

## May 2020

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### COVID-19 Response

With Europe's doctors still in the front line against the pandemic, we are continuing to work with our European partners to ensure that all relevant intelligence from across the continent is collated and shared with our members and support staff. A copy of this database is available upon request.

Using this database, our European partner, the CPME (Standing Committee of European Doctors), recently [presented](#) the profession's most urgent concerns to the European Health Commissioner and representatives from the European Centre for Disease Control (ECDC). Drawing on data which included figures from the BMA's latest survey results, the CPME highlighted persistent reports of PPE, medical device and workforce shortages across Europe, with doctors from 20 countries reporting overwhelming and unsustainable workloads. The CPME also highlighted alarming reports that healthcare workers have faced violence, discrimination and exclusion based on fears that they will spread the virus. These concerns were reiterated in [a joint statement](#), signed by all four of the BMA's European partners, which called on governments and health authorities to:

*Achieve a zero-tolerance policy for violence against healthcare staff, to provide them with a safe working environment and adequate personal protective equipment while they are in the front line, and to deploy all necessary means to protect the physical and psychological integrity of our colleagues during this pandemic and beyond.*

Our CPME colleagues will now prepare recommendations for how the EU's crisis management structures can better support Europe's healthcare workers in any future pandemic emergencies.

Following [previous confusion](#) around the government's decision not to participate in EU initiatives to secure medical equipment for healthcare workers during the crisis, the UK has now received a delivery of PPE via [the EU's Emergency Support Instrument](#) – which it is entitled to access during the Brexit transition period. Through this scheme, 10 million medical masks will be sent to healthcare professionals in 18 countries, including the UK, over the course of six weeks. Following our own enquiries, the EC (European Commission) has confirmed that the UK had requested access to the scheme and had been selected based on a formula which considered 'epidemiological data, needs of the countries and the access to equipment'.

Updates on the BMA's extensive work and guidance on COVID-19 can be found [here](#) with updates on the EU's response [here](#), from the ECDC [here](#) and from WHO Europe [here](#).

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## Brexit Update

Negotiations on the terms of the future relationship between the EU and UK continue (by video conference), with the UK's publication of its [draft text for a CFTA \(Comprehensive Free Trade Agreement\)](#) understood to have helped matters progress. Despite this positive step, and the subsequent publication of the [UK's approach to the Northern Ireland Protocol](#), both sides expressed their disappointment about the state of progress at the conclusion of the 3rd round of negotiations.

Writing to the EU's Chief Negotiator, Michel Barnier, his UK counterpart, David Frost was scathing about the EU's approach to negotiations, claiming that:

*What is on offer is not a fair free trade relationship between equal partners but a relatively low-quality trade agreement coming with unprecedented EU oversight of our laws and institutions.*

The [EU's response](#) was equally confrontational, with Michel Barnier stating:

*I do not think, however, that an exchange of letters regarding the substance of the negotiations is necessarily the best way to discuss on substantial points. It cannot be a substitute for serious engagement and detailed negotiations and, in particular, I would not like the tone that you have taken to impact the mutual trust and constructive attitude that is essential between us.*

Whilst such a public spat may indicate serious political difficulties, it is understood that significant progress remains possible in many of those negotiating strands – e.g. the recognition of professional qualifications – which will impact directly upon the European medical profession's ability to work, train, and undertake research across the continent.

Accordingly, and ahead of June's joint stocktake on progress, we continue to work with our European partners to ensure that decision makers on both sides remain cognisant of the need to deliver the pragmatic solutions necessary to ensure that the European medical profession can continue treating its patients to the highest possible level beyond the end of the transition period.

As such, we worked to secure wording in the EP's (European Parliament) Public Health Committee's [advice](#) to negotiators that the partnership should include 'targeted actions to ensure continued and rapid access to safe medicines and medical devices for patients, including a secure and consistent supply of radioisotopes' and 'that in order to ensure patient safety, the EU and UK should work towards the mutual recognition of professional qualifications to ensure the mobility of medical professionals'.

Likewise, and informed by the aforementioned advice, we were pleased to note the EP's [draft recommendations](#) on the future partnership between the EU and UK, which:

*Stresses that for an FTA to truly promote the EU's interests, the negotiations should aim to achieve the...recognition of professional qualifications.*

With the EP's draft recommendations set to inform the EU's negotiating position ahead of the upcoming joint stocktake, we will be working with partners and EU27 MEPs to secure adoption of a report which recognises the concerns of the European medical profession and its patients.

Further information about our extensive work in this area is available [here](#).

## **Calls for increased EU powers over health policy**

Criticism levelled at what has been perceived as a fragmented European response to the COVID-19 crisis has prompted a flurry of calls for the EU to play a bigger role in health policy. According to the EU treaties, health policy is the prerogative of national governments.

Of particular note, three medically qualified MEPs, issued [a joint call](#), arguing:

*The crisis shows what healthcare workers and many, many citizens already knew before. Health is not everything, but everything is nothing without health. A healthy society is the base for a good economy, a strong role of Europe in the world and for much more. It is high time that politicians at all levels, including the European Union, understand this message and live the consequences day by day.*

Likewise, a cross-party [letter](#) signed by 29 MEPs calls on the EU's leadership to prioritise 'the support of health policies and health systems as a new priority in the next EU budget', and to direct more effort towards reducing health inequalities across the bloc. This call was reiterated in a letter from the Chair of the EP's Industry, Research and Energy Committee, who repeated [the request](#) that the EC make the [health funding strand](#) a stand-alone program within the bloc's long-term budget for the 2021-2027 period, with more money allocated to it.

The second largest political grouping in the EP, the Socialists and Democrats (S&D), has gone further – proposing a package of 12 actions to bolster EU competencies around health. These proposals include a preliminary 'stress test' of national health systems 'to verify that they are prepared for the next health crisis' and new legislation to introduce recommended minimum European health care standards. Likewise, a new 'European Health Response Mechanism' would be created to strengthen crisis management coordination, there would be greater use of joint procurement to procure new treatments and vaccines, and additional resources would be given to EU health agencies like the European Medicines Agency (EMA) and ECDC.

In parallel, the EC announced [a series of recommendations](#) for EU countries to improve the 'immediate and long-term resilience' of their health systems to handle future emergencies; stressing that investing in health and protecting the economy should [take priority](#) over sticking to the fiscal rulebook. The European Commissioner for Jobs and Social Rights, Nicolas Schmit, noted an 'alarming' need for health care workers across the continent and said boosting their ranks should be a 'priority.'

With this likely to be a continuing debate at European level, we will continue to identify how any expansion of EU competencies around health could impact upon the future UK-EU relationship, particularly in relation to Northern Ireland's unique, post-transition period, regulatory status.

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## **BMA contributes to EU Cancer Plan consultation**

As reported in the February Eurobrief, preparations for the EC's new [Cancer Plan](#) are now well underway. In addition to previously co-signing [a statement](#) with more than 30 European public health organisations calling for prevention to be at the centre of the new Plan, the BMA has now sent its own submission into the EC's [public consultation](#). Specifically, regarding actions for national governments to take in tackling cancer, the BMA commented:

- *Governments should prioritise policies to reduce harm from alcohol, smoking, obesity and air pollution. Policies should reduce the affordability of alcohol/tobacco by increasing duty above the rate of inflation and introduce a minimum unit price for the cheapest, high-strength products.*
- *Governments should adequately resource vaccination services, including for general practice, and community initiatives to promote adherence to immunisation schedules.*
- *Governments should focus on improving the social determinants of health and reducing health inequalities to improve outcomes for vulnerable groups.*

With the impact of the cross-cutting Cancer Plan on UK doctors dependent on the eventual shape of our future relationship with the EU, we will continue to monitor all relevant developments and ensure that our members' views continue to be heard at EU level on this issue.

### **EU unveils new Farm to Fork Strategy**

The EC has released its first [detailed communication](#) on its much-anticipated ‘Farm to Fork Strategy’, one of the key pillars of its wider ‘European Green New Deal’ policy (see September Eurobrief). Highlighting the EU’s ambition to set ‘the global standard for sustainability’ within its food system, the strategy sets out five priorities to help the bloc achieve its ambitious climate goals, which include becoming the first climate-neutral continent by 2050, and to strengthen the resilience of its food system in the wake of COVID-19. These priorities are:

- *Reducing dependency on pesticides and antimicrobials*
- *Reducing excess fertilisation*
- *Increasing organic farming*
- *Improving animal welfare*
- *Reversing biodiversity loss*

In relation to reducing dependency on antimicrobials – a key contributing factor to the spread of AMR (antimicrobial resistance) – the paper states that the EC ‘will take action to reduce overall EU sales of antimicrobials for farmed animals and in aquaculture by 50% by 2030’. This echoes similar calls the BMA has made as part of its long-standing campaign to tackle the spread of AMR, and follows our success in securing a number of important amendments to the [recent EP Report](#) on the prevention of pharmaceutical pollution in the environment.

With sustainability, food safety and health issues inextricably linked, we will ensure that the voice of UK doctors continues to inform any European effort to respond to the global climate emergency and tackle the spread of AMR.

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### **New plan to advance regulatory science in the EU**

The EMA has published its [Regulatory Science Strategy to 2025](#) which, developed in collaboration with healthcare professionals, outlines a plan for advancing regulatory science for medicines over the next five years.

Commenting on its publication during the ongoing COVID-19 pandemic, the EMA underlined the importance of facilitating close engagement between all stakeholders and partners involved in the development and supervision of medicines. The EMA has also said that the learnings from the handling of the ongoing crisis will be incorporated directly into the strategy.

The report highlights the need to increase coordination with healthcare professionals across five goals:

- *Catalysing the integration of science and technology in medicines development;*
- *Driving collaborative evidence generation - improving the scientific quality of evaluations;*
- *Advancing patient-centred access to medicines in partnership with healthcare systems;*
- *Addressing emerging health threats and availability/therapeutic challenges;*
- *Enabling and leveraging research and innovation in regulatory science.*

With the future of UK-EU collaboration around research, regulation and health security dependent on the outcome of the ongoing negotiations, we will monitor all developments on this emerging topic at EU level and its potential impact on the UK healthcare system.

**For further information on any of these news items, please contact:**

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