**Annex**

**VIDEOCONFERENCE R&I DGs ON R&I ACTION ON COVID-19**

**MEMBER STATES CONTRIBUTIONS**

**14 May 2020**

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# **AUSTRIA**

Austria proposes to turn the current ad-hoc Working Group for Action 1 into one that is responsible for monitoring the overall progress of the Action Plan, not only of Action 1.

***Austrian suggested amendments 14.5.2020***

**Annex I – Draft Mandate of the Ad hoc Working Group on the ERAvsCorona Actionplan**

***[Comment from Austria:*** *The mandate of the Ad-hoc working group as described in this document, even without our suggested amendments, clearly goes beyond Action 1 and in fact encompasses all actions of the action plan. “It will look at the complete vaccine, treatment and testing pipelines from research to deployment”*

*Therefore it is simply wrong and confusing to limit it to action 1 in the title.]*

**ERAvsCORONA Action plan - *Ad hoc* Working Group**

**Mandate 14 May 2020**

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**Background**

The aim of the Ad hoc working group is to strengthen the operational coordination of R&I funding, and funded activities, against the Coronavirus covering the whole pipeline (from pre-clinical research to products being available to citizens) for vaccines, treatments and testing. This group should enable public funders of research and innovation to work better together in a coordinated and more efficient manner in the immediate need to tackle the current Covid-19 pandemic. It will look at the complete vaccine, treatment and testing pipelines from research to deployment, from a very pragmatic and operational aspect, including R&I related processes and data sharing. The work of the ad-hoc group will prepare the ground for operational decisions to be taken by the R&I DGs.

**Purpose and objective**

The group will identify the key challenges that need to be overcome to ensure efficient pipelines and will identify and propose solutions to face them. It will also help in having a collective overview of combined efforts to develop therapies, vaccines and diagnostics in view of the Coronavirus Global Response. Proposed solutions will be presented for decision to the appropriate decision making forums depending on their nature.

The Ad hoc group can set up specific sub- groups to address identified challenges to ensure the competencies needed to develop adequate solutions. The subgroups will report to the Ad-hoc group on regular basis.

The members of the Ad-hoc Group should act as national information hubs for the Covid-19 EU R&I Action Plan, assuring that the relevant actors in the respective Member State are well informed and involved. They should coordinate the participation of the respective Member State in the sub-groups and all other ad-hoc groups or working groups that are being set up in the course of the implementation of the Action Plan. They should therefore be informed of the activities of all these groups.

Furthermore, the Ad-hoc Group will monitor the implementation of the action plan and inform the Council Research Working Party on a regular basis.

**Membership.**

The Ad hoc group, and its sub-groups, will be composed by appointed representatives of the Member States, Commission Services and Agencies (e.g. EMA, ECDC), and as appropriate EIB.

**Functioning and timeframe**

The Ad Hoc Working Group will convene (virtually) and will be informed by the four sub-groups (clinical trials, manufacturing, testing, financing) as well as by all other groups being set up in the course of the implementation of the Action Plan about their discussions and recommendations. A document sharing platform may be made available.

The Ad Hoc Working Group will report to the R&I DGs on a regular basis, information provided to the R&I DGs should facilitate their discussions and operational decision-making. Any political decisions should be referred to the Council and its preparatory bodies.

The Ad hoc Working Group and its sub-groups are established for the duration of the COVID-19 pandemic response.

# **BELGIUM**

* **Agenda Point "ERAvsCorona Action Plan - State of Play**

General Remarks

When we look at the actions defined in the ERAvsCorona Action Plan and the R&I advisory structures mapping, we strongly support the actions and approaches taken, but little space is given to public health. Indeed, all the aspects of preparedness and responsiveness vis-à-vis the COVID-19 pandemic (or others) from a public health perspective are barely present (e.g. where is the concern with the harmonisation of health information systems or the compatibility of the response systems put in place?). We think there is an opportunity and a need for Europe to play a role in the coordination of **R&I related to public health** too. This perspective must include health aspects related to the **social, socio-economic, cultural, communicational, psychological and psycho-social processes** that influence the health of individuals and populations, with due consideration of social innovations that address inequalities arising from - or reinforced by - the pandemic.

Specific Remarks

|  |  |
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| Points 4, 5 and 10 | The hackathon EUvsVirus selected promising ideas to be taken further. Funding agencies and private parties have expressed interest in some of the ideas to support them with funding. It is very difficult however to identify the contacts and whether they would be eligible for national funding. |
| Point 8 | We strongly support the proposal to integrate the action for the development of a "Population Health Information Research Infrastructure (PHIRI)" into the 2020 Work Programme via an amendment. |
| Point 9 | We would like to replace "that can help to advance the data distribution mechanisms" with "that can help to advance the data access and distribution mechanisms". |

* **Agenda Point "Information on the Ad-Hoc Working Group (Action 1) and Ad-Hoc High Level R&I Task Force on the Coronavirus (Action 7)**

*Do you agree with the main tasks attributed to the Ad-Hoc Working Group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?*

We agree with the main tasks attributed to the Ad-Hoc Working Group on action 1. However, looking at the 10 actions defined in the ERAvsCorona Action Plan and the R&I advisory structures mapping, we observe that little space is given to public health as such.

The mapping shows that there is a considerable amount of advisory structures covering different issues of the current health crisis. For the time being we do not see the need for the establishment of an Ad-Hoc High Level R&I Task Force (Action 7) as the envisaged tasks of this group (giving advice on possible R&I actions of EU relevance and communicating about coordinated R&I actions to the general public) can be done by existing fora on COVID-19, such as the Advisory Panel on COVID-19 and the COVID-19 Ad-Hoc Group and its sub-groups (Action 1). We also suggest activating the Societal Challenge 1 Programme Committee of Horizon 2020 to support the gathering of input from national experts. This would ensure that specific national issues are taken into account. Information on specific topics could be collected through a template to structure the information.

In the sub-groups on Clinical Trials, Testing and Financing, the Terms of Reference (ToR) have been discussed and the objectives are clearly defined. Rather than losing too much time on the ToR, we think it is now urgent to work on **concrete actions**. For instance, we need to see how cohesion policy can contribute to finding instantaneous solutions, e.g. to have immediate liquidity, to help SMEs, to deploy rapidly existing therapeutics/vaccines solutions and to increase production capacities.

Concerning the establishment of a **steering committee** for the sub-groups, we strongly suggest forming a preparatory group rather than a steering committee. We must avoid ending up with a smaller group within the sub-groups where major decisions such as priority-setting of research activities are taken.

* **Agenda Point "Pledge - State of Play"**

As requested, we have only added to the updated version of the table our additional public R&I investments since 30 January 2020 specifically addressing the challenges associated with COVID-19. The Belgian contribution does not take into account the public R&I funding of on-going research and hence the existing expertise that is relevant to address the pandemic. It is not always easy to draw the line when dealing with running investments in COVID-19 R&I related actions. The room for interpretation of this request should refrain from any comparison between countries. We recommend a common agreed approach to ensure that the desired information is correctly collected.

* **Agenda Point "Discussion on Next Steps and Conclusions"**

R&I in the recovery should also address:

* Prevention and preventive measures to be based on scientific analyses. We should ensure the measures taken across the EU are more aligned and taken in a concerted manner;
* The pathophysiology of the disease and its longer term effects;
* The preparation for the expected next peak of COVID-19 and other outbreaks, including from AMR pathogens.

# **CYPRUS**

1. **ERA vs CORONA ACTION PLAN – STATE OF PLAY**

Cyprus reiterates its support to the European R&I Action Plan and its commitment to continue to be actively involved for in its successful implementation. We are happy with the progress made so far, in particular with the introduction of new dedicated calls for proposals and of top-up funding opportunities, the relevant adjustments of H2020 work programmes and the comprehensive support measures for innovative companies.

Cyprus recognises that the 10 priority actions are short term measures. Even with the vaccines’ development, we will continue to face a lot of problems that need to be addressed at the medium and long term. We should be ready for the next peak-infection and for the next outbreak of similar viruses.

We note the following:

* **For Action 2**, Cyprus welcomes the involvement of the Health configuration of the Programme Committee of H2020 (same goes for **Action 3**) and the additional funding earmarked to facilitate the participation of hospital research sites from all Member States in the large-scale clinical trials.
* **For Action 4**, Cyprus welcomes the €150 million as additional budget for COVID-19-related innovations under the EIC Accelerator and the plans to issue Seals of Excellence for those that will not be funded.
* **For Action 5**, Cyprus’ National R&I Action Plan for COVID-19 is aligned with the proposed measures, particularly as regards efforts to fund SoE EIC proposals and to exploit opportunities offered by the specific State Aid measures.
* **For Action 6,** Cyprus has established a one-stop-shop for COVID-19 R&I actions providing an overview of ongoing R&I funding both at the national and at the EU level.
* **For Action 9,** Cyprus supports the idea of using an EOSC platform to share relevant data. However, robust data infrastructures need to be developed at the national level in line with the open/FAIR data approach.
* **For Action 10**, Cyprus is actively involved in the process, including in the “Matchathon”. The experience and the expertise gained from the national Digital Hackathon (“HackTheCrisisCyprus”) on 5 April 2020, is important for our contribution to the cause.

1. **INFORMATION ON THE AD-HOC WORKING GROUP (ACTION 1) AND AD-HOC HIGH LEVEL R&I TASK FORCE ON THE CORONAVIRUS (ACTION 7)**

*Questions for discussion:*

1. *Do you agree with the main tasks attributed to the ad-hoc working group on action 1?*
2. *Do you think that the advisory structures shown in the background document are sufficient in the present situation?*

Answer to Question 1

First of all, Cyprus wishes to congratulate the European Commission and DG R&I in particular, for its immediate response, at all levels, to address the COVID-19 pandemic. The Commission’s initiative to prepare and implement the European R&I Action plan turned to be very successful and is supported not only by Member States and other European countries but also by 3rd countries in the rest of the world.

Regarding the mandate of the Ad-hoc group, Cyprus believes that it should be clarified further. Its scope and operations should be focused on R&I only. We are strongly against the expansion of its scope to cover Health policy issues, which are under the competences of Health Ministries and DG SANTE. The mandate should also include expected deliverables and clear timeframes, both for the Ad-hoc group and for its subgroups. It has to be made clear, what is meant with ‘…established for the duration of the COVID-19 pandemic response’. The smooth phasing out of the Ad-hoc group will facilitate the return to normal procedures (operational and political) with the proper involvement of the Council, ERAC and the Programme Committee configurations (comitology). It is imperative that we follow the well-established institutional procedures and that we respect the institutional balance.

These difficult times require the efficient utilisation of resources, both financial and in human capital/administrative. Therefore, we should avoid overlapping/duplication of efforts with other existing structures/procedures and minimise fragmentation.

Answer to Question 2

Cyprus strongly believes that the current EU advisory structures, as presented, are sufficient and appropriate to address the COVID-19 situation. Moreover, with the imminent return to normal procedures, we feel there is no added value in establishing a new Task Force, as proposed under Action 7 of the European R&I Action Plan.

1. **PLEDGE – STATE OF PLAY**

***For the Coronavirus Global Response International Pledging Event***

Cyprus participated by offering €200.000 to the World Health Organization (WHO) for health systems (related to COVID-19). We verified to the European Commission (by updating the relevant excel) that the budget for the national public R&I Corona oriented calls (€2.5 m) is not included in the pledge amount declared.

# **CZECHIA**

**Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?**

* The implementation of Action 1 of the “ERAvsCorona” Action Plan has resulted in creation of the ad hoc Covid-19 Working Group, which aim is to create effective European pipelines for Covid-19 vaccine, therapy and diagnostic developments, thus covering all the relevant fields from research to deployment.
* After its initial session, the ad hoc Covid-19 Working Group has immediately split in 4 sub-Working Groups, focused on the areas of Testing, Clinical Trials, Funding and Manufacturing. By definition of the scope of issues that these 4 sub-Working Groups consult, the topics are in-depth and expert-oriented, and fall much more within the competences of Health Ministers than Research Ministers.
* In this regard, it would be helpful to learn whether other ad hoc bodies were created by DG SANTE, and what are the possible alignments and/or complementarities/synergies with the ad hoc Covid-19 Working Group established by DG RTD (in cooperation with DG SANTE), or whether there is just a single ad hoc Covid-19 Working Group of DG SANTE and DG RTD, and consequently of Health and Research Ministers.
* Moreover, and unfortunately, it is not very clear what the exact mandate of the ad hoc Covid-19 Working Group is, including 4 sub-Working Groups (Terms of Reference are too general), and what the expected deliverables are. Specific goals to be reached by the ad hoc Covid-19 Working Group have to be articulated in a more precise way. Furthermore, so far, activities developed by 4 sub-Working Groups are rather spontaneous in terms of agenda setting, memberships and establishing additional structures within their scope.
* Neither is it clear if all EU Member States are allowed for their representation in all 4 sub-Working Groups, or whether it is up to their decision. In this regard, the call for nominations limited number of experts per EU Member State, and it did not allow EU Member States for nominating 4 experts, who would cover all 4 target areas (i.e. Testing, Clinical Trials, Funding and Manufacturing).
* It would be for the best to debate and elaborate a proper mandate of the ad hoc Covid-19 Working Group, specify expected deliverables, and set the membership conditions in a more structured and formalised way, e.g. on the platform of Research Working Group of the EU Council. Only based on such a background information, EU Member States can decide to involve either Health or Research Ministries, and nominate candidates with appropriate expertise to cover all fields of their interest, according to the mandate and expected deliverables of the ad hoc Covid-19 Working Group.
* Since there are 4 sub-Working Groups totally, with frequent video-conference meetings (it has not been communicated if the ad hoc Covid-19 Working Group will meet also as a whole), it would be beneficial to receive regular progress reports on the developments made by each of 4 sub-Working Groups (e.g. bimonthly/quarterly). These shall be communicated to Research Ministers, who have supported the proposal to establish the ad hoc Covid-19 Working Group on the occasion of the Ministers–Commissioner videoconference session held on 7th April 2020, and who have endorsed the Action 1 for implementation.
* Only once the mandate and deliverables of the ad hoc Covid-19 Working Group are set in a clear and comprehensible way, foundation of other strategy-making and/or advisory structures may be thoroughly debated, taking into consideration the list of bodies, which are already operating.

# **HUNGARY**

**Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?**

**COVID 19 Ad Hoc group (action 1)**

To cover the whole pipeline (from pre-clinical research to products being available to citizens) and to cover the following priority issues: vaccines, treatments and diagnostics. This group should enable public funders of research and innovation, to work better together in a coordinated and more efficient manner in our immediate need to tackle the current Covid-19 pandemics. Specific objectives of the group should notably address the development of diagnostics, treatments and vaccines, but the group should first focus on the immediate need for an effective strategy regarding the development of vaccine(s), treatments and diagnostics for Covid-19.

The main purpose of the ad hoc group is to look at the complete vaccine, treatment and testing pipelines from research to deployment from a very pragmatic and operational aspect, to identify bottlenecks or challenges and to propose actions to ensure that ongoing developments can be progressed and deployed as quickly as possible.

A second aim of the group is to collectively get an overview of our combined efforts to develop therapies, vaccines and diagnostics in view of the Global Pledging.

Its work is facilitated by 4 subgroups covering clinical trials, manufacturing, testing and financing.

Suggested speech elements:

**Do you agree with the main tasks attributed to the ad-hoc working group on action 1?**

The main driver for the establishment of the COVID 19 Ad Hoc group was to react on the global situation rapidly and to establish an effective coordination mechanism. By creating such a structure, each Member State has offered its scientific knowledge by nominating members.

Hungary welcomes that the draft mandate of the Ad hoc group (and sub-groups) states the following on its functioning and timeframe

* The Ad Hoc Working Group will report to the R&I DGs on a regular basis, information provided to the R&I DGs should facilitate their discussions and operational decision-making. We fully agree with that **any political decisions should be referred to the Council and its preparatory bodies.**
* **The Ad hoc Working Group and its sub-groups are established for the duration of the COVID-19 pandemic response.**

So, we support the work of the ad-hoc working group and its subgroups provided they act according to their mandate and within their scope. Beside of the target setting and the Terms of reference of the individual sub-groups, we would like to emphasize the importance of the transparent and adequate information flow among the subgroups. We believe that sharing all the relevant information is essential to make the structure functioning. Members of the sub-groups are experts in the defined specific field, but in order to cross-fertilize various ideas they need to receive information from other sub-groups.

**Do you think that the advisory structures shown in the background document are sufficient in the present situation?**

We agree that using the existing advisory structures, with long historical knowledge in a specific domain, and also involving new, ad hoc advisory bodies is an effective way to tackle this extraordinary situation.

However, it should be clearly defined in which particular field each individual body can give advice and how the information coming from these various channels can be synthetized. To work more efficiently and to have real and fast results, these advisory structures shall cooperate and their relation to each other shall be more transparent.

According to the Action Plan, the role of the ad-hoc High-Level Task Force would be to advise in a more scientific and coherent way on possible R&I actions of EU relevance on medium and long-term priorities, and communicate about coordinated R&I actions to the general public. If an existing body whith the active involvement of Member State representatives can take over this role and this responsibility is added to its mandate, we do not see clearly the added value of creating an additional advisory structure.

# **ITALY**

**Questions for discussion: Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?**

As other Delegations, we observe that there has been a considerable widening of the remit of the ad-hoc working group from its inception, which is probably due to an increasing awareness of the need for better co-ordination of the numerous initiatives which are taking place at international, European, national and regional level.

Taking this into account, which possibly led the AT Delegation to propose a further widening of the remit of the working group, and taking also in consideration that the necessary short-term focus of the WG on 4 big items as Clinical trials, Manufacturing, Testing and Financing is already very demanding, although we are impressed by the number and quality of advisory structures shown in the background document, we still think that the task force foreseen in action 7, conceived as a **lean and qualified group with a more strategic remit** might still be useful, also in support of our group.

Without overlapping with the WG, **the task force could have a medium to longer term outlook** on research and innovation measures aimed at avoiding future catastrophes like the current one, thanks to improved prevention and preparedness at the level of our R&I systems and our communities, based on a synergetic development of resources like, for example, artificial intelligence and high performance computing.

# **LATVIA**

**Questions for discussion: Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?**

* The high-level ad-hoc group deals with general issues and its tasks are rather general, covering all the activities. We do not have particular comments on the mandate of this group. However, we believe that the mandate of this group should be limited in time, and policy discussions should return to the council working party.
* For us, the clinical trials (CT) sub-group is very important. Unfortunately, the work of the group so far has been too general and has not delivered tangible results. For countries having not-so-many COVID-19 cases as it is in Latvia, the guidance and information about possibilities to be included in the EU-wide clinical trial is of urgent importance.
* We have a few inpatient cases. As there was nothing-concrete coming from the CT sub-group leadership, Latvia urgently agreed with WHO through our representative office, in order to participate in SOLIDARITY clinical trial. Latvia covers the local costs of this trial, and this is our investment in global COVID-19 clinical research.
* Furthermore, the information coming through the CT sub-group is not well structured. We would like to obtain structured information on clinical trials with severe and with non-severe patients.For instance, it is unclear if and how clinical trials could be conducted for the sub-population (target group) of non-severe disease and outpatient setup and what the safety and efficiency of those potential candidate drugs for this target group may be.
* We recall that treatment at the early stage of disease may prevent unfavourable progression of the disease and this way crucially reduce the proportion of lethal outcomes. If this kind of treatments, supposedly with small molecules of antivirals, could prove to be efficient, it would be a solution in countries with fewer cases. It also may be more economically and socially efficient rather than distancing and lockdown measures, which are having enormous negative socio-economic impact and costs. We urgently need information on results from such clinical trials, as there is lack of data and facts for public health strategy development.
* At the moment, Latvia cannot enter in further trials as a representative site, because we have too few new cases.

**Summing up: (action plan point No 1)**

**The main group** – activities are ongoing, and the mandate should be limited in time.

**The clinical trials group** – discussions are active, but particular aspects, important for smaller member-states are not covered, tangible outcomes are missing, time is lost.

**The funding group** – purely statistical, no decisions should be taken there. We are lacking information on EU funding for research on second wave of disease potentially appearing this year or the next.

**Testing group** – so far we haven't received any information on the activities of that group, while we are interested in taking part and receive all relevant information. The participation principle - Member States Research Network – is not very transparent. We would like to have more data on group's membership. We ask to include Latvian representatives in this group.

**Manufacturing group** – not much information from this group, but it’s possible that this group primarily covers various industrial actors. Please, provide data on group membership

Regarding the **advisory structures**, we do not have much interaction with them.

The Advisory Panel on COVID-19 will benefit from including representative from EU-13, so that its work is not so detached from the situation of our region and there is direct input of important issues from researchers and clinicians in EU-13.

**New ad-hoc Action group – Action 7**

Latvia does not support establishing an additional ad-hoc TaskForce in Action 7. All relevant issues should be discussed in ad-hoc group of Action 1.

# **LITHUANIA**

**Information on the Ad-hoc working group (action 1) and ad-hoc High Level R&I Task Force on the Coronavirus (action 7) *–*** *Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?*

* Lithuania recognizes the need of efficient coordination of R&I funding against the coronavirus and thanks Commission for its efforts in this regard.
* However, Lithuania is in favour of using existing advisory structures whenever it is possible. It is important to avoid duplications and to ensure, that strategic and political decisions are taken using established procedures of the Council.
* In our opinion ad-hoc working group on action 1 must serve as an operational group on R&I funding issues and provide recommendations to Commission, RWP and ERAC.

**Pledge – State of play** – *Member States are kindly asked to verify, the table with national pledges and specify whether national public R&I Corona oriented calls were included or not in the overall pledge as presented on 4 May?*

Up to now Lithuania has pledged 200 000 euro, including 100 000 euro, dedicated to CEPI.

Public spending on Lithuanian R&I calls has not been declared yet due to undergoing selection procedure. Furthermore, before pledging we have to make sure, that the selected projects can be aligned with the partnerships’ agenda. For this reason we would appreciate more information about the scope of the partnerships (e.g. The World Health Organization (WHO) – for health systems (related to COVID-19).

# **MALTA**

Malta would like to thank the Commission once again for its leadership in such turbulent times. Malta would like to put forward the following comments.

**Do you agree with the main tasks attributed to the ad-hoc working group on action 1?**

Malta agrees with the overall general role and tasks assigned to the *ad-hoc* working group. In general, Malta also supports the opinion expressed by AT on the mandate of the *ad-hoc* working group and agrees with ES that a timeframe till the end of the year should be agreed upon. Such timeframes should be renewed only if needed at the end of 2020.

Malta strongly believes that a clear working structure and terms of reference (ToR) are required for the *ad hoc* group. This would help determine the precise scope of the group, its potential deliverables, any necessary monitoring and the envisaged timeframes. Without these details, the group risks operating without any directionality, failing to fulfil its intended objectives, duplicating efforts, and wasting expertise and resources. It is now time that the work of the a*d hoc* group, and its sub-groups, is brought to the official decision-making structures of the Council, including the Research working party.

**Do you think that the advisory structures shown in the background document are sufficient in the present situation?**

Malta feels that the existing and new advisory structures are adequate to meet the demands and expertise required to address the current COVID-19 breakout. The sub-groups of the *ad hoc* working group were established without a clear mandate from the Member States. Malta would recommend the amalgamation of those sub-groups that are approaching the same topics but from a different angle. This applies in particular to the clinical trials, testing and manufacturing sub-groups, which can be easily merged into one group. This will help minimise fragmentation, increase efficiency and coordination, and ensure consistency. Given the establishment of these new advisory groups and bodies, Malta does not view the proposal for a new ‘Task-Force’ as necessary.

Furthermore, Malta believes that the work conducted by the different advisory groups and bodies needs to be done in a manner that prevents overlap, with minimal red-tape and inefficiencies.

Similarly, with regards to the proposed Task Force, Malta agrees with other MS that such a Task Force would overlap with the work carried out by the *ad-hoc* working group and therefore, we do not see the need nor added value of creating an additional advisory structure.

# **SLOVAKIA**

Slovakia appreciates the progress that has been done since the last meeting in particular elaborating on Mandates of the ad hoc working group and its subgroups. However, we think that there is a need to further streamline the whole process.

**Action 1**

We fully support the Austrian approach and agree that the proposed Mandate of the ad hoc working group goes beyond Action 1 and that the group should be informed on the work of all 4 subgroups and coordinate the activities.

The Ad hoc working group should monitor the implementation of the ERA vs Corona Action plan as a whole, however we would like to stress the role of official structures in particular the Research Working Party, ERAC and H2020 Programme Committees.

**Action 2**

We think that it is necessary to define criteria and processes how to select clinical trials which will receive support as for example how vaccines in development can be added to the list of candidates.

We would also appreciate more information on how the funds collected within EU pledging action will be distributed.

# **SLOVENIA**

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| **Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?** |

* COVID (and other challenges in the future) require simultaneous response of many policies – research, health, industrial and others. This will also be one of the main challenges for the ERA of the future. I congratulate Jean-Eric how he managed to bring them together to deliver a tangible result – the Action plan.
* Proper coordination of policy actors is however only ensured through the formal decision-making channels: on the EU level through the Council procedure, and at the national level through our internal interservice consultations for preparing the Council decisions.
* The case of COVID required a fast-track response that unfortunately side-tracked the decision-making process within the Council. This step is however crucial to give legitimacy to all further formal and informal coordination of actions.
* The informal and ad-hoc working groups can only prepare and advise actions and decisions, but it is crucial that the Council bodies are regularly informed and involved in steering the whole process.
* For future actions when cross-policy coordination will be required, it therefore has to start in the Council adopting the common objectives.
* For the case of COVID, we accept the situation as it is, but we need to significantly improve the way that formal structures and procedures are involved. The proposal of Austria is a step in this direction.
* To sum up:
  + We need to ensure regular involvement of the Research Working Party,
  + The most political issues and steering should then be done through debates at the Competitiveness Council,
  + Meetings of this kind at the DG-level are very useful for providing guidance to the work done through the formal channels,
  + the ad-hoc working group should prepare debates of both – the DGs and the Research working party.

# **SPAIN**

**Part I**

First, we recognize the good will of COM and DG R&I Jean Eric Paquet to provide a quick answer to COVID-19 health-related problems and main challenges. The Action Plan ERAvsCorona came in a very short time, and most of the actions included are now in place.

It is true that the solution to the present crisis requires a different mindset, and we all agreed in pulling R&I resources both financial and non-financial to face the challenge ahead. I would like to congratulate Jean Eric and the rest of colleagues for it.

Having in mind the questions for discussion concerning the Ad Hoc Working Group [*Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?*].

First, intensifying the interface among ourselves (MS) and different DGs and Agencies is very important, and in such context **Spain supported and still supports the Ad Hoc Working Group (Action 1)**.

However, we share **concerns** on the mandate similar to those expressed by other colleagues speaking before me, namely:

1. Clarification of the **meaning of operational coordination**.
   * We suggest to refer to: “The aim of the Ad hoc working group is **to identify and explore further options and mechanisms** to strengthen the operational coordination of R&I funding, and funded activities, against the Coronavirus covering the whole pipeline (from pre-clinical research to products being available to citizens)”.
2. The reference to **operational decision making allocated to R&I DGs is very problematic.** First, operational decision making in the context of Horizon 2020 or Horizon Europe may be in conflict with comitology (programs’ committees). Second, R&I DGs meetings are informal, and they are depending on our agendas and goodwill. Furthermore, we cannot allocate to R&I DGs decision making in matters that require a major effort of coordination among different Ministries (Health, Research, etc.). Often **operational and strategic cannot be fully disentangle from each other**.
3. **Timeframe of the Ad Hoc WG should be precise and limited.** It may be until end of this year and if proven effective, we may agree on extending it. From a practical perspective, we have to look first if it works.
4. **Finally, coordination and dialogue between MS and the COM should proceed through the Council and using the proper existing channels**. Council configurations (including the Research Working Party and COREPER) should function on regular basis and are the institutional mechanisms for an effective and coordinated preparation concerning decision-making. R&I DGs’ meetings are a complement but cannot be the dominant rule.

The **split of the Ad Hoc WG in four different sub-groups** is also problematic for us:

1. It is important to **simplify and harmonize the mandates** of sub-groups, and more important is to contribute to the effectiveness of sub-groups. Our experience up to date has not been very positive even if we have done a major effort to mirror the expertise of our delegates accordingly. There is a **risk of fragmentation** and lack of a common and coherent vision. Each group is following a different approach and methodology, including overlaps and misunderstandings. For example, the testing sub-group includes among its mandate *(“Give advice on the setting-up of a strategic R&I agenda on COVID-19 diagnostics, to be endorsed by the R&I DGs” and “Monitor scientific/research developments”*). Such **goals are beyond the scope of the Ad Hoc WG and the sub-group**.
2. **Sub-groups need additional managerial support from the COM and (smart) directionality, and they have to provide expert and practical knowledge, but is the role of policymakers to keep things working** despite stresses, strains, and shocks.
3. **The financing sub-group has been set up with a very narrow perspective leaving outside research (including clinical research projects).** In addition, there is some overlap among groups (for example the Manufacturing sub group includes in its mandate: **“To identify relevant national investment initiatives**, the contributions that the current and future EU funding instruments can make, and to explore complementarities among all these”.
4. We still do not have a proper answer to how we are going to coordinate the complex funding structure in place to support COVID-19 research and innovation.

**Action 7. High Level Task Force**.

We supported this action in the past, though we do not consider appropriate to address this point until we have properly set up the Ad Hoc WG. Not in favor of creating the Task Force within ERAC.

**Part II General exchange on R&I in the recovery**

As requested at the Research Working Party informal meeting in April 30th, we will appreciate any additional information provided by DG R&I.

We would like to know more about the third pillar announced by President von der Leyen yesterday in her outline to the European Parliament, and the extra funding corresponding to Horizon Europe.

We fully agree with the idea that **funding research and health** (and research on health related issues) should be one of the **main priorities of the revamped MFF**.

We also consider that **increase** to support research and innovation, in particular innovative SMEs, should be in the form of **GRANTS**. Financial instruments provided by InvestEU and other financial instruments are not substitutes of grants very much needed to support our research base and emerging innovative SMEs.

We would like to have additional information, if possible, on the new dedicated Health Program and if the EU contributions to multilateral initiatives such as CEPI, GAVI or the Accelerator of the World Health Organization will be cover within such program.

Finally, we recall the relevance of synergies within the next MFF, and in particular effective synergies between structural funds and Horizon Europe, which must be taken into account by considering the proper rules of participation to have a real impact.

# **NORWAY**

**Preliminary input**

**Introduction**

This note states preliminary observations from Norway on the meeting agenda to the Director Generals meeting 14 May.

The note follows the structure of the agenda. The first part therefore first gives preliminary input regarding a few of the activities in the *ERAvsCorona Action Plan*, before outlining some general observations on the current setup and existing structures for R&I Coronavirus related activities (*ERAvsCorona State of Play*). Feedback on the main questions for discussion can be found in the second part (*Information on the Ad-hoc working group (action 1) and ad-hoc High Level R&I Task Force on the Coronavirus (action 7)*).

Finally, the last section proposes a closer link to the work and development of the European Research Area.

On the question of establishing an ad-hoc high level task force (action 7), Norway ses that this *could* be a good way of ensuring that political decisions are research-based and use established systems for collection and assessment of data. It is however important that this level brings added value and does not contribute to excessive coordination.

**Agenda point 1: *ERAvsCorona State of Play***

* Norway very much welcomes the overview of activities within the *ERAvsCorona Action Plan.* The fast pace of implementation of the activities can make it more difficult to follow developments – the overview is helpful in national coordination efforts. It would very much be appreciated if the Commision can send out updates on progress on a regular basis.
* It is clear that from the overview that the Commision has both managed to attract a high level of expertise throughout, as well as has the ability to build on relevant existing structures – this shows the relevance of European activities and structures, both past and present.
* While the need for expertise and coordination is high, a general feedback from Norway is the need for more information on goals of each group and how they relate to each other, so as to avoid duplication of tasks and promote complementarity.

**Comment on specific Actions**

**Action 1: *Extending and supporting large EU wide clinical trials for clinical management of Coronavirus patients***

* Norway supports the close relation between the multi-centre trials DisCoVery og Solidarity Trial in the follow up of the action on clinical trials. Our impression is that the Commision also encourages a close link bewteen these two – this is positive.
* **Action 10: *EUvsVirus Hackathon/Matchathon*** we would be glad to disseminate information on the forthcoming Hackathon/Matchathon. However, we would welcome more information from the Commission on what they expect from stakeholders that register. At the moment, it seems stakeholders that register will receive a *tailor-made guide*, that most likely has the necessary information, but this is not available unless you register. More information on expectations to registered participants would be helpful in order to pin-point relevant stakeholders and convey information and expectations in the best way.

**Agenda point 2: *Information on the Ad-hoc working group (action 1) and ad-hoc High Level R&I Task Force on the Coronavirus (action 7)***

**Question for discussion**

*Do you agree with the main tasks attributed to the ad-hoc working group on action 1? Do you think that the advisory structures shown in the background document are sufficient in the present situation?*

*\*\**

Due to time contraints, Norway has not been able to evaluate all details of the proposed mandates of the Ad hoc Working group and sub-groups. We understand that participants in the ad – hoc group and various sub-groups have been given the opportunity to give feedback.

**Mandate of the Ad hoc – working group**

Norway believes that the main tasks described in the mandates for the ad hoc working group and sub groups are sufficient at this point. We support that the working group should strenghten coordination of R&I funding across the *whole* pipeline. We also support that the group takes an operational approach.

* *Reporting structure from Ad hoc working group to R&I DGs:* While all sub-groups are required to report to the ad hoc working group *on a regular basis,* there is no clear description in the mandate of the ad hoc Working Group itself of the reporting structure from the ad hoc Working group to the relevant R&I DGs. While it makes sense that "the work of the ad-hoc working group will prepare the ground for operational decisions to be taken by the R&I DGs", we would suggest a clearer description on the method and frequency.
* *New sub-groups only based on added value*: In line with our comment on flexibility, we generally support the fact that the group should be able to appoint specific sub-groups to address identified challenges. However, we believe that any appointments of new sub-groups should have added value, a clear goal and deliverables so as to avoid fragmentation and unnecessary red tape.

**General comments – mandate ad hoc working group and sub-groups**

* *Flexibility in face of new developments:* We stress that the mandates should not be set in stone. Rather, they should be living documents that could regularly be revisited in the face of new developments, and new phases of COVID-19. While the mandates in general are open-ended, we would suggest a general addition to all mandates where this flexibility is highlighed. Alternatively, the mandates could highlight that the purpose and objectives are to be re-evaluated after a specific period of time.
* *Indication of time line for deliverables:* while the time frame follows, and is dependant on, the development of the COVID-19-pandemic, the mandates should indicate either, when a deliverabe is to be expected (rough estimate) and/or how a more detailed time line for deliverables will be discussed.
* *Support to coordination by DGs (but one missing):* We support that each sub-group is coordinated by a relevant DG as a means to both quickly connect the work and deliverables to policy: The clinical trials and the financing sub groups is coordinated by DG Research and Innovation and the manufacturing sub group is coordinated by DG Health and Food Safety. The mandate for the Testing sub group however, does not specify a coordinating DG.

**Perspectives on establishing an Ad Hoc High level task Force (action 7)**

* Norway reiterates that the proposed ad-hoc high level task force *could* be a good way of ensuring that political decisions are research-based and use established systems for collection and assessment of data.
* It is vital however that the proposed Task Force brings added value. At the moment, it is somewhat unclear how the proposed task force would complement – or be different to – other advisory structures, such as the *Commission’s Advisory Panel on COVID-19 or the for a for Chief Scientific advisors.* While it seems the advisory panel on COVID-19 consists of leading epidemiologists and virusologists, and the Chief Scientific Advisors mainly focuses on consequences of COVID-19 on EU legislation, all groups seem to be tasked with providing medium and long-term policy advice on consequences of COVID-19. We therefore welcome information of the differences in policy advice provided by the different groups and how these are linked.
* Should the task force be established, it should primarily have stakeholders with intimate knowledge of national efforts, such as national experts and/or science advisors/funding agencies. The group can be complemented by an advisory group, with representatives from research and innovation communities, the public sector, investors and the procurement side. As the ad hoc group would give medium and long term policy advice, Norway believes the Commission should assess how to involve relevant existing structures such as ERAC so as to connect policy advice on the effects of COVID-19 to relevant policy developments at EU level.
* The overview states that the ad hoc High Level Task Force could *"communicate about coordinated R&I actions to the general public"*. We believe that clear and transparent communication on coordinated R&I actions to the general public is vital. Creating public understanding of impacts, results as well as the reasoning behind actions that are taken, gathers attention and helps increase public trust and legitimacy. We are however uncertain if communicating on coordinated R&I actions is a suitable role for a potential high level task force, as this could lead focus and capacity away from the main task of policy advice. Shoud a task force be established, we welcome more information on the Commission's thoughts on this aspect.

**The role of ERA and development of the *ERAvsCorona Action Plan* in the medium- and long term**

* Norway welcomes the opportunity to discuss how to further develop and coordinate the European research and innovation efforts in the face of COVID-19. Notwithstanding the severity of the COVID-19 pandemic, we believe the situation could function as a positive blueprint on how to align and integrate European research and innovation efforts in the future. Specifically, the Commision should use the experiences with COVID-19 to create an even stronger link between Horizon 2020/Europe and the European Research Area in the medium– and long term.

**This is based on several observations**

* The COVID-19 situation has shown that ERA and framework programme instruments *can* be used effectively together to create a strong and committed research and innovation response. Aligning national resources, and important ERA-tools such as research infrastructure and principles of open science have been pivotal to ensure a fast response and much needed research collaboration. Funding calls and a willingness to soften regulations within the framework programmes have created necessary volume and positive framework conditions.
* Beyond COVID-19, there is still a need for policy attention towards European policy developments, such as the Green shift. While fulfilling the Green shift will require strong commitment to take action and coordinate over time, COVID-19 has provided a blue print on how policy goals could be achieved in coordination between member/associated states and the European Union. A key to success on future policy developments will be that ERA, the Green Deal, missions and partnerships are well coordinated and mutually reinforce each other, and that we avoid duplication. Building on strong coordination efforts, the European Commission should play a central role in implementing and take a leading role in coordinating across Europe.
* We believe that further developments of the Action Plan should also include higher education. Students are the entrepreneurs and innovators of tomorrow. We have to ensure that the knowledge developed through the Action plan is quickly absorbed into educational programmes, so that students can build on it in their professional careers, whether it be in industry or the public sector.
* Norway would also point to the fact that the Action Plan illustrates what tools ERA posess, that are of interest for politicians (both EU and national level), and sectoral ministries. The ERAC opinion highlights that the importance of engaging high policy representatives and sectoral ministries – we see the Action plan has done just that and hope this can be an example to follow, also with regards to other policy developments.

# **SWITZERLAND**

Switzerland welcomes the ERAvsCorona Action plans. We thank the EC and Member States for actively engaging Associated Countries in the discussion and implementation of the ten actions.

1. **Action 1. With regard to the Ad-Hoc R&I working group. We welcome the initiative and have following suggestions:**

* We believe it is a need to streamline the processes. So far, important discussions have taken place on the Terms of Reference. However, it is important that the decisions are implemented soon and that the groups start their work as soon as possible; otherwise, their impact will be rather low.
* The Ad-hoc group should not take over decision-making processes that would normally fall within the competence of the Program Committees.
* We agreed with Austria’s comment that this group should play a greater role in monitoring the implementation of the action plan.

1. **Action 2:**

* Switzerland believes it very important to indicate which clinical trials will receive support and in which form. Furthermore, it will be crucial to be informed about the selection criteria that led to the decision on which clinical trials will be supported and which will not.

1. **Action 3:**

* The EC suggests to disseminate the information on the Second Expression of Interest through the EU Science Counsellors. Switzerland would like to stress the need to disseminate the information through the usual channels through which information on Horizon 2020 funding opportunities is disseminated, namely via National Contact Points (NCPs). Otherwise, we run the risk of not addressing those who can respond to the call.

1. **Action 7. With regard to the need to establish an ad-hoc High Level R&I Task Force on Coronavirus**

* Switzerland has established a [Swiss National COVID-19 Science Task Force](https://ncs-tf.ch/en/) that provides scientific advice to the Federal Council. The Swiss Task Force contributes to the discussions of the Group of Chief Scientific Advisors and seeks regular exchanges with scientific advisors and governmental stakeholders in other countries. So far, we have had bilaterally exchanges of experiences and views with South Korea, Singapore and Australia. Further exchanges with Italy and Sweden are planned.
* Switzerland would like to better understand the role and responsibilities of the suggested High Level Science Task Force at European level. For instance; who will this group provide advice to, how should the members be selected, how to avoid duplication of efforts with existing groups.
* In our opinion, a European High Level Task Force would complement the existing groups provided that the group facilitates an exchange on the implementation of scientific advice in the political decision-making processes. Such group should enable the exchange on what (from a scientific point of view) has worked and what has not, where evidence is available, where evidence is incomplete and where evidence might be lacking, and how better monitor/implement measures in the future.
* Such Task Force should be slim, dynamic and flexible. A clear mandate and a clear role should be defined in advance.