

# An Alternative European Perspective

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**T**his is the fifth of a series of monthly reports highlighting significant healthcare issues to have emerged across Europe in the last month together with reflections and pointers to further reading and action.

## 1 Learning the lessons from Covid

The main thrust of this month's newsletter is a consideration of the 'learning the lessons' process taking place across the world in relation to the COVID pandemic from a political, healthcare and economic perspective. I touch on Dominic Cummings's revelations about the incompetence of the response of the UK government, of which he was part, but more will come out in days to follow so my judgement on Mr Cummings is reserved for later editions.

## Philosophical

First I would like to present a more philosophical stance based on Priscilla Alderson's *'Critical Realism for Health and Illness Research'*, which was published by Policy Press in February 2021<sup>1</sup>. She makes telling comments on the nature of social reality of particular relevance to COVID responses across Europe and the world.

Her view is expressed thus,

1. *Health and illness affect every interrelated aspects of all our lives*
2. *Many causal influences are unseen by the naked eye (such as viruses or the neglect of hygiene) but may be seen in*

*their immense global effects on health and illness.*

3. *The effects are varied and partly unpredictable.*
4. *Health is a process, daily affected by healthy or unhealthy contexts, policies, behaviours and beliefs.*
5. *Policies and decisions related to health and illness research are practical and ethical as well as scientific.*
6. *They often fail.*

**She makes a persuasive case that adopting a critical realist attitude helps to,**

1. *Connect each element and treatment of health and illness into many broader interrelated aspects of our lives in the interdependent world.*
2. *Research unseen causal influences and explanations as well as their effects on health and illness.*
3. *Rely less on tracking correlations and making weak predictions.*
4. *Understand health as a process affected by interactions between individuals and their contexts (agents and structures)*
5. *See how science and morality affect decisions before, during and after research programmes, and*
6. *Resolve contradictions and disputes between natural and social scientists, in order to reduce avoidable failings,*

<sup>1</sup> <https://www.amazon.co.uk/Critical-Realism-Health-Illness-Research/dp/1447354567>

*promote interdisciplinary research and connect research into effective policies and practices.*

Above all the book puts in better perspective the slogan 'following the science'.

It explains how the prosperous classes in 19<sup>th</sup> century Britain disregarded outbreaks of cholera in the poorest areas until they themselves felt seriously threatened, at which point public health and sanitation was introduced for all.

It draws attention to Mike Davis, author of *Planet of Slums*<sup>2</sup>, and the *Monster at Our Doors*<sup>3</sup>, who had years earlier discussed the worldwide dangers spreading from low income countries to richer ones and which would require international solidarity, the failure of which would see international health, trade and political networks destroyed.

It thus reinforces the need for global governance of the COVID response rather than a narrowly defined 'following the science' approach at a national level, underplaying the importance of context, constraints (both real and imagined) and political and social agency.

### **Political**

In the May edition I drew attention to the free e-book from the University of Michigan, *Coronavirus Politics: The Comparative Politics and Policy of COVID-19*<sup>4</sup>. At 650 pages it is not for the faint hearted, but having completed the task it becomes clearer that 'following the science' is not the most apt description of responses to COVID in the UK, Europe or anywhere in the world.

Instead a combination of factors has been in play:

- A wilful blindness, bordering on implicit racism, seeing WHO guidance on pandemics as for the developing world only;
- recent experience in dealing with other would be pandemics (helpful in the far east and in South Africa (with AIDS);
- the degree to which countries had responded to preparedness warnings by the WHO ( many countries including the UK and in the EU were still managing the last financial crisis and thus neglected defences and the building of PPE stocks);
- the seriousness with which countries took public health (the UK had cut the budget by 25-50 % in recent years);
- the capacity of health services in crucial areas (ICU beds, anaesthetists, ventilators, skilled nurses) which will have saved many lives in Europe compared to the UK;
- the capacity of the health and social care systems generally to absorb the shock of the pandemic without shutting other services and building up massive waiting lists (again many European countries are not reporting these as a serious problem, in contrast to the UK, but data is suspiciously sparse);
- Either a technological or social infrastructure to support a working and effective test, trace, isolate and support regime<sup>5</sup> (all elements are necessary and

<sup>2</sup> <https://www.amazon.co.uk/Planet-Slums-Mike-Davis/dp/1844671607>

<sup>3</sup> <https://www.amazon.co.uk/MONSTER-AT-OUR-DOOR-Global/dp/1595580115>

<sup>4</sup> <https://www.fulcrum.org/concern/monographs/jq085n03q>

<sup>5</sup>[https://www.bmjjournals.org/content/373/bmjj.n1315?utm\\_source=adestra&utm\\_medium=email&utm\\_campaign=usage&utm\\_content=daily&utm\\_term=text](https://www.bmjjournals.org/content/373/bmjj.n1315?utm_source=adestra&utm_medium=email&utm_campaign=usage&utm_content=daily&utm_term=text)

the UK now has a test regime at massive cost but it is not clear that the tracing is effective or the social support is available to help people to self-isolate or to be helped or constrained to isolate). Far eastern countries with better broadband services, more widespread use of smartphones and better social policing/support are doing better.

- Political capacity in leadership, competence, training, experience, with an ability to act decisively, effectively and to communicate decisions clearly, persuasively and to build relations of trust, compliance and support from its populations. Presidential systems had some advantages but relied on the occupant of the post and the tactics adopted (both Trump and Putin invested heavily in getting vaccines but both were hampered by lack of wider healthcare and social capacity and sought to pass blame for its failures to others); whereas Johnson in the UK has used the pandemic to boost presidential style powers and to claim credit and allocate blame. Other presidents (Macron, Erdogan and Bolsonaro) have taken decisive action and have all sacked their health minister to escape personal blame for failings. Federal and Parliamentary systems have had both successes and failures.
- The trust, support and willingness to make sacrifices and to self-organise from the general population. This includes commitments to openness, transparency and scrutiny and effective measures to avoid corruption in the allocation of funds. This varies from country to country with the high trust regimes in Northern Europe performing well but not as well as the high compliance found in the Far East. It is

likely that as time goes by and fatigue sets in this will become more important.

Politics has largely framed COVID responses across the world. Although there are common features of countries who have done better (Vietnam, Mongolia, Germany, New Zealand, South Korea, Australia, Norway, China, Denmark) early success has generated complacency (Germany and Canada) and longer term success still relies on the early arrival of vaccines and the ability of countries to maintain economic and social support for their populations.

The study finished in the late autumn with public health having been side-lined by heads of state under pressure to act and eager to take the credit for things that worked and allocate blame for things that didn't.

In the UK there is still a reluctance to allow a proper inquiry into controversial aspects of the UK experience:

...lack of preparedness despite warnings, the pursuit of an ill-advised pursuit of herd immunity, the dumping of infected patients into social care, the turning of a blind eye to the rapidly rising waiting lists, the lack of capacity in key healthcare services (beds, staffing, ventilators), the shortages of PPE and the corruption involved in its eventual supply, the lack of a comprehensive and functioning test, trace, isolate and support system even at this late stage, and a repeated urge to end lockdowns early (prompted by threats of removal of economic and social supports) resulting in new waves of infection.

The clear hope of the UK government is that the success of the vaccine nationalism policy will sweep any concerns away.

Critical Realism suggests however that this is a global pandemic that lacks effective global governance, is set to spread across the world still lacking in vaccines, and as new variants

spread, vaccine production will still lag the need for vaccines for some time to come. The consequences will fill many body bags.

### **Health and healthcare**

As I also flagged last month the WHO published in May an independent review<sup>6</sup> of experiences gained and lessons to be learned from the current pandemic, which was presented to the World Health Council in May 2021, with a long list of recommendations:

*As the COVID-19 pandemic continues to devastate communities across the world, the Independent Panel is making a series of immediate recommendations to halt its spread. It recommends that:*

- *High income countries with a vaccine pipeline for adequate coverage should, alongside their scale up, commit to provide to the 92 low and middle-income countries in the COVAX Gavi Advance Market Commitment with at least one billion vaccine doses by September 2021.*
- *Major vaccine-producing countries and manufacturers should convene, under the joint auspices of the WHO and the World Trade Organization (WTO) to agree to voluntary licensing and technology transfer. If actions on this don't occur within three months, a waiver of intellectual property rights under the Agreement on Trade-Related Aspects of Intellectual Property Rights should come into force immediately.*
- *The G7 should immediately commit to provide 60% of the US\$19 billion required for the Access to COVID-19 Tools Accelerator (ACT-A) in 2021 for vaccines, diagnostics, therapeutics, and strengthening of health systems, and a burden-sharing formula should be adopted to fund such global public*

*goods on an ongoing basis. Every country should apply proven public health measures at the scale required to curb the pandemic. Leadership from heads of state and government to achieve this is crucial.*

- *The world must also urgently prepare to prevent a future outbreak from becoming a pandemic. To this end, the Independent Panel calls for the engagement of heads of state and government to lead on efforts to transform the existing system. The Panel calls for a series of bold and forward-looking reforms, including:*
- *Establishing a Global Health Threats Council that will maintain political commitment to pandemic preparedness and response and hold actors accountable, including through peer recognition and scrutiny. Countries should also adopt a Pandemic Framework Convention within the next six months.*
- *Establish a new global system for surveillance based on full transparency. This system would provide the WHO with the authority to publish information about outbreaks with pandemic potential on an immediate basis without needing to seek approval and to dispatch experts to investigate at the shortest possible notice.*
- *Invest in national preparedness now as it will be too late when the next crisis hits. All governments should review their preparedness plans and allocate the necessary funds and people required to be prepared for another health crisis.*
- *Transform the current ACT-A into a truly global platform aimed at delivering*

<sup>6</sup> <https://theindependentpanel.org/mainreport/>

*global public goods including vaccines, diagnostics, therapeutics, and supplies that can be distributed swiftly and equitably worldwide—shifting from a market model to one aimed at delivering global public goods.*

- *Focus and strengthen the authority and financing of the WHO, including by developing a new funding model to end earmarked funds and to increase Member State fees.*
- *Create an International Pandemic Financing Facility, which would have the capacity to mobilise long term (10-15 year) contributions of approximately US\$5-10B per year to finance ongoing readiness. It would also be ready to disburse from US\$50-100B at short notice by front-loading future commitments in the event of a pandemic declaration. The Global Health Threats Council would allocate and monitor the funding to institutions which have the capacity to support the development of preparedness and response capacities.*
- *Heads of state and government should at a global summit adopt a political declaration under the auspices of the*

*UN General Assembly to commit to these transformative reforms.*

This has put the cat among the pigeons forcing those that followed the Trump doctrine<sup>7</sup> of opposing all multilateral governance initiatives to think again. The Rome Declaration at the World Health Summit on 21 May<sup>8</sup> seems to go some way to meeting these demands but also falls short. In the meantime President Biden has

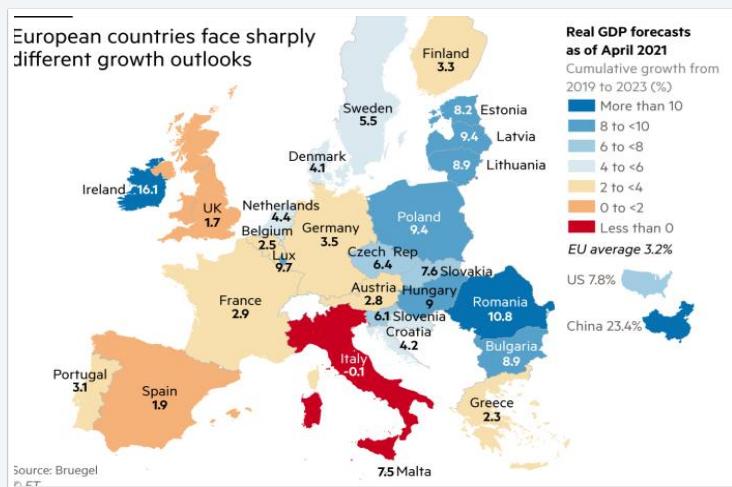
declared support for making patents freely available<sup>9</sup> and the head of the WTO has been quizzed about it at the European Parliament<sup>10</sup>. We will

continue to watch this space.

## Economic

The big problem in framing any healthcare response either in Europe or the UK is to understand properly the financial constraints that governments face now and in the short term. The Financial Times has reproduced an analysis of the financial projections across Europe to 2023 (See above map).

This analysis mirrors the political analysis of the University of Michigan referred to earlier in that it brackets the UK with Spain and Italy as suffering the worst likely economic performance in future years alongside a poor



<sup>7</sup> "We reject the ideology of globalism, and we embrace the doctrine of patriotism. Around the world, responsible nations must defend against threats to sovereignty not just from global governance, but also from other, new forms of coercion and domination." Trump speech to the UN.

<sup>8</sup> [https://global-health-summit.europa.eu/rome-declaration\\_en](https://global-health-summit.europa.eu/rome-declaration_en)

<sup>9</sup> <https://news.yahoo.com/bidens-move-waive-covid-19-100305718.html>

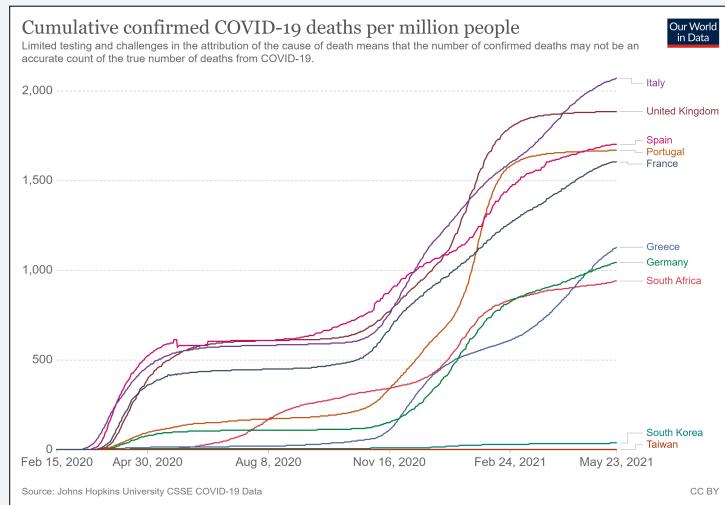
<sup>10</sup> <https://europeansting.com/2021/05/21/getting-a-patent-waiver-is-not-enough-says-wto-chief-to-trade-committee/>

healthcare performance in combatting COVID compared to others in Europe.

This is mainly as a result of the aggressive pro-austerity economic policies adopted voluntarily or forced onto them prior to COVID, the relative impact of COVID on tourism compared to other countries in Europe and, in the case of the UK

reflect a counterproductive impact on economic and social relations with Europe. It augurs badly for the ‘sunny uplands’ promised by Brexit supporters and will test the Prime Minister’s ability to look on the bright side.

## 2 Update on various European commentaries



and France, the damage caused by Brexit.

This is projected growth rates and are being used to bargain for a greater EU boost to the economy to avoid what is seen to be sluggish growth compared to the US and China.

Nonetheless the analysis reinforces the view that despite the success of the UK vaccine programme relative to the EU (in terms of winning the race by a few weeks) in terms of economic impact there is no reward, and as with the ‘nul points’ Eurovision signifier it may

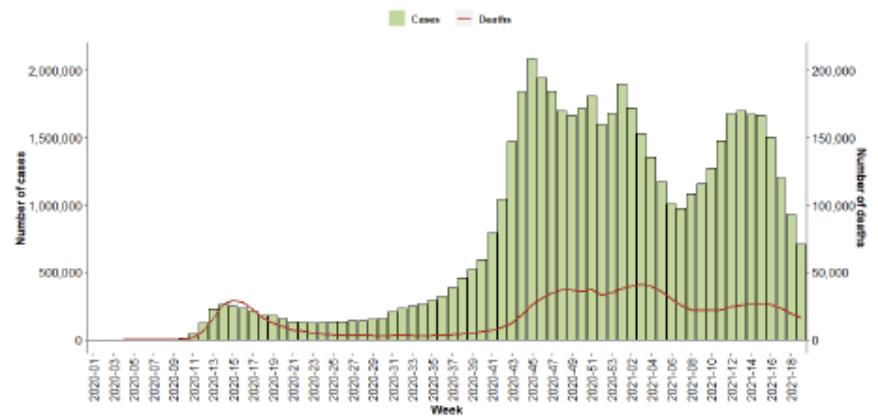
**The European Health Observatory** seems to have not much to say; unless you are interested in Latvia<sup>11</sup>.

**The ECDC/WHO** latest weekly bulletin<sup>12</sup> shows that cases and deaths in Europe are following the UK trend steeply downwards.

**The EU Observer** has taken the lead in criticising the pro-pharma stance of the EU and has published a call for it to cease to be a mouthpiece for its pharmaceutical industries<sup>13</sup>. It also

draws attention to nearly 400 MEPs and MPs

**Figure 1. New confirmed COVID-19 cases and deaths by week, WHO European Region**



across Europe who have signed the petition to waive patents.

<sup>11</sup> <https://eurohealthobservatory.who.int/publications/i/how-does-latvia-s-health-sector-contribute-to-the-economy>

<sup>12</sup> [https://www.euro.who.int/\\_data/assets/pdf\\_file/0018/502362/ECDC-WHO-Regional-Office-for-Europe-COVID-19-Bulletin-19-21-eng.pdf](https://www.euro.who.int/_data/assets/pdf_file/0018/502362/ECDC-WHO-Regional-Office-for-Europe-COVID-19-Bulletin-19-21-eng.pdf)

<sup>13</sup> <https://euobserver.com/opinion/151920>

**Corporate Europe** has supplied yet more damning evidence of how the EU operates in practice to prevent other views being heard on the patent question<sup>14</sup>.

**Eurointelligence** noted on 12 May<sup>15</sup> that the Queens speech echoed German Parliamentary debates about how to invest to exploit technological advances. Wistfully they noted political convergence across Europe if not regulatory convergence.

**The consultants McKinseys** are encouraging more money to be spent on healthcare<sup>16</sup>. It makes a change from all those reports showing how it was possible to save billions in the NHS: for example by cutting back on PPE<sup>17</sup>.

**Euronews** features an article citing problems at UK immigration controls over the entry of EU citizens<sup>18</sup>. It does not augur well for future European recruitment.

**Politico**<sup>19</sup> draws attention to the Dominic Cummings 42 blog tirade of a few days ago and the accusation that herd Immunity was the Government policy despite denials.

See also **the Times** article on the expected revelations of Dominic Cummings<sup>20</sup> and the immediate thoughts<sup>21</sup> from the **BMJ** of the testimony itself. Given that Matt Hancock has shrugged it off as “unsubstantiated allegations” I have decided to wait for substantiation and the subsequent debate before giving my call.

**The BMJ** identifies the rapidly rising rates of the Indian variant in the UK<sup>22</sup>. This coupled with evidence of the limited effectiveness of the AZ vaccine on the variant<sup>23</sup> and the concerns of Germany about this leading to the closure of flights is not good news<sup>24</sup>. At the **HSJ** Andy Cowper<sup>25</sup> draws attention to the looming threat of the Indian variant<sup>26</sup>.

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<sup>14</sup> <https://corporateeurope.org/en/2021/05/commissions-pharma-echo-chamber>

<sup>15</sup> <https://www.eurointelligence.com>

<sup>16</sup> <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/how-keeping-health-a-priority-is-a-prescription-for-european-prosperity>

<sup>17</sup> <https://www.theguardian.com/world/2020/apr/12/revealed-value-of-uk-pandemic-stockpile-fell-by-40-in-six-years>

<sup>18</sup> <https://www.euronews.com/2021/05/17/there-were-bars-on-the-windows-italian-national-detained-upon-arrival-in-uk-over-visa-mist>

<sup>19</sup> <https://www.politico.eu/article/boris-johnsons-former-top-adviser-says-herd-immunity-was-uk-plan-to-fight-coronavirus/>

<sup>20</sup> <https://www.thetimes.co.uk/article/maniac-or-genius-westminster-insiders-on-dominic-cummings-next-move-and-what-it-will-mean-for-boris-johnson-5m85z5jtd>

<sup>21</sup> [https://blogs.bmjjournals.com/bmjjournals/2021/05/26/martin-mckee-what-did-we-learn-from-dominic-cummings-evidence-to-mps-on-the-covid-crisis/?utm\\_source=adestra&utm\\_medium=email&utm\\_campaign=usage&utm\\_content=daily&utm\\_term=text](https://blogs.bmjjournals.com/bmjjournals/2021/05/26/martin-mckee-what-did-we-learn-from-dominic-cummings-evidence-to-mps-on-the-covid-crisis/?utm_source=adestra&utm_medium=email&utm_campaign=usage&utm_content=daily&utm_term=text)

<sup>22</sup> [https://www.bmjjournals.com/content/373/bmjjournals.n1315?utm\\_source=adestra&utm\\_medium=email&utm\\_campaign=usage&utm\\_content=daily&utm\\_term=text](https://www.bmjjournals.com/content/373/bmjjournals.n1315?utm_source=adestra&utm_medium=email&utm_campaign=usage&utm_content=daily&utm_term=text)

<sup>23</sup> <https://www.bbc.com/news/uk-57214596>

<sup>24</sup> <https://www.thesun.co.uk/travel/15049277/france-travel-warning-indian-variant-germany/>

<sup>25</sup> <https://www.hsj.co.uk/policy-and-regulation/cowpers-cut-waiting-for-the-peoples-dominic/7030138.article>

<sup>26</sup> <https://twitter.com/dgurdasani1/status/1396244823728926721>

**The Kings Fund** report belatedly on the excess deaths in 2020<sup>27</sup> and point to the additional deaths of people at home. The Fund calls for a public inquiry saying,

*“Given this enormous death toll, and the grossly disproportionate impact of COVID-19 on our poorest communities and ethnic minority groups, a public inquiry into how the pandemic was handled is urgently needed”* <sup>28</sup>.

**The Nuffield Trust** at least is keeping its eye on the ball by reporting on the slips in UK diagnostic waiting times<sup>29</sup>. It remains difficult to find information on the impact on waiting times in Europe. Although historically it was not an issue there will have been an impact of COVID on routine services.

**The European Commission** reports that plans to establish an EU Digital Green passport by June are likely to be in place<sup>30</sup> to come into force on 1 July. UK tourists without one are warned.

The French newspaper **Liberation** reports a Bordeaux variant<sup>31</sup>, mild but easy to spread. In case you are planning a wine run.

**Roger Steer**

**28.5.21**

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<sup>27</sup> <https://www.kingsfund.org.uk/press/press-releases/imperative-lessons-are-learnt-covid-19-ons-excess-deaths>

<sup>28</sup> <https://www.youtube.com/watch?v=aObZJN9zDtA>

<sup>29</sup> <https://www.nuffieldtrust.org.uk/resource/diagnostic-test-waiting-times>

<sup>30</sup> [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_21\\_2593](https://ec.europa.eu/commission/presscorner/detail/en/IP_21_2593)

<sup>31</sup> [https://www.liberation.fr/sante/a-bordeaux-le-virus-mute-et-un-cluster-se-forme-20210522\\_NMUHRV3UT5E7VPNLEX7TYVNNIY/](https://www.liberation.fr/sante/a-bordeaux-le-virus-mute-et-un-cluster-se-forme-20210522_NMUHRV3UT5E7VPNLEX7TYVNNIY/)