



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR RESEARCH & INNOVATION

Directorate E - People
Combating diseases

Brussels, 01.03.2021

Short minutes

First meeting of Member States representatives on the proposal for a Horizon Europe Partnership on Pandemic Preparedness

*24 February 2021
10:00 – 12:30 hours
via MS Teams*

Welcome and introduction

The Commission (COM) opened the meeting and welcomed participants.

Representatives from 16 Member States and one associated country¹, from DG R&I and SANTE participated in the meeting.

COVID19 Pandemic - The Health Emergency Preparedness and Response Authority (HERA) and HERA Incubator

COM briefed on the plans for the Health Emergency and Preparedness Response Authority (HERA) and on the recently launched HERA incubator. It was clarified that many of the R&I actions resulting from the quick mobilisation of Horizon 2020 funds in 2020 in response to the Covid-19 outbreak are part of the HERA incubator and will pave the way for better preparedness. These are in particular the COVID-19 data portal², the EU-wide vaccine trial network (VACCELERATE³) launched on 17 February (comprising 16 Member States and 5 Associated Countries) and the Pan European Cohort (ORCHESTRA⁴). Further mobilisation of Horizon Europe funds will allow for further development of cohorts, further support for open data sharing, and for clinical trials on vaccines and therapeutics.

Towards the proposed partnership on pandemic preparedness

¹ AT, DE, DK, EE, ES, FI, FR, IT, LT, LU, MT, NL, PL, PT, SE, SK and CH

² <https://www.covid19dataportal.org/>

³ <https://vaccelerate.eu/>

⁴ <https://orchestra-cohort.eu/>

COM outlined that the origins of the pandemic preparedness partnership stems from the ERAvsCorona Action Plan, to then present the ideas on the pandemic preparedness partnership as contained in the fiche that was distributed in preparation to the meeting, with four main areas of activity for the envisaged partnership:

1. Generate new scientific knowledge to better understand the pathogens (virus, bacteria, etc.), their characteristics and transmission, and their interaction with hosts and the environment;
2. Design and develop countermeasures, such as vaccines, diagnostics or therapeutics, personal protective equipment;
3. Inform public health policy decisions as well as new strategies for a more agile public health response with scientific evidence, thus improving their quality and increasing trust. This would include developing tools & digital solutions to better monitor the spread of outbreaks and better model the impact of public health measures;
4. Support setting up EU-wide infrastructures for improved data collection, timely translation of research findings into emergency response actions and increasing operational readiness of clinical trial sites across Europe.

It became clear from the discussion that followed that the partnership needs to be placed in a bigger context of COVID-19 initiatives, and links and synergies ensured to avoid overlaps with other partnerships and R&I activities. In particular, Member States asked to emphasise the one health approach (area of activity 1) and to reflect on the international dimension of the partnership.

The scope of the partnership was also re-discussed. IT suggested broadening the partnership to cover societal preparedness and resilience to cross-border health-threatening emergencies in broader terms. FI suggested to address in the partnership how to avoid or minimize the unwanted health related side effects of the measures taken to contain the virus, such as accessibility problems to health and care services, inactivity in lockdown, or mental health problems. COM explained that while it was agreed to keep a narrow focus on pandemics to start with, on the medium/long term the partnership could be expanded to cover public health emergencies in a broader sense (including nuclear disasters, cyber threats, etc.) aligning to the scope of the future HERA.

IT suggested adding a work stream to the partnership to ensure the synergies with the new authority and other activities, which COM welcomed in principle. COM emphasized the R&I dimension of this proposed partnership and that other tools and instruments may be available to address other goals of the HERA.

In reply to questions on the most appropriate form for the partnership and its budget, COM pointed to the need to further define the objectives of the partnership, to then agree commonly in a subsequent step on how to reach them best. There was, however, support to begin with a co-programmed partnership, as this would speed up its start.

It also became clear that there is need to reflect carefully on the governance of the CSA that will be included in the Work Programme 2021. The aim of the CSA should be to bring public health authorities together and with the support of scientists to prepare the strategic research and innovation agenda for the partnership.

Some Member States flagged their interest in becoming possible leaders or co-leaders in the CSA and/or partnership (ES, FR). However, most countries need to discuss internally on which entities would be the most appropriate entities for this partnership and eventually step up into co-leadership.

Finally, COM drew the Member States' attention to the fact that the partnership would be discussed under AOB in the Competitiveness Council on 26 February.

Next steps

- There is need to further work on the aspects listed above as a follow-up to the meeting.
- COM will convey the next meeting in about four weeks to keep the momentum.
- COM will present further information on the different types of partnerships (co-programmed / co-financed) at the next meeting and what this would imply in the context of the pandemic preparedness partnership.
- A list of participating MS has be established and will be shared once the data protection aspects have been addressed.
- MS will be asked to identify one main contact point per delegation.