**Brexit Update**

The UK recently rejected the European Commission’s (EC) proposals to ease trade friction between Northern Ireland and mainland Britain, which the EC set out in two so-called “non-papers”: the first [covering medicines](#) and the second [food safety checks](#) and the movement of assistance dogs.

The non-paper on medicines proposes changes to the EU’s own rules so that regulatory compliance functions, such as quality control tests, could be conducted in GB permanently, as long as it could be ensured that relevant medicines were only distributed to NI and not further into the EU. According to the EC, this would ensure a continued, long-term supply of medicines in Northern Ireland, as it has proved too costly for certain operators currently based in GB to move the regulatory approval procedures to NI or the EU, as was foreseen by the initial treaty.

A UK spokesperson advised:

> ‘the papers did not address all the problems and called for comprehensive and durable solutions. The EU’s proposal was a welcome start but it would be complex to operate, onerous and would not deal at all with those medicines, such as new cancer drugs, which under current arrangements must be licensed by the European Medicines Agency (EMA) in Northern Ireland. That is why we have proposed in our Command Paper that the simplest way forward in order to avoid these problems in future is to remove medicines from the scope of the Northern Ireland Protocol altogether.’

British Prime Minister Boris Johnson advised that the current trade set-up in the post-Brexit NI protocol is ‘unsustainable’ and called for a renegotiation, which EC President Ursula von der Leyen immediately rejected. However, the EC has recently paused two separate lawsuits against the UK, as it wants to continue constructive discussions with the UK over the dispute and remains open to suggestions made in the command paper.

The UK government has been formally notified of almost 300 medicines that will no longer be transported from GB to NI as of 1 January 2022, according to Brexit minister David Frost. Industry leaders had warned that British companies making non-branded drugs would make plans to withdraw medicines from the NI market due to post-Brexit red tape.

**The EU Delegation in the UK**, together with UK-based EU embassies, conducted an intensive 6-month communication campaign on the EU Settlement Scheme (EUSS) which concluded on 30 June. This reached over 13 million citizens via social media and digital platforms, street adverts, publications, information multipliers as well as press, TV and radio engagements of the EU Ambassador to the UK. All current activities, including coordination, communication and free legal advice, will be maintained by the EU Delegation post-June deadline.

The Home Office released the monthly EUSS statistics, covering all applications up to 30 June, confirming over 6 million applications received. These figures represent the final numbers of in-time EUSS applications from EU citizens, EEA and Swiss citizens, family members, derivative rights applications, and non-Withdrawal Agreement applications from family members of British citizens.

However, one of the main challenges around the EUSS is the announcement that the UK will not grant temporary protections to those who make a late application after 30 June, which is seen by the EU as something contrary to the Withdrawal Agreement (WA). These citizens will reside in the UK without lawful status while their application is pending. They may be able to temporarily retain their jobs, rent and benefits, if the employer, landlord and the Department for Work and Pensions (DWP) decide to apply the relevant guidance (there appears to be no obligation to do so). They will be unable to begin new
jobs, start tenancies, open bank accounts, travel or claim benefits and may be subject to NHS charging until a decision on their application is taken.

British nationals who settled in France before 2021 will have three more months, until 30 September, to apply for a post-Brexit residence card, the French Interior Ministry confirmed, amid calls for clarity on how these applications will be treated as demand remains high.

**COVID-19 Response**

EC President, Ursula von der Leyen, recently made a statement revealing that enough vaccines were delivered to member states to have at least 70 per cent of EU adults vaccinated until the end of July. She added that by 11 July some 500 million vaccine doses will have been distributed across the EU and called on member states to increase vaccinations.

The World Health Organisation (WHO) Europe and European Centre for Disease Prevention and Control (ECDC) announced that the Delta variant was dominant in 19 of 28 countries who reported robust sequencing data from 28 June to 11 July. WHO-Europe reinforced its appeal for continuing efforts to contain infections, in particular to accelerate the vaccination roll-out.

The WHO has called for a moratorium on coronavirus vaccines, asking countries to hold off giving third doses, until at least the end of September, to allow for at least 10 per cent of every country’s population to be vaccinated. The call comes as Israel and Hungary began to offer booster vaccines to at-risk groups in their countries early August. Several other nations have also set out plans for third doses, including the UK and Germany, both of which are planning to begin this in September.

In May, the WHO called for every country to have vaccinated at least 10 percent of its population by the end of September. However, WHO chief Tedros Adhanom Ghebreyesus revealed that the world is not on track to meet that target and added:

> *high-income countries have now administered almost 100 doses for every 100 people. Meanwhile, low-income countries have only been able to administer 1.5 doses for every 100 people, due to lack of supply.*

Tedros’s call for a moratorium coincided with a recent announcement from the EC that it had approved a deal with Novavax for up to 200 million doses of the company’s vaccine. That’s despite more than 70 per cent of citizens in EU countries having received their first dose, but it’s expected that countries will want additional doses.

The ECDC published a review of evidence on the effectiveness of partial vaccination, immunogenicity and effectiveness of vaccination for previously infected individuals and safety and immunogenicity of heterologous schedules. The document aims to inform ongoing decision-making in relation to national vaccination policies and strategies.

According to a recent study, Johnson&Johnson’s coronavirus vaccine performed well against the highly contagious Delta variant. The vaccine generated strong levels of neutralising antibodies in blood taken from eight people who had received the J&J shot. The level of antibody activity against Delta, the variant first identified in India, was higher than that seen for the Beta variant, which emerged in South Africa. The blood samples in the laboratory study came from participants in the company’s late-stage vaccine trial, which enrolled people in the United States, South Africa and several countries in Central and South America. J&J also advised that a second study showed that immunity from its single shot vaccine lasts at least eight months. Neither study has been peer-reviewed. But both have been submitted to the bioRxiv, an online research repository.

Previous studies have suggested that the mRNA vaccines from Pfizer and Moderna are effective against the Delta variant, but until now there has not been any indication of how much protection the J&J shot offers against the strain. Some countries, including Spain, Germany and Canada, have begun offering mix-and-match vaccinations, in which people who received AstraZeneca’s COVID-19 vaccine are offered a dose of Pfizer’s or Moderna’s vaccines. Both AstraZeneca and J&J use adenoviruses as the basis of their vaccines.

France’s highest constitutional authority recently approved the government’s policy to require people to present health passes when going to bars, restaurants and other everyday life activities, but rejected the mandatory quarantine imposed to citizens who test positive for the coronavirus. To fight back a surge of cases of the Delta variant, the French government sought to impose a 10-day quarantine on citizens who test positive for the coronavirus, but the Constitutional Council said it
amounted to ‘deprivation of freedoms.’ The Council also blocked another measure, that would have allowed employers to terminate short-term contracts before their deadline for workers who do not present a health pass.

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](#).

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**Safeguarding in European Training Requirements**

At the last April’s General Assembly of the European Union of Medical Specialists (UEMS), which the BMA is a member of, representatives from National Medical Organisations voted in favour of the [BMA’s proposal](#) to include a safeguarding paragraph on children, adolescents and vulnerable people in all future European Training Requirements (ETRs). It comes as part of the UEMS remit of developing ETRs for medical specialties in Europe.

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