favor local suppliers.


\(^{24}\) To deal with this situation in the urgency of the COVID crisis, the European Commission and CEN (European Committee for Standardization) have made free access to European standards for missing medical supplies in order to facilitate increase of production (https://ec.europa.eu/commission/presscorner/detail/en/gp_20_3062).
public purchasing operations. The Chinese government quickly opted for strong collaboration between the public and private sectors by combining both the purchasing and production functions in a structure dedicated to the fight against COVID-19. The Chinese firms were thus able to benefit from fiscal support measures to embark on the massive production, the State having undertaken to buy any surplus.

26. Many other countries resorted to aggressive import and export controls in an attempt to maximize access to essential supplies and materials. To husband their available supplies, for example, some nations in Europe imposed new controls on exports, which the European Union quickly moved to channel—but not abolish—by asserting its prerogative to control trans-border trade.

27. In the United States, President Trump triggered the federal government’s powers (though after a widely criticized delay) through the Defense Production Act of 1950, a Cold War-era statute which gave Trump broad authority to control production and distribution of key supplies. Trump used that authority under the Defense Production Act in a number of emergency measures, including one to block exports of certain PPE. The Trump administration also started the process of “on-shoring” key manufacturing of medical supplies, a long-term, multi-faceted initiative which (among other things) is expected to use domestic preferences in procurement to encourage U.S.-based manufacturing, to secure supply chains for future crises but also to further the Trump administration’s “economic nationalism” and create U.S. manufacturing jobs to bolster Trump’s political base. (The European Union notably eschewed this “on-shoring” strategy, recognizing the deeply established industrial supply chains for medical supplies.)

28. These were just some of the many trade controls that countries around the world imposed, in aggressive efforts to garner a larger share of scarce international supplies—protectionist measures which, it should be noted, followed years of mounting protectionism during a period of rising nationalism in many nations. Those trade restrictions magnified the global economic disparities between rich and poor nations—disparities which were highlighted even more harshly when press stories emerged of the buying power of wealthier nations, such as reports of agents carrying suitcases full of cash to preempt other buyers for critical supplies.

29. These trade measures limiting the import and export of critical medical supplies had secondary effects which were only dimly understood during the pandemic. Because of the slow and uneven spread of the pandemic around the globe, demand for lifesaving supplies surged in different countries at different times. These trade measures remained in place, however, even as the pandemic receded and demand declined in the nations which had imposed these controls. As a result, it was more difficult to shift essential supplies to those countries which needed them most, as the pandemic continued its march across the world—a largely unforeseen and deadly effect of many nations’ emergency protectionist measures. Notably, international organizations such as the United Nations remained exempt from these trade controls, which meant that they could fulfill the humanitarian mission of distributing supplies while bypassing national trade controls.

II. Solving the equation: Revolution and improvements

30. As the discussion above reflected, the COVID-19 pandemic overwhelmed the traditional, often complacent systems and norms of public procurement around the world. The life-or-death demand for immediate supplies made it impossible to tolerate the delays normally part of public procurement; this highlighted the “agency”

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25 See Webinar – Straight Talk: Emergency Procurement in the COVID-19 Pandemic, op cit. (discussion by CAO Fuguo, Professor at the Law School of the Central University of Finance and Economics (Director, China Procurement Research Center) (Beijing, China)).

26 In the United States, the federal government bears a similar risk of surplus production through standard termination for convenience clauses, which provide that if contracts are terminated prematurely for the government’s convenience, the government will reimburse the contractor its sunk costs. See, e.g., Federal Acquisition Regulation (FAR) §52.249-2, Termination for Convenience of the Government. For a broader discussion of the standard clauses and their role in the U.S. government’s allocation of risks in the pandemic, see C. R. Yukins, U.S. Procurement and the COVID-19 Pandemic, op cit.


30 On April 10, 2020, the Federal Emergency Management Agency managed to target controls under the Defense Production Act on personal protection equipment, including certain masks and gloves.


issues (contracting officials’ inefficiency in achieving outcomes) which have long dogged public procurement. The crush of the pandemic also transformed a buyers’ public procurement market into a sellers’ market, and forced those government buyers to compete bitterly with one another—disruptions which shook fundamental assumptions that traditionally shaped the norms and rules of public procurement. Finally, the pandemic made plain shortcomings in cross-border trade, at a time when access to global supply chains was critically needed.

31. The questions, then, is what lessons can be learned from the COVID-19 crisis? Public procurement law, much like other areas of public action touched by the pandemic, must reinvent itself, but to what extent? To cope with the health emergencies that other disasters could bring, and the demands of a globalized, technologically sophisticated market, a revolution is necessary. Although purchases of medical supplies represent only a small part of the trillions of dollars in annual public purchases, the lessons from the current crisis could hasten improvements that reach across public procurement, and transcend borders.

1. Restore transparency and integrity even in emergencies

32. Too many governments used the COVID-19 emergency as a ready excuse to free themselves from compliance with the standards of public procurement that are today internationally recognized: transparency and integrity, equal competitive access and equal treatment of businesses, best value and efficiency. The pandemic saw direct orders, sometimes simply placed over the phone, the use of unknown intermediaries or unverified suppliers, and other derogations dictated by urgency but which could lead to serious breaches of the principles of transparency and integrity which must inform all public purchases. Not only do these rushed practices open the door to favoritism or corruption, but they can also foster embezzlement and fraud, the consequences of which can be particularly tragic in the field of health. 38

33. A first lesson of the pandemic, therefore, is that it is necessary to insist that even during an emergency, procedures must remain transparent and traceable, at least ex post with the obligation to publish post-award notices containing the main information on the contract.

Although a durably transparent and accountable process may be required by the European Directives, even during an emergency, those norms are not always honored by EU Member States’ laws in procurements below the European Union’s regulatory thresholds, and transparency and accountability sometimes disappeared entirely in other countries which hastily exempted COVID-19 contracting from their normal public procurement rules.

34. As more public purchasing procedures move online, the publication of award notices on the internet should take place quickly, and the data should be readily identifiable (on a regularly used public website, for example), and the data should be accessible and machine-readable in keeping with standard principles of open contracting. 39 To focus accountability, the data related to emergency contracting may be gathered on a governmental online repository dedicated to the crisis, which allows for easy accounting of contracts awarded to deal with the disaster. Lithuania has set up such a platform for the COVID-19 pandemic. 40 In terms of governance and transparency, civil society thus benefits from a more facile understanding of public action, which helps to thwart rumors and restore confidence in the public buyer’s legitimacy.

35. Transparency has another incidental benefit when supplies must be reallocated as a disaster spreads across the globe: transparent procurement will allow other buyers insights into where critically needed supplies may be stockpiled. This lesson of the COVID-19 pandemic reinforced an emerging principle in public contracting: as the transaction costs of transparency drop through advances in information technology, and market players grow increasingly accustomed to transparency and accountability, because the positive externalities of transparency are almost impossible to predict, public policy tends presumptively to tilt towards transparency.

36. Restoring integrity—taking the functional and reputational measures necessary to bolster the legitimacy and efficiency of a government procurement system 41—also required effective sanction mechanisms in the pandemic: sanctions against unjustified cartel or price-gouging imposed by competition authorities, sanctions against corruption imposed by criminal courts or by anti-corruption authorities, and criminal sanctions against fraud.

37. While some nations already have an extensive arsenal of laws to combat fraud and corruption in public procurement, other nations have not yet adopted such mechanisms or do not have the effective means to implement

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41 For a discussion of the options for ensuring the integrity of public procurement, apart from the exceptional situation of the epidemic, see R. D. Anderson, A. Jones & W. E. Kovacic, Preventing Corruption, Supplier Collusion, and the Corrosion of Civic Trust: A Procompetitive Program to Improve the Effectiveness and Legitimacy of Public Procurement, 26 Geo. Mason L. Rev. 1233 (2019).
them. The False Claims Act in the United States, for example, allows a whistleblower to bring a fraud claim in the government’s name, and ultimately to share in the government’s recovery for defective products or other forms of fraud (recoveries which can be massive, because of draconian penalties under the law). These types of fraud remedies are relatively rare in other countries, and reports of widespread fraud during the pandemic pointed up the need to assimilate anti-fraud measures into other procurement systems.

38. Vendors’ often unreliable performance during the pandemic also pointed up the need for governments to share information about dubious vendors more efficiently, and the need to exclude from public markets those vendors that pose unacceptable reputational and performance risks. Reports emerged during the pandemic of public purchasers sharing information with public law enforcement authorities regarding new vendors, including information regarding criminal activity and defective manufacturing. This alliance between public officials indirectly affects a collateral question that arose from the pandemic: whether government supply chains should be diversified (and thus reinforced) by using public or private intermediaries. The pressures of the pandemic—especially the need for public officials to exchange confidential information on vendor qualification quickly—highlighted the benefits of publicly run supply chains, an issue discussed further below.

39. The pandemic highlighted a new issue with sanctions: the relative costs and benefits of different enforcement strategies in an extremely fragile market. While governments have long recognized that excluding vendors could reduce competition, few governments have assessed the competitive impacts of more serious sanctions, such as criminal penalties for fraud or price gouging. Governments, in other words, have often assumed that criminal behavior should be punished without considering the competitive effects of the punishment. During the pandemic, however, it became clear that governments might want to choose their enforcement priorities carefully: while punishing fraudulent suppliers was a necessary part of ensuring integrity in the supply chain, punishing overpriced suppliers (“price gougers”) could be disastrous in a rapidly rising market. Confronted with sanctions or controls for high prices, vendors could simply go elsewhere—potentially leaving the government with no available sources of supply. The pandemic showed, in other words, that not coordinating enforcement efforts with procurement goals could generate serious costs for the government in its dual role as buyer and enforcer.

40. The pandemic also showed that any criminal sanctions should be accompanied by a systematic exclusion of the companies concerned from public contracts, either because of corruption or fraud at the time of the award phase, or because of dishonest behavior during performance. In many systems, these exclusions must be published online—what is, in effect, a way for public buyers to share qualification information across borders. However, the COVID-19 health crisis revealed a shortcoming in this system which will have to be remedied: because of procedural protections afforded vendors which slow the exclusion process, often these sanctions (exclusions) came too late to mitigate risk effectively, either in the procuring government or in other governments that might rely upon that information for their own assessments of vendors’ qualification.

41. The pandemic, by compressing the procurement cycle and reducing user tolerance for unqualified vendors (because shoddy goods could pose mortal danger), thus raised new questions about how to manage the risk presented by firms which have not yet been formally excluded but which seem unreliable. Certainly traditional checks on the supporting documents and certificates presented can reveal fraud, but how to manage suspicions regarding an unknown company—especially when surging demand presses buyers to consider any available supplier?

42. In the midst of the crisis, some buyers exchanged unofficial lists of companies that were suspicious or had not fulfilled previous contractual obligations, and the buyers avoided those suppliers. In other cases, buyers would trade only with suppliers that had been in the market before the pandemic. These informal measures


44 This policy question—whether criminal punishment should be weighed against its economic impact—was at the heart of the Canadian debate over whether SNC-Lavalin should be allowed to enter into a deferred prosecution agreement with the government. See M. Gollom, What you need to know about the SNC-Lavalin affair, Canadian Broadcasting Corporation (Feb. 13, 2019), https://www.cbc.ca/news/politics/trudeau-wilson-raybould-attorney-general-lavalin-1.5014271.


46 See, e.g., South Africa, National Treasury, Media Statement: COVID-19 Instruction Note (Mar. 19, 2020) (“To support the declaration by President Cyril Ramaphosa […] regarding the COVID-19 virus, National Treasury has issued an Instruction Note 8 of 2019/20 applicable to national institutions and municipalities, which called for centralised purchasing to ensure security of supply and concentrate purchasing power, and noted that agencies not members of the standing Transversal (framework) contracts could use those framework agreements in this emergency, but limited prices paid to those ‘in Transversal contracts subject to coordination by National Treasury and using approved suppliers’), available at https://publicprocurementinternational.com/wp-content/uploads/2020/03/20200319-Media-statement-COVID-19-Procurement-Instruction-Note.pdf.

on the fringes of the law (the European procurement
directive contemplates only formal, transparent exclu-
sion, for example) revealed a loophole in integrity mech-
nisms. Faced with this situation, the World Bank allows
borrower nations to provisionally suspend vendors46
(much like the United States allows temporary suspen-
sion, with notice and an opportunity to be heard47).

43. The question, then, is how to bridge between the
informal (and perhaps illegal) exclusion measures taken
by public buyers to mitigate risk during the pandemic,
and the formal exclusions framed by law? One solution
might be to automatically cross-exclude vendors10 that
pose unacceptable risk, much like the cross-debarment
mechanism used by multilateral banks51 since 2010,
which gives one bank’s ban of a vendor generally auto-
matic effect at all the other participating banks. That
type of automatic, universal exclusion might be reserved
for certain critical products, such as medical supplies in
a pandemic, for which performance and reputational
risks cannot be sustained. Alternatively, public buyers
might consider better means of sharing information on
vendor qualification, such as using diplomatic networks
to monitor local suppliers in countries where production
of essential supplies is concentrated. Again, this critical
lesson of the pandemic—that buyers need ready access
to vendor qualification information, and will form informal
networks to gather intelligence on vendors when trad-
tional means prove inadequate—suggests that public
supply chains run by public purchasers will always hold
a special advantage over the private suppliers that stand
ready to take over the public purchasing function, as is
discussed below.

44. All of these measures point to a central lesson from
the pandemic: the “temporal” crisis in procurement (the
procurement system’s inability to buy quickly enough
to meet surging demand from the public) was only the tip
of an iceberg of much larger “agency” problems in procure-
ment—the inability of purchasing officials, as agents/
intermediaries in the supply chain, to respond adequately
to the needs of their principals, including their end users.
To solve that problem, the first instinct of many in the
crisis was to abandon traditional requirements of trans-
parency and integrity, and to open the door to “emerg-
cy” procurement outside the established rule systems.
As the discussion above shows, however, a better answer
would be to remain true to those core principles, to ensure
that procurement in a disaster was done with transpar-
ency and integrity, but to do so in a thoughtful way that
adapted to the extraordinary impacts of the COVID-19
disease.

2. Learn how to buy abroad

45. While the globalized economy has been blamed for
the spread of the health crisis, with China at the epicenter,
the inability of most public contracting authorities to
manage global supply chains to mitigate the pandemic
should also be taken into account. Buying from distant
suppliers is a true job, a set of functions (market research,
trade and customs rules, purchasing, logistics, transport,
inventory management, etc.) which, even if they are well
known to the private sector, too often are not well under-
stood in the public sector.52 Establishing trust in the
manufacturing centers, regularly verifying the techniques
implemented, controlling deliveries, are all steps that
require time and special skills. Large private firms thus
prefer to establish reliable supplier networks, monitored
by subsidiaries or local correspondents, which meet their
requirements or, failing that, rely on recognized testing,
inspection and certification services bodies. In France,
the announcement that protective masks were available
for sale in mass-market stores even as public authori-
ties struggled to stock the minimum numbers required
by exposed public workers illustrated this contrasting
control of supply chains.

46. While sourcing techniques are in fashion, espe-
cially in Europe, they should now be given an interna-
tional dimension to improve knowledge of overseas
markets, with creativity and focus. For example, why not
use diplomatic networks—usually mobilized to promote
their national businesses—to monitor local manufac-
turers in countries where critical suppliers are concen-
trated? Or use local government oversight to monitor
foreign suppliers, as the United States traditionally has
used contract administration resources in the Canadian
government to monitor Canadian suppliers which are
an extended part of the defense industrial base in the
United States?53 Or use online certification mechanisms,
supported by digital “blockchain” solutions, to reinforce
transnational supply chains?

47. In the United States, notably, the federal govern-
ment’s response to failures in the international supply
chain during the pandemic has been almost precisely the
opposite—as noted, a protectionist call to “on-shore”
manufacturing of key medical supplies, including pharma-
caceuticals, despite repeated warnings from industry
that the pharmaceutical supply chain is deeply trans-
national. The U.S. Department of Defense has played
a leading role in assessing what manufacturing might
be brought back to the United States.54 The move to
abandon international supply chains is driven in part
by national security concerns (China, a main supplier, is

48 World Bank, Sanctions Proceedings and Settlement in Bank Financed Projects (July
asp?docid=3872.
51 International Finance Corporation, Frequently Asked Questions – Cross-Debarment,
52 For a renewed approach to the study of supply chains, see L. M. Elram et al., Purchasing
and supply management’s identity: Crisis? What crisis?, 26 J. of Purchasing and
53 U.S. Defense Federal Acquisition Regulation Supplement (DFARS) 225.870, 48 CFR
§ 225.870.
54 See, e.g., J. Harper, Coronavirus News: Pentagon Wants Defense
Factories to Make Medical Supplies, National Defense Magazine (Mar. 26,
pentagon-aiming-to-convert-defense-production-lines-to-make-medical-supplies.

Concurrences N° 3-2020  I  Article  I  Laurence Folliot Lalliot, Christopher R. Yukins  I  COVID-19: Lessons learned in public procurement. Time for a new normal?
The pandemic has revealed shortcomings in nations’ security of supply—in their ability to access essential supplies in a time of crisis. That insecurity of supply can be traced in part to public purchasers’ failure to understand and manage international supply chains effectively. Some nations (such as the United States), encouraged by political and social pressures, have responded to those procurement failures by shortening the supply chains, and by moving to manufacture in their home markets; others have not. Those failures in procurement across international supply chains were not surprising, as from an operational perspective, buying abroad puts a good deal of pressure on the public procurement workforce, which was already in need of strengthening. That is why another solution—combining forces to buy cooperatively—could be a better approach for streamlining and optimizing the way to buy and stock essential goods.

3. Learn how to buy together

As the discussion above noted, the COVID-19 pandemic turned public procurement markets upside-down: the balance of power in markets for critical medical supplies shifted decidedly from the public buyers (who traditionally dominate public procurement markets) to the sellers, and the buyers began to compete aggressively among themselves. The public procurement functions were clearly broken; the question, then, was how to fix them. As many observed during the crisis, one logical response would be for public purchasers to combine their market power and expertise, to buy together. This section reviews how that coordinated purchasing solution has been implemented in both the United States and Europe, and by moving to manufacture in their home markets; others have not. Those failures in procurement across international supply chains were not surprising, as from an operational perspective, buying abroad puts a good deal of pressure on the public procurement workforce, which was already in need of strengthening. That is why another solution—combining forces to buy cooperatively—could be a better approach for streamlining and optimizing the way to buy and stock essential goods.

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4. Learn how to buy together

As the discussion above noted, the COVID-19 pandemic turned public procurement markets upside-down: the balance of power in markets for critical medical supplies shifted decidedly from the public buyers (who traditionally dominate public procurement markets) to the sellers, and the buyers began to compete aggressively among themselves. The public procurement functions were clearly broken; the question, then, was how to fix them. As many observed during the crisis, one logical response would be for public purchasers to combine their market power and expertise, to buy together. This section reviews how that coordinated purchasing solution has been implemented in both the United States and Europe, and by moving to manufacture in their home markets; others have not. Those failures in procurement across international supply chains were not surprising, as from an operational perspective, buying abroad puts a good deal of pressure on the public procurement workforce, which was already in need of strengthening. That is why another solution—combining forces to buy cooperatively—could be a better approach for streamlining and optimizing the way to buy and stock essential goods.

5. The cooperative purchasing mechanisms worked—if imperfectly—in the United States, under the Multiple Award Schedule (MAS) contracts sponsored by the federal General Services Administration (GSA) (the federal government’s main centralized purchasing agency), and at the state and local level most prominently under the National Association of State Procurement Officials (NASPO) “ValuePoint” contracts.55 The GSA contracts allowed federal, state, local and tribal officials to purchase emergency supplies from common federal contracts.56 The NASPO ValuePoint contracts allowed state and local governments to do the same from standing contracts, and NASPO played a coordinating role between state and local purchasers in the pandemic.

52. Cooperation among U.S. governments was marred, as noted, by the federal government’s aggressive use of its powers under the Defense Production Act to arrogate critical supplies to the national stockpile, even if that meant diverting supplies already purchased by state governments. This meant that the federal government had ultimate control over the supply chain for critical supplies, even though state governments have first constitutional responsibility for public health in their respective jurisdictions.57 This also meant, in practice, that decisions regarding medical supplies were being made at the federal level, at least two steps removed from the users who actually needed the supplies—the medical personnel and patients on the front lines of the pandemic, who normally were overseen directly by state (not federal) officials.

53. The experience in Europe was different, less robust and less fluid than in the United States, but also a very public step forward in joint procurement undertaken cooperatively among the European states. The European initiative was undertaken in response to a severe shortage of necessary medical supplies among the European nations.58

54. On the basis of a voluntary joint procurement agreement concluded with the European Member States (as well as with the United Kingdom and Norway) which allowed the joint purchase of equipment, the European Commission launched several calls for tenders of different types of medical equipment: February 28


(surgical gloves and gowns), March 17 (personal protective equipment to protect the eyes and respiratory tract, and respirators and other ventilation equipment) and March 19 (medical laboratory equipment, including test kits), in which up to 25 Member States participated. The European response seemed to falter, because the procedures chosen resulted in delays in expected deliveries and the quantities ordered could be insufficient to meet needs. However, these group purchases marked real progress in coordination, which should be further improved in the future. Under the Treaty on the Functioning of the European Union (TFEU) Article 168, public health is the first responsibility of each Member State, while the Union has complementary competence to support coordination among Member States and to combat “major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health.” The voluntary joint procurement agreement initiative activated in 2020 was created in 2013, following the SARS epidemic, when the European Parliament advocated for a “global and concerted approach by the Member States.”

This concern dates back to the European Parliament resolution of 8 March 2011, and to the Council conclusions of 13 September 2010, after the H1N1 epidemic, which had already stressed “the need to set up a common procedure for joint procurement relating to medical countermeasures, in particular pandemic vaccines [in order to allow] more equitable access to vaccines for the States concerned.” These mechanisms are based on “framework agreements,” essentially catalog contracts set up between commercial suppliers and governments. Agencies can then order from the catalogs as needed, in a second stage. These are thus called “two-stage framework agreements.” Multiple framework agreements are awarded to mitigate supply and price risks, which can be further reduced by encouraging efficient and transparent competition (Internet-based) in the second stage amongst the catalog contractors. On a European scale, it is estimated that 20% of the markets in all fields combined are covered by framework agreements (55% in Great Britain); they are equally popular in the United States, and the GSA MAS and the NASPO ValuePoint contracts used in the pandemic and referenced above are framework agreements.

55. These framework agreements allow central purchasing agencies (CPAs) to pool purchases. National agencies such as Consip in Italy or UGAP in France, federal agencies such as GSA in the United States, or regional central purchasing bodies have played an essential role in supply management because they have optimized the strength of public acquisition. In France, some CPAs (in the South and in Île-de-France) have even accepted orders from private companies which had to quickly equip themselves with disinfection products to be able to resume their activities during the pandemic. On the other hand, perhaps still too numerous and poorly coordinated, the CPAs sometimes exacerbate competition between public buyers, as shown by the example of the regional Italian CPAs of Milan (Lombardy) and Turin (Piedmont) which competed for the same virus control devices. It should be noted that in India, to avoid this risk, centralization has been taken to the extreme since the Indian government has designated a single CPA (HLL Lifecare Limited) to be in charge of supplies for all public hospitals in the whole country.

56. Joint procurement under two-stage framework agreements allows for concentration of demand while leaving purchasing decisions at the local level -- precisely what is needed in an emergency. It also allows ready transparency and a means for governments to reallocate supplies quickly. Joint procurement “levels” the governments (they are all equals in the framework arrangement), and makes it easier to exempt critical supplies from tariff barriers and export controls that can cost lives. In an emergency such as the situation created by the epidemic, it is important that these framework agreements can accept new public buyers, as was the case in South Africa, or can evolve to adapt to the needs as designed by the United Kingdom.

57. Finally, and perhaps most importantly, joint procurement across a network of governments allows for “virtual stockpiles” when governments (as almost always occurs) lack the resources or the political will to stockpile for the future. This is a critical “carrot” to attract large countries (such as the United States) that would otherwise avoid joint procurement (much as the United Kingdom failed to join the EU’s joint procurement initiative). A “virtual stockpile” reduces costs and political risks for the future, and is a ready “win” to point to, for besieged politicians. In European decisions No. 1313/2013/EU of the European


61. EU materials related to the joint procurement initiative accessible at https://ec.europa.eu/health/preparedness_response/key_documents_en#anchor0.


Parliament and of the Council of 17 December 2013 had resulted in the creation of a civil protection mechanism (rescEU68) endowed with aerial firefighting capabilities, air evacuation capabilities and emergency medical team capabilities. With the COVID-19 crisis it was urgently necessary to provide with medical materials and equipment, per Commission Decision (EU) 2020/414 of March 19, 2020.69 In parallel, the European Medical Agency (EMA) is closely monitoring the supply and stocks of medicines with national authorities, and the EU pharmaceutical industry to prevent any shortage.

58. To put the joint purchasing initiatives in perspective, it is worthwhile considering two U.S. initiatives which are just beginning and which are intended to make the government’s supply chains more resilient and responsive. The first is the federal government’s initiative to consolidate and coordinate demand—what is called “an aggregated demand signal”—to provision the National Strategic Stockpile to prepare for future pandemics.66 The government has asked for recommendations from industry, and one industry group has called on the government “to provide a clear, aggregated demand signal to manufacturers and distributors [of critical medical supplies], to include a demand plan, supply plan, and reconciliation review”—an approach which, if adopted, would yield a highly centralized planning and purchasing scheme for demand aggregation. The second initiative is a pending GSA procurement which would allow federal officials (any federal users—not necessarily contracting officials) to make “micro-purchases” (up to $10,000) directly from online electronic marketplaces such as Amazon Business. This initiative would profoundly decentralize purchasing authority, and would allow users to bypass the normal cumbersome procurement process to fulfill their needs directly (including, presumably, demands for emergency supplies).71

59. These two radically divergent U.S. approaches illustrate very different supply chain strategies. The first may result in a “top-down” closely planned supply stockpile, which would ensure the planned-for supplies are readily available but would increase risks of failures in planning and execution—the same risks that haunted the national stockpile in the current pandemic. The second initiative, by dispersing demand decisions to individual government users and leaving fulfillment entirely to private parties, would allow available supply to meet public users’ demands much more efficiently but would run significant risk in execution because of the purchasers’ weak tactical skills in purchasing.

60. As these examples and those from Europe have shown, solutions to coordinate purchasing in a disaster mean taking risks—tapping into private market and exposing emergency procurement to market forces—but the COVID-19 crisis demonstrated that this will happen anyway, and governments need to prepare better for the ferocity of competition in a catastrophe. The means are at hand.

III. Conclusion

61. For centuries, economists have assumed that public procurement markets are fundamentally efficient—auction-type markets that need to be adjusted only at the margins to meet special government needs, such as military defense. As the COVID-19 crisis made clear to all, public procurement systems and the supply chains they manage are anything but efficient; they are buffeted by political, natural and economic forces that originate outside the public procurement systems themselves, and the procurement systems are shaped by rules requiring competition, transparency and integrity in order to overcome the inertia inherent in any public function run by intermediaries, not users. At the crossroads between public procurement law, organizational theory, competition law, international commercial law, international law and health law, supply management to respond to the COVID-19 crisis raised serious questions about whether the laws that frame current purchasing practices should be revamped.

62. The COVID-19 emergency lasted relatively briefly, allowing time only for surprise and quick actions. As countries learn to manage in a new post-COVID era, they must also rethink emergency purchasing procedures which are no longer justified in the face of a situation which is admittedly difficult to control but which is no longer unpredictable. The return to normal purchasing procedures is also now becoming an issue: while many countries have enacted exceptional time-bound legislation, others have not set any terminal dates for their “emergency” contracting rules which avoid traditional procurement norms.

63. The COVID-19 crisis has set a “new normal” in public procurement, by forcing a reassessment of the old order. Old timelines and procedures were upended, and the established order of the public marketplace collapsed as sellers took control and public agencies were no longer monopolists, but rather bitter competitors in a global market to save lives and maintain governments’ legitimacy with their populations. The international trade regime which had shaped the old order began to fall away too, and protectionism took on a new and potentially deadly cast.

64. To make sense of all this, and to prepare for the gloomy prospect of a recurrence of the pandemic or another disaster, new approaches are needed—though ones grounded in traditional norms of transparency, competition and integrity. Public policy should rest on

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68 Financed at 90% by the EU Commission, the stockpile will be hosted by one or several Member States. The hosting State will be responsible for procuring the intensive care medical equipment such as ventilators, personal protective equipment, vaccines and therapeutics, and laboratory supplies (https://ec.europa.eu/commission/presscorner/detail/en/ip_20_476).


digital tools that allow governments to respond to the exigencies of a crisis and the immediate needs of users, while ensuring transparency and reliability of purchases, and the publicity of operations. The challenge will be to deploy these tools, some public and some private, in a way that preserves public health policies, the challenges of efficient cross-border trade, and individual rights and freedoms.

65. A rapidly globalizing procurement order will need to tolerate very different local perspectives on what role, if any, an open and competitive public procurement system should play in a vital commercial economy. The new order will need to assess the role of international law and public international institutions, and of private purchasers supporting public purchasers. A post-COVID order will need to assimilate potentially very disparate goals in opening international trade by lifting tariffs and non-tariff barriers, accommodating export controls and sectoral aid for national substitution (for supplies deemed critical), and forced requisitions under what had traditionally been considered wartime powers. Given the complexity and inherent tensions of this “new normal,” in practice a systemic and holistic response will need to be defined by regulation and bound by the rule of law, through rules and enforcement mechanisms calling for upstream compliance and downstream sanctions. The alternative—a Hobbesian dystopia in public procurement markets, which persisted beyond the pandemic—would leave scars deeper than the disease.
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