



COVID-19 and Brexit - Protecting patients across Europe from pandemics

WHAT THE CORONAVIRUS PANDEMIC HAS SHOWN US



Coronavirus has challenged the whole world, not just Europe and not just the EU. It has exacerbated and exposed the vulnerability of our health, health systems and societies.

It has brought to the forefront issues such as shortages and unequal access to medicines and personal protective equipment (PPE); the importance of global supply chains and continued supply of medicines; the negative effects of export bans, stockpiling requirements and other restrictions; the importance of international collaboration in maintaining open and resilient supply chains, and in a strong framework for innovation and research; as well as under- investment and slow uptake of new technologies and treatments.

It has demonstrated that cross-border health threats need effective co-ordination and rapid response mechanisms. Countries within and outside the EU, including the UK, need to work together as closely as possible to combine their expertise and resources in order to deal with the aftermath of Covid-19, improve access to care and strengthen the R&D and innovation frameworks, tackle health inequalities and ensure better preparedness for the next pandemic.

RACE AGAINST TIME: WHY THE POST-BREXIT DEAL BETWEEN THE EU AND THE UK MATTERS FOR PANDEMIC PREPAREDNESS



As a large country with a well-developed science base and centres of clinical expertise, the UK has contributed significant expertise and participated extensively in EU-wide health platforms and programmes. But it is now a “third country” and negotiations between the EU and the UK on their future relationship have reached a critical point.

Time is running out to conclude a deal before the post-Brexit “transition period” ends on 31 December 2020. Health issues are largely absent from the negotiators’ agenda. There is a danger that a deal could be struck that fails to address health security issues for patients across Europe, or even that the talks could collapse and result in no agreement at all.

What could happen if there is no deal or a bad deal?

We risk a weakening of our current shared pandemic preparedness, including:

- No UK-EU cooperation in key data sharing platforms and alert systems to exchange information and early warnings about health threats, such as pandemics.



Infectious diseases remain a major burden on health systems and economies, estimates attribute 10% of deaths annually, 35-50% of primary care consultations and, for example, in England cost £6 billion a year in treatment. The EU’s early warning and response system has played a critical role in systematic monitoring, detection and coordinating Europe’s response to the coronavirus, as well as to earlier pandemics such as bird flu.

We risk losing existing freedoms and access healthcare and treatments, including:

- Citizens crossing the EU/UK border to travel, work or live losing their right to simple, safe access to healthcare on the same basis as local residents.



- Delays in EU patients' access to medicines authorised for use in the UK market, and vice-versa.
- Delays in import and export of medicines and medical supplies, such as PPE, causing supply disruptions across the UK/EU border. After decades of cooperation across the complex regulatory systems that facilitate trade and supply chains, there is now substantial frictionless trade between the UK and EU.

Covid-19 has demonstrated the importance of resilient international global supply chains for medicines and medical goods to deliver the right care on the frontline of healthcare services.

We risk undermining joint EU-UK science and innovation excellence, including:

- Fewer options for patients hoping for results from collaborative research and development of innovative treatments - UK no longer taking part in EU-wide research programmes, such as Horizon Europe, or clinical trials.
- Less research collaboration would impact patients of today and tomorrow. Future generations in Europe and beyond need the UK and the EU to tackle shared health challenges together.
- No UK participation in European Reference Networks of clinicians specialising in rare diseases.
- “Brain drain” of scientists and innovators to conduct cutting-edge research outside Europe.



Six of the 18 research projects funded by the EU's Horizon 2020 research programme involve UK partners, and 140 teams across Europe are working to help find a vaccine quickly against COVID-19. Further the UK is currently involved in 23 out of 24 ERNs and has led a quarter of the total.

Through cooperation the EU and UK have been able to achieve more than the sum of our parts. In the case of no deal or a bad deal, we stand to lose global competitiveness and a leading position in pharmaceuticals, medical and protective equipment, and innovative leadership. And as outlined above, the ultimate impact of this would fall to patients, who the system is intended to serve.

FIVE PRIORITIES THE EU AND UK NEED TO AGREE ON TO FIGHT FUTURE PANDEMICS

The health of Europe's citizens is precious and, as Covid-19 has shown, all too fragile. We, European health sector organisations, call upon EU and UK politicians to reach agreement on:

- 1. Public health** - Close coordination on public health and wellbeing, including data sharing and early warning systems, to ensure maximum preparedness to tackle health threats.
- 2. Patient safety** - Compatible regulatory frameworks for the manufacture, inspection and licensing of medicines and medical equipment such as ventilators and PPE, enabling rapid release onto the market and guaranteeing high safety standards.
- 3. Uninterrupted supply of medicines and medical devices** - Maximum possible cooperation in import and export of medicines and medical supplies across UK/EU borders, to minimise delays in products reaching patients, including:
 - A Mutual Recognition Agreement on Good Manufacturing Practices that encompasses inspections and batch testing for medicines, and CE-marking of medical technologies.
 - Agreed interpretation of the implications of the Northern Ireland Protocol to ensure continuity of supply of medicines to patients in Northern Ireland.
- 4. Citizens' rights to treatment** - EU and UK citizens to continue to benefit from reciprocal rights to healthcare, ensuring simple and safe access to treatment when working, living or travelling, at local, affordable cost.
- 5. Furthering medical research and innovation** - Continued UK-EU collaboration in research programmes and clinical trials, including sharing patient data and information, to speed up new treatments, improve patients' options, and maintain Europe's R&D framework and reputation as an attractive destination for investments into cutting-edge research.