Council of the
European Union

Brussels, 4 December 2020
(OR. en)

13551/1/20
REV 1

COVID-19 44
IPCR 41
POLGEN 216
SAN 437
JAI 1051

NOTE

From:	Presidency
To:	Delegations
Subject:	Presidency progress report on EU coordination in response to the COVID-19 pandemic

Since the start of the COVID-19 pandemic, the EU has played a coordinating role in Member States' responses to the pandemic, encouraging the sharing of information and experience, and the alignment of response measures while respecting national competences. The EU has sought to limit restrictions on intra-EU free movement of persons, goods and services, launched joint procurement initiatives for, and directly bought personal protective equipment, medical equipment and treatments, created a strategic stock of medical equipment for use by Member States in cases of shortages, and has signed advance purchase agreements for vaccines. The work on EU coordination has been carried out in video conferences of members of the European Council and among their close collaborators, in COREPER and in Integrated Political Crisis Response (IPCR) roundtables, as well as in other Council working parties and in the Health Security Committee.

This report has been drawn up in cooperation with the Cabinet of the President of the European Council and the Commission. It sets out the progress made in the Council since the October European Council, and aims to inform the discussions of the Heads of State and Government at the December European Council.

Recent discussions have essentially revolved around the question of testing and travel.

I. Testing

1. Tests are essential to detect and diagnose a COVID-19 infection and are also widely used to support contact tracing. PCR tests are the most reliable tests and are generally considered to be the "gold standard" by Member States. Rapid antigen tests are also being used more widely in Member States, but primarily for screening rather than for diagnosis, either in certain high prevalence settings such as hospitals, care homes and schools, or for nationwide testing schemes. Rapid antigen tests are less reliable than PCR tests but easier, cheaper and quicker to use, removing the burden on limited laboratory capacity.

2. Member States have regularly exchanged information and shared best practices in the Health Security Committee and IPCR roundtables in order to achieve a **joint assessment of testing methods and adapt their testing strategies**. Discussions at technical level and in COREPER have confirmed that there is no problem with the **mutual recognition of PCR tests** (provided a PCR test meets the required standards set in EU legislation, it can be placed anywhere on the market in the EU). However, the **mutual recognition of test *results*** seems sometimes to face practical difficulties, such as the form (digital or paper) or the language of the test result. A few Member States have expressed concern at the difficulty of verifying if a test certificate is genuine, if it was issued by an accredited laboratory or whether indeed a test certificate is easily recognisable or understandable by authorities of other Member States. In this context, the possibility of a European unified form for PCR test results, as well as the possibility of a digital authentication system, have been given consideration.

3. Based on the Commission Recommendation of 18 November on the use of rapid antigen tests, as well as the associated European Centre for Disease Prevention and Control (ECDC) guidance (Options for the use of rapid antigen tests for COVID-19), discussions have also been held at technical level on a **possible common EU approach for the use of rapid antigen tests**.

4. Several Member States argue that rapid antigen tests require further validation by PCR tests, and different Member States have different practices, in essence depending on the amount of risk that is considered acceptable. There is however general support for **common minimum standards** for such tests in the EU, with a strong preference by most Member States to go beyond the Commission and WHO recommendations and require at least 90% sensitivity, as applied nationally in many cases. For the purposes of joint procurement of rapid antigen tests, the Commission already applies a requirement of at least 90% sensitivity.

5. There is also broad support for establishing a **list of rapid antigen tests**, which fulfil the minimum standard criteria and have been validated by one or more Member States. The Commission has expressed its openness to support the initiative based on the information supplied by Member States. The details on establishing the list will need to be further clarified, including what the tests have been validated for and in which settings they can be performed.

6. Although many Member States support the **mutual recognition of rapid antigen test results** performed with tests that have been validated at national level by one Member State and that meet the common minimum standards, the link with the above-mentioned list of rapid antigen tests and their use for the purpose of travel will require further examination.

Member States should continue to exchange regularly on national testing strategies, including on the use of rapid antigen tests. Agreement on settings where these tests can be performed as well as on their validations will facilitate mutual recognition of test results.

II. Travel

7. In the fight against coronavirus, most Member States have decided to launch a **contact tracing and warning app**. The Commission has developed a Common EU Toolbox on mobile applications to support contact tracing for COVID-19 and, at the invitation by Member States, has set up an **EU-wide system to ensure interoperability**. Users only need to install one app and, when they travel to another participating European country, they will still benefit from contact tracing and receiving alerts. After a successful pilot phase, three national apps were first linked on 19 October when the system came online. Currently nine national apps are connected. In total, 22 apps are based on decentralised systems and can become interoperable through the service in the coming rounds.

8. Work is also being carried out on a **European Passenger Locator Form** (PLF). The approach to PLFs differs across the Member States. Not all Member States use PLFs, some use only paper-based schemes, while others already have digital systems, but which remain separate from each other. A **pilot project has started for air transport**, building on good work in this area carried out by the EU Healthy Gateways initiative, notably to develop a common EU PLF template. The European Union Aviation Safety Agency (EASA) is developing a dedicated platform for the decentralised exchange of passenger travel data based on existing national digital platforms, to be ready for use by the end of 2020. Once in place, this platform will allow contact tracing of all air passengers, including transit passengers that are not currently reached with the existing approaches. Participation in this platform is open to all Member States with an eligible digital PLF and is voluntary. The same system should be available for all other modes of transport by April 2021. Data protection requirements will be addressed by clearly limiting the duration for which the information can be kept, the purposes for which it can be used and the type of public authorities that have access to them.

9. The list of third countries in Annex I of the **Council Recommendation of 30 June 2020** whose residents should not be affected by the **temporary restriction on non-essential travel into the EU** has been kept under regular bi-weekly review, both in IPCR and the Antici Group, and adapted to epidemiological developments. Member States and the Commission have regularly exchanged views on implementation and worked on guidelines for implementation of Annex II concerning the **specific categories of travellers with an essential function or need**. The Commission is currently working on a proposal for a revision of the Council recommendation.

10. Since the adoption of the Council Recommendation of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic, Member States and the Commission have consistently monitored its implementation in IPCR and weighed proposals for improvement. Member States have worked on steps to continually refine maps published by ECDC on the epidemiological situation for each key indicator, ensure data collection including at regional level, and improve the supply of data by Member States to ECDC.

11. Discussions on **national quarantine rules and duration** have demonstrated that a majority of Member States do not see any need to consider possible alignment in this area.

Given the crucial importance of cross-border contact tracing, the establishment of EU-wide interoperability of contact tracing and warning apps as well as the development of an European Passenger Locator Form should be accelerated. The Council Recommendations of 30 June and 13 October should be regularly reviewed and adapted.