



Virtual meeting of EU Health Ministers Friday, 4 September 2020, 12:30 – 14:30 (CEST)

Discussion Paper

Introduction

The current epidemiological situation as regards the COVID-19 pandemic makes it clear that our joint fight against the virus is not won until a high percentage of the world population is vaccinated. Therefore, it is paramount to strengthen our efforts concerning the procurement of COVID-19 vaccines and to ensure its sustainable financing. Until this aim is reached and given the variety of divergent measures adopted by Member States (MS) with regard to cross-border movement, it is necessary to define and agree on a coordinated approach for the management of cross-border travel for non-essential travel within the European Union (EU).

1. A coordinated approach to quarantine- and test regimes

The majority of European countries recommend or require quarantine and/or tests for travellers from areas of active virus circulation, based on varying screening criteria and levels (whole countries, regions or only affected areas). Certain MS have taken steps prohibiting or restricting entry to their territory, and others maintain internal border controls within the meaning of the Schengen Borders Code. Contrary to the current situation, any coordination effort requires MS to share a common view of the definition of areas of active virus circulation. This could be based on epidemiological (quantitative) criteria and qualitative criteria at European level taking dynamic evolutions (the emergence of local areas of active virus circulation) into considerations.

With a view to ensure that the measures we take to slow down the dynamics of the COVID-19 pandemic are practicable and acceptable in everyday life, the following quarantine and testing framework could be envisaged:



As a general rule, at least 10 days quarantine without testing or at least 5 days quarantine with a negative Covid-19 test result after the 5th day of quarantine. MS could decide on stricter measures [i.e. longer quarantine and/or more tests] but not below these agreed limits.

Guiding Question 1: Can MS agree on a proposed common quarantine and testing framework for people who have been in areas of high virus circulation before entering the country independent of movement within the EU or coming from third countries?

2. Update on the procurement of COVID-19 vaccines and its financing

On 17 June 2020 the Commission (COM) adopted the European Vaccine Strategy to secure for all European citizens high-quality, safe, effective and affordable vaccines. All MS have agreed to take part in the vaccines initiative. To do so, and together with the MS, the COM is agreeing Advance Purchase Agreements (APAs) with vaccine producers reserving or giving the MS the right to buy a given number of vaccine doses for a certain price, as and when a vaccine becomes available. The APAs will provide up-front financing to help reduce the risk linked to essential investments by manufacturers to develop successful vaccines and increase the speed and scale of manufacturing. For this purpose, EUR 2.15 billion have been made available from the Emergency Support Instrument (ESI). MS may contribute further funding if needed.

The goal is to obtain a broad portfolio of vaccine candidates that contain different technological approaches to achieve the highest possible chances of a successful vaccine against COVID-19. As the introduction of an effective and safe vaccine against COVID-19 would be a game changer in curbing the pandemic's spread and escaping the crisis, the vaccine should be brought to market as quickly as possible. On 27 August 2020, the first APA has been signed. The COM together with the MS continues discussing similar agreements with other vaccine manufacturers. Exploratory talks have been concluded with six manufacturers of potential vaccines, in addition negotiations are currently underway with one other manufacturer, resulting in a broad portfolio including all candidates expected to be early available and with different technological approaches (non-replicating viral vector, Proteine subunit, mRNA).

The total amount of up-front financing from the seven vaccine candidates exceeds the ESI-budget by about EUR 750 million. To ensure that contracts are concluded quickly in order to make available the potential vaccine candidates as soon as possible, the ESI-budget has to be increased. The cost of a prolonged crisis are likely to be much higher. We are aiming for a



common EU approach with a common vaccine portfolio and a common risk sharing without regional differences. In order to share the burden in a fair and transparent way and in the spirit of European solidarity, MS should agree to contribute to the necessary increase of the ESI according to their gross national income.

Guiding Question 2: Can MS agree to increase the ESI-budget according to their gross national income in order to ensure a common European vaccine approach?