

March 2021

- **Brexit update**
 - **COVID-19 response**
 - **Horizon Europe**
 - **Call for new international treaty on pandemics**
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Brexit Update

The Delegation of the European Union to the UK, established in February 2020, held a number of the country specific meetings with the EU-27/EFTA embassies to discuss the progress of the [EU Settlement Scheme](#) (EUSS) with the following outcome:

- Passport/national ID card renewals - issuing of new documents ahead of the 30 June deadline may not be guaranteed. Without valid documents citizens must use an alternative – paper application – route, however it has a limited access. The EU Delegation is currently in a dialog with the Home Office to find solutions to make these applications easier for citizens to meet the deadline.
- The meetings concluded that senior citizens are one of the most at-risk EU citizens in terms of not applying for EUSS. Recognising the issue, the EU Delegation focused its [social media](#) communication on the 65+ group.
- Children whose parents are unaware of the need to make an individual application to the EUSS may miss the deadline to apply. New-borns also need to go through a more complicated process to be issued with their first passports.
- Pre-settled status holders in some cases continue to have difficulties maintaining their continuous qualifying residence during the COVID-19 health pandemic (based on the restrictive Home Office COVID-19 absences guidance).
- There is a very limited data on how many Roma citizens have applied for EUSS and that group faces significant barriers to applying. The EU Delegation is in contact with support organisations to assess the situation.

By end of February 2021 there were 4.807.880 applications concluded, with 2.553.850 settled and 2.099.170 pre-settled statuses granted. The number of refused applications stood at 45.480, there were also 55.310 void or withdrawn and 54.080 invalid applications. The highest number of statuses granted were to Polish (903.750), Romanian (817.870), Italian (465.300), Portuguese (348.670), Spanish (294.790), Bulgarian (253.800) and Lithuanian (228.390) citizens.

The EU delegation will hold a meeting with the Home Office on 8 April 2021 to further discuss the issues.

COVID-19 Response

With efforts now focused on controlling the virus, we are continuing to work with our European partners to ensure that all relevant intelligence is collated and shared with our members and support staff. A copy of this database is available upon request.

The European Commission has recently published a new [factsheet](#) on the EU Global response to COVID-19.

With the aim to restart travel across Europe, the EC has recently published its proposal for a regulation on the [Digital Green Certificate](#) (DGC) to be operational by mid-June 2021. Such certificate would be available to people who have had a vaccination, a recent negative COVID-19 test, or proof of recovery from the virus. The DGC would not be a pre-condition for travel, but would allow vaccinated people, or those who have tested negative or recovered, to skip pandemic-related travel restrictions, such as self-isolation. Any EU country allowing vaccinated people to skip restrictions must accept other countries' vaccination certificates under the same conditions. While this obligation only extends to EU-approved COVID-19 vaccines, the proposal allows EU countries to accept other vaccines in addition. The DGC will be suspended once the World Health Organisation (WHO) declares the end of the COVID-19 international health emergency.

The EC has [extended](#) the transparency and authorisation mechanism for exports of COVID-19 vaccines until the end of June. Under the [export authorisation scheme](#) imposed last January, the EU instructed customs agencies to block all COVID-19 vaccine exports to some 100 countries worldwide, unless they receive an export authorisation from national governments in the EU. The scheme was originally set to run until the end of March 2021. While EU countries have so far authorised most shipments, including all exports of the BioNTech/Pfizer vaccine, Italy has recently blocked a shipment of some 250,000 AstraZeneca doses to Australia with the EC's approval. The EU has exempted close partners such as Norway, Switzerland, Liechtenstein and Iceland, along with the Western Balkans, North African countries, and other Mediterranean countries such as Lebanon and Israel, as well as poor countries covered by the COVAX initiative, aimed at equitable access to COVID-19 vaccines worldwide. The export authorisation mechanism only applies to exports from companies with which the EU has concluded [Advance Purchase Agreements](#).

The EC has recently [granted](#) a conditional marketing authorisation for the fourth COVID-19 vaccine developed by Janssen Pharmaceutica NV. The Janssen vaccine will be given in one dose to adults aged 18 years and older.

The EC [introduced](#) the principles of reciprocity and proportionality as new criteria to be considered for authorising exports under the transparency and authorisation mechanism for COVID-19 vaccines. Regarding reciprocity, the EC will consider whether the country of destination restricts its own exports of vaccines or raw materials. With regards to proportionality, the EC will consider whether the conditions prevailing in the destination country are better or worse than the conditions in the EU.

In a new [report](#), the ECDC is considering the risks of virus transmission from those who have been vaccinated. The agency notes that while vaccines offer significant protection against severe and symptomatic disease, it is not yet certain to what extent they stop a vaccinated person from spreading the virus. The issue is of great importance as it will help to determine just how much of the population needs to be vaccinated before the effects of herd immunity starts. It will also be important for the aforementioned EC's proposal for DGC, since countries are more likely to allow easier travel for the vaccinated if they are less likely to spread the virus. The new report suggests that there is some transmission-stopping effect and it cites one study which suggests that vaccination of a household member reduces the risk of infection in susceptible household members by at least 30 percent. It adds that there is a lower viral load and shorter duration of shedding in vaccinated individuals as compared to unvaccinated individuals, which could translate into reduced transmission.

The EMA has published a [communication](#) on risk of thrombocytopenia and coagulation disorders associated with COVID-19 vaccine AstraZeneca providing information for professionals while prescribing, dispensing or administering the vaccine. The communication notes the following:

- benefits of AstraZeneca outweigh the risks despite possible link to very rare blood clots with low blood platelets
- a combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with AstraZeneca
- healthcare professionals should be alert to the signs and symptoms of thromboembolism and or thrombocytopenia
- those vaccinated should be instructed to seek immediate medical attention if they develop symptoms such as shortness of breath, chest pain, leg swelling, persistent abdominal pain following vaccination. Additionally, anyone with neurological symptoms including severe or persistent headaches and blurred vision after vaccination, or who experiences skin bruising (petechia) beyond the site of vaccination after a few days, should seek prompt medical attention.

The EMA has recently provided an [update](#) on the ongoing evaluation of blood clot cases associated with AstraZeneca COVID-19 vaccine. The EMA's safety committee (PRAC) concluded its [preliminary review](#) and confirmed that the vaccine is not associated with an increase in the overall risk of blood clots and that the benefits of the vaccine in combating the still widespread threat of COVID-19 continue to outweigh the risk of side effects.

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

Horizon Europe

The EC has recently published the [draft](#) Horizon Europe health work programme for 2021/22 which includes the following 6 priority areas (called 'destinations') with at least 48 funding call topics and 1.75bn available overall:

- Destination 1 - **Staying healthy in a rapidly changing society (€289m)**
- Destination 2 - **Living and working in a health-promoting environment (€350m)**
- Destination 3 - **Tackling diseases and reducing disease burden (€489.5m)**
- Destination 4 - **Ensuring access to innovative, sustainable and high-quality health care (€240m)**
- Destination 5 - **Unlocking the full potential of new tools, technologies and digital solutions for a healthy society (€270m)**
- Destination 6 - **Maintaining an innovative, sustainable and globally competitive health related industry (€113m)**

The Horizon Europe programme also includes 5 missions, currently in a preparatory phase, aiming to solve major societal challenges. Most of these concern environmental issues, but one of them is focused on health:

- [Cancer](#), including 5 intervention areas – understanding, prevention, diagnostic and treatment, quality of life, equitable access, cross-cutting actions.

The mission will operate as a portfolio of actions, including research projects, policy measures or legislative initiatives, and will contribute to the goals of [Europe's Beating Cancer Plan](#).

The UK has secured association to the full [Horizon Europe](#) programme, except for the part of the 'financial instrument' part of the European Innovation Council (EIC); so UK organisations can bid for EIC grants but not loans. UK researchers will continue to be eligible for schemes through the European Research Council, Marie-Skłodowska-Curie Actions and to participate and lead collaborative projects. British scientists can continue to work with EU partners on clinical trials and UK nationals can be experts or evaluators within the programme. The UK government will participate in Programme Committees and help to define the strategic direction of the programme but will not have voting rights on these committees. The EC has recently published a [document](#) explaining the process, scope and main features of UK's association to Horizon Europe.

The draft Horizon Europe work programme is going through clearance within the EC and so is still subject to change. Formal adoption is planned for late April together with the official ratification of the TCA; shortly after this, the UK's formal association to the programme should be rubberstamped.

The domestic funding to pay for the UK's association to Horizon is currently being discussed with the spending review within the UK government and the budget for Science and Research has not yet been agreed. According to the [Integrated Review](#), science and technology is front and foremost and the review includes references to EU collaboration and Horizon Europe. The fact that this funding has not yet been identified in no way puts under question the UK's association: the money will be found.

The first calls for proposals will be launched in the spring of 2021 (initially planned for publication on 22 April but likely to be delayed) and will be presented at the [European Research and Innovation Days](#) on 23-24 June 2021. The deadlines foreseen depend on individual calls but should be 21 September 2021, 1 February 2022 or 21 April 2022.

In addition, the BMA MASC (Medical Academic Staff Committee) has recently publish a [blog entry](#) with its concerns relating to international research collaboration and the recent Government proposal to reduce financial resources for UK overseas aid.

The BMA European office will draft a detailed funding newsletter after the publication of the first calls for proposals.

Call for new international treaty on pandemics

Twenty five heads of government and international agencies, including UK Prime Minister Boris Johnson and director-general of the WHO Tedros Adhanom Ghebreyesus, have joined European Council President Charles Michel's [call](#) and signed an [open letter](#) outlining a potential new international treaty on pandemics.

The letter outlines:

'the main goal of this treaty would be to foster 'an all-of-government and all-of-society approach, strengthening national, regional and global capacities and resilience to future pandemics. This includes greatly enhancing international cooperation to improve, for example, alert systems, data-sharing, research, and local, regional and global production and distribution of medical and public health counter measures, such as vaccines, medicines, diagnostics and personal protective equipment.'

The new treaty would be developed within the framework of the WHO, as well as existing protocols on global health cooperation like the International Health Regulations (IHR). Some officials advised that the existence of the IHR, a legally binding instrument of international law, makes another formal treaty on pandemics unnecessary. European Council President stressed that a separate treaty would help formalise many aspects of future cooperation in managing pandemics and avoid future disputes over vaccine access.

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