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NOTE

From:	Presidency
To:	Delegations
Subject:	Presidency Report on the state of play of EU-coordination in response to the COVID-19 pandemic

EU leaders have reaffirmed their clear political will to coordinate efforts in response to the COVID-19 pandemic. At their October 2020 meeting, they called for continued coordination in particular of quarantine regulations, cross-border contact tracing, testing strategies, the joint assessment of testing methods, the mutual recognition of tests, and the temporary restriction on non-essential travel into the EU, and decided to continue discussions in regular informal video conferences. The first video conference on 29 October 2020 focused on testing and tracing policies and vaccines.

The need for a coordinated EU approach to fighting the pandemic is evident. This will require the collective political will of all Member States, who need to find common approaches where they provide added value, while respecting national competences. Challenges identified at a technical level must also be overcome swiftly.

With a view to preparing for the next video conference, intensified efforts have been ongoing at both COREPER and expert level - notably at the Integrated Political Crisis Response roundtables (IPCR) and at the Health Security Committee. This report sets out the state of play of work on the different strands in order to inform the leaders' discussions.

Testing strategies

1. National testing strategies depend on a number of variables, including, amongst others, the epidemiological situation, testing capacities, economic and legal conditions, and the latest scientific developments. Member States continually adapt their national testing strategies.
2. At present, Member States generally consider PCR tests to be the most reliable means of testing for COVID-19. However, these require laboratory capacity, which is currently stretched in many Member States. Rapid antigen tests provide quicker results and do not require laboratory infrastructure, although they are less sensitive than PCR tests. Most Member States require rapid antigen tests to be followed up by a PCR test.
3. On 28 October, the Commission adopted a Commission Recommendation on COVID-19 testing strategies, including the use of rapid antigen tests. It sets out key elements to be considered for national, regional or local testing strategies, such as their scope, priority groups, and key points linked to testing capacities and resources, as well as indications as to when rapid antigen testing may be appropriate. It also calls on Member States to submit national strategies on testing by mid-November.
4. *Member States should regularly exchange information and share best practices on testing strategies.*

Joint assessment of testing methods

5. Many Member States are interested in greater alignment on the use of rapid antigen tests, including in relation to travel. However, a large number of Member States made clear that discussions on common minimum standards and criteria were premature, as more robust scientific evidence was still needed. In IPCR, some stressed that the use of rapid antigen tests is a Member State competence. A few have raised the need for caution in relation to using rapid antigen tests in connection with travel.

6. Technical discussions in relation to rapid antigen tests are ongoing in the Health Security Committee.
7. Building on its testing strategies Recommendation and ECDC recommendations, the Commission will present a further specific Recommendation on the use of rapid antigen tests (planned to be adopted by 18 November), elaborating on the situations and criteria to be considered by countries when using these tests as well as on validation and mutual recognition of tests and their results.
8. *Based on the Commission Recommendation Member States should agree on a common EU-approach for the use of rapid antigen tests.*

Mutual recognition of tests

9. The mutual recognition principle applies in accordance with EU Law and Member States do not appear to have any major problems.
10. *Given the considerable variation in the performance of rapid antigen tests, alignment on minimum standards and criteria for the selection of tests will support the mutual recognition of test results (see assessment of testing methods).*

Cross-border contact tracing

11. As regards national contact tracing apps, most Member States have such apps, the vast majority of which are potentially interoperable. After a successful pilot phase, an EU-wide system to ensure interoperability became operational on 19 October with the linking of a first group of national apps (six at present). In total, 21 apps are based on decentralised systems and are expected to become interoperable through the service by the end of November.

12. The approach to Passenger Locator Forms (PLF) currently differs across the EU. Not all Member States use PLFs, and while some use paper-based forms, others already have digital systems. Some use them for contact tracing only, others also for quarantine regulation compliance or testing obligations.
13. A common digital PLF, a webpage connecting national portals and a tool to develop national digital systems is being developed in the framework of Joint Action EU Healthy Gateways.
14. The Commission is also setting up a pilot project for the exchange of data between the Member States already using digital PLFs, starting with air travel. It will provide a dedicated platform for the exchange of passenger travel data between national health authorities on a voluntary and decentralised basis. This part of the project should be in place at the end of the year for those Member States wishing to join the initiative.
15. *The objective is to have a system in place for all transport modes by April 2021.*

Quarantine regulations

16. Expert level discussions on the length of quarantine are ongoing. The Commission will present a recommendation on COVID-19 isolation and quarantine measures (planned to be adopted by 18 November).
17. The approaches of Member States on quarantine obligations in connection with travels differ considerably.

Temporary restriction on non-essential travel into the EU

18. As regards the Council Recommendation of 30 June 2020, the list of third countries with which Member States should lift temporary restrictions on non-essential travel to the EU is reviewed every two weeks. On 28 October, the Commission adopted new guidance on persons exempted from the temporary restriction on non-essential travel after discussions of the issues in IPCR.

 19. *During discussions at COREPER level and in IPCR, some Member States have expressed interest in a revision of the Council Recommendation itself. A Commission proposal on this is expected for the end of November.*
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Vaccines

The Commission's June 2020 EU Strategy for COVID-19 vaccines outlined the main actions it intends to take to accelerate the development, manufacturing and deployment of vaccines.

Advance Purchase Agreements (APA) have since then been signed with four companies and successful exploratory talks have been concluded with two others. Further negotiations are conducted in the Vaccines Steering Board.

On 15 October the Commission published a Communication on preparedness for COVID-19 vaccination strategies and vaccine deployment, where it calls for a common and coordinated strategy for vaccine deployment across Member States, adapted to local and regional needs. It addresses vaccination objectives, required coverage rates, prioritisation for vaccination and the number of doses needed for the EU.

These issues are regularly discussed in the Health Security Committee and the ECDC will soon be providing an overview of Member States' vaccination deployment plans (expected on 19 November).