



Council of the
European Union

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NOTE

From:	Presidency
On:	17 September 2020
To:	Permanent Representatives Committee/Council
Subject:	Progress report on COVID 19 - EU coordination

I. Introduction

The COVID-19 pandemic has caused an unprecedented health emergency across the globe. The protection of public health has become an overriding priority for both the EU and its Member States. To limit the spread of the virus, Member States have adopted various response measures, depending both on their domestic epidemiological situation and on other factors, including economic considerations. Some measures have led to restrictions for cross-border movement of goods, persons and services. Citizens have felt the impact on their right to move freely across the European Union in form of restrictions on entry of other Member States or other specific requirements (such as undergoing quarantine or testing).

It remains the responsibility of each Member State to enact the measures it sees fit for the protection of public health. However, a coordinated approach is necessary in order to limit the spread of the virus while at the same time keeping restrictions to the free movement of persons and goods to the necessary minimum.

In this context, the Presidency invited Member States to work together towards enhancing EU coordination with regard to the Covid-19 pandemic. The present report summarises the outcome of the discussions held so far and points to challenges which merit further discussion.

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II. Outcome of the discussions

On 2 September, the Presidency presented its approach in order to find ways in which to support ongoing and coordinated EU action. The Presidency suggested a "step by step" approach by discussing a series of topics at hand. The Presidency identified the following "set screws": 1) Data, 2) Criteria, 3) Assessment and designation of risk areas, 4) Measures and 5) Communication. This approach received support in Coreper and discussions on the different topics were launched at the IPCR Round Table on Monday 7 September.

On 4 September, the Commission adopted a proposal for a Council recommendation for a coordinated approach to restrictions to freedom of movement. With the proposal, the Commission aims at ensuring that these are applied in a coordinated way by Member States ensuring non-discrimination, transparency and predictability for citizens and businesses.

Following discussions in an Informal Videoconference of Health Ministers on 4 September, in IPCR Round Table on 7, 10, 14 and 17 September, in the Working Group Health on 10 September, in Coreper on 11 and 18 September, and drawing on input of Member States, the Presidency considers that there is broad support from Member States on the following elements, while noting a series of topics that still need to be discussed:

1. The ECDC will be asked to provide a comprehensive data set of the following key indicators on a weekly basis:
 - i) the 14-day notification rate of new cases per 100,000 inhabitants;
 - ii) the testing rate per 100,000 inhabitants;
 - iii) the test positivity rate.

In addition, the ECDC will be invited to provide data on the population size, the hospitalisation rate, the rate of ICU admission and the mortality rate, if available, on a weekly basis.

Details of a possible visualisation of the three key indicators in one comprehensive map have yet to be agreed on. Until this agreement is reached, the ECDC will be invited to provide a separate map for each indicator contributing to the comprehensive map: the 14-day notification rate at a regional level as well as the testing and test positivity rates at a national level.

Several Member States had highlighted the importance of providing regional data on different indicators to the ECDC. The Presidency therefore intends to continue discussions on this issue with a view to finding a satisfactory solution.

Member States are asked to regularly provide the ECDC with the relevant data.

2. In terms of communication/information sharing between Member States and communication to the public, there is consensus that this should occur in a clear and timely manner.

In particular, Member States should inform the public and relevant stakeholders as early as possible before new general measures come into effect. As a general rule, this information should be published 24 hours before the measures come into effect, taking into account that some flexibility is required for epidemiological emergencies. In the discussions, Member States have been supportive of the idea of systematically using the 'Re-open EU' website for public communication purposes.

3. Where a Member State's measures affect another Member State (e.g. declaration of a risk zone), the Member State in question should be informed first, prior to publication. The public and relevant stakeholders should, to the extent possible, be informed before the measure comes into effect.
4. Member States will rely on the above mentioned joint data set and maps for the assessment of epidemiological risk across the European Union, while maintaining flexibility for additional national assessment. Discussions on the exact modality of risk assessment need to be continued.
5. Discussions on a joint risk assessment and on possible common measures seem particularly sensitive. Member States have confirmed their general willingness to cooperate while underlining the responsibilities of national governments for questions related to public health. A possible catalogue of common measures is worth pursuing. Particular attention should be given to measures which have proven successful in certain Member States, for instance Passenger Locator Forms (PLF).

III. Next steps

The Presidency stands ready to intensify its coordination efforts and encourages Member States to commit to finding common ground with a view to agreeing on a set of common measures that should be for the benefit, most and foremost, of citizens and give credibility to the Union in these difficult times.

While respecting national decision-making, cooperation on specific aspects, such as a common framework for quarantine duration, comparable test criteria and mutual recognition of test results would offer clarity and predictability to all stakeholders and citizens. The Presidency invites Member States to commit to these aims and to provide their views on subjects where more convergence is needed.

If Member States agree with this approach, the Presidency intends to work intensively in the coming weeks in the Council with a view to reaching agreement on a Council recommendation.