

An Alternative European Perspective

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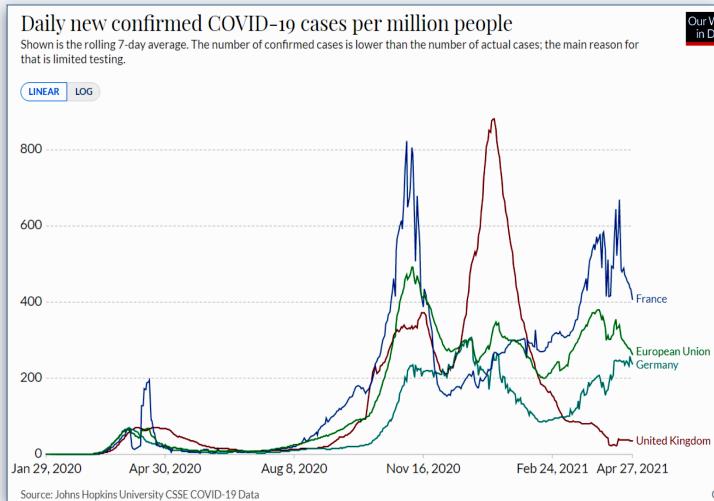
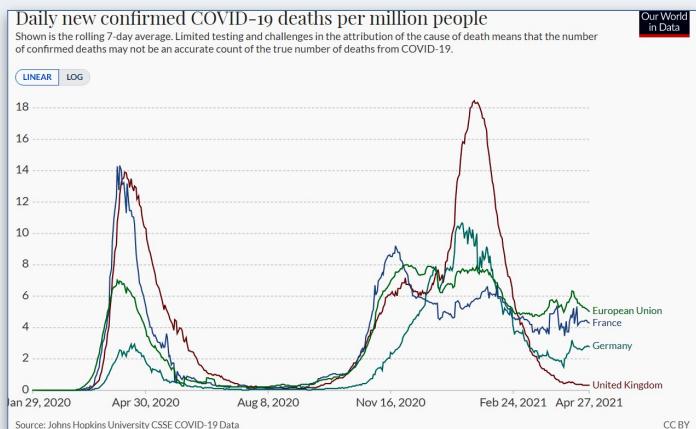
This is the fourth of a series of monthly reports highlighting significant healthcare issues to have emerged across Europe in the last month. By adopting a European perspective on healthcare issues we hope to provide an insight into UK performance and to emerging issues here and elsewhere.

1. Covid: they think it's all over – not in Europe they don't

As Britain allows demonstrations proclaiming the prospect of imminent release from restrictions on movements and social gathering, coupled with flagrant breaches of social distancing, mask wearing and a joyful snubbing of the advice of experts and government¹, the atmosphere in Europe is more ambivalent.

After struggling to secure enough vaccines to help stem a surging third wave of covid infections that is particularly problematic in France and Germany, there is a real fear

The UK on the other hand seems to be engaged in an experiment to test whether a fourth Covid



that long planned relaxations of social controls will have to be further delayed.

wave can be expected by planning a return to normal as quickly as possible despite continuing uncertainty on the effectiveness of vaccines to tackle all new variants of the virus, on the effects of lifting lockdown, and on whether open borders for tourism from other countries with higher infection rates is sensible.

Cases in the UK skyrocketed in the early part of 2021 with a daily rate that neither Germany nor France have come close to attaining. Nothing to boast

about here. France looks now to be on the way down while Germany seems to have stabilised. Overall cases in the EU are also in decline.

¹ <https://www.telegraph.co.uk/news/2021/04/25/police-injured-protesters-arrested-anti-lockdown-demonstration/>

Similarly, while death rates have increased recently in Germany and in France, levels are nowhere near those seen in the UK in the earlier part of this year.

These graphs not only show the progress made but also paint a warning that things can quickly turn bad. I have selected just France and Germany as well as overall EU, and of course UK, but the World in Data website allows the user to select all countries in Europe and across the world to plot as required.

2. The Inquiry is coming and its outline findings are already emerging

Despite the reluctance of governments across Europe to examine their management of Covid² others are laying down markers.

In the UK, one such independent initiative is the Peoples Covid Inquiry chaired by Michael Mansfield QC, which is holding a series of hearings – that can be viewed on their website³ – as a precursor to a later report.

In the meantime the WHO is to receive an independent report in May on pandemic preparedness and responses: this follows an interim report in January 2021⁴.

The interim report gives a good idea of what is likely to be said but I will review the final report when it is available. Instead I direct readers looking for real meat to a recently published and freely available 650 page e-book, from the University of Michigan⁵, “*Coronavirus Politics: The Comparative Politics and Policy of COVID-19*” which surveys country and regional

responses across the world. The authors are policy experts who don't mince their words but speak both authoritatively and persuasively and who lay out their stall in the introduction as follows,

“What is clear from this “first wave” is that politics matter and there is a great need to understand government responses to the COVID-19 pandemic. Pandemic preparedness must consider “political capacity” which is to say politics. Our book is an initial effort to systematically identify what these variables are and explore how they operate in practice.”

On the European response, in Chapter 13, a lucid explanation of the various conflicting strands of EU policy are described and the view is put that

“What COVID-19 has made clear is that the EU’s lack of distributive capacity, its position as “risk assessor” but not “risk manager,” and its inability to act as much more than a platform for the supporting of national action hinders its ability to act in the collective interest. As the first wave of the virus has passed, the EU has capitalized on these obvious and salient shortcomings to propose a series of longer-term changes to its role in future health crises”.

² Boris Johnson's refusals are well known but Macron in France shut down a Parliamentary Inquiry and instead sacked his Prime Minister and Minister for Health.

³ <https://www.peoplescovidinquiry.com/>

⁴ <https://theindependentpanel.org/independent-panel-for-pandemic-preparedness-and-response-urges-countries-to-take-proven-measures-now-to-mitigate-covid-19-pandemic/>

⁵ <https://www.fulcrum.org/concern/monographs/jq085n03q>

These changes are a new eu4Health programme⁶; a vaccines strategy⁷; and an EU pharmaceuticals strategy⁸. The net effect is to greatly strengthen the EU public health policies and the resources available to deliver them.

The chapter concludes,

"In a number of the federations that this book discusses, such as Brazil and the United States, federalism meant that an otiose central government shirked responsibility or acted erratically, leaving ill-prepared and variable states to compensate. Disasters ensued. In the case of the EU, responsibility for managing health emergencies clearly lay with the member states from the outset. The EU's immediate response was therefore constrained to that of an international organisation, coordinating from the sidelines at the mercy of the resources and solidarity of its member states. An initial period of member state dominance—and even egotism—was therefore inevitable. But as this first phase passed, and the scale of their shared problems became apparent, member states' perceived interest shifted. Their response has been to begin to strengthen and expand the EU's more state-like powers. A common European debt mechanism, a central role for the EU in vaccine procurement and distribution, even a new agenda in health systems strengthening—these are sizeable steps forward, which acknowledge the integral role of Europe in post-COVID-19 recovery and the positive-sum nature of further integration. It is just a beginning. The process will be long, shaped by the EU's peculiar institutional structures and the new, post-Brexit reality of decision-

making, but, faced with a public health crisis of a magnitude previously unseen, the response so far has been to seek another European rescue of the nation state."

Chapter 12 on the UK on the other hand takes on the easier target of the UK's past austerity policies which had undermined state preparedness and capacity to deal with the pandemic.

The book's conclusions are where the immense scope and wisdom represented in attempting to draw lessons of global covid management from the early stages of the pandemic (to September 2020) are discussed (accompanied by small reflections on more recent vaccine successes and production failures).

An obvious finding is that there is a strong case for better co-ordination between social and health policies and for bringing the state back in to develop the capacity to respond to health crises most effectively.

But the authors recognise that state capacity is not a sufficient condition for effective policies and neither is the fact of democratic or authoritarian regimes.

Most countries have succeeded or failed according to local factors and according to history, learning from past epidemics and according to the skills of local leaders.

The authors identify the importance of continuing to analyse these factors as they anticipate that the learning will be of continuing relevance not only to the likely long duration of this pandemic but to other long crises (climate change, development of antimicrobial resistance and to the future of the welfare state).

⁶ https://ec.europa.eu/health/funding/eu4health_en

⁷ https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/eu-vaccines-strategy_en

⁸ https://ec.europa.eu/health/human-use/strategy_en

How governments choose to implement health and social policies will be a persistent issue. This book is not a bad place to start for anyone trying to draw deeper lessons from this Covid pandemic.

3. Big Pharma are winning – but at what cost?

In previous editions of this newsletter I have drawn attention to the debate about the sanctity of the world patent system that reinforces the ownership of intellectual property rights underpins the production of Covid vaccines.

These matters continue to be debated with Bill Gates figuring prominently. He was interviewed by Sky News recently and this interview and other views are discussed here⁹. In my view, by effectively stalling the proper investigation of better alternatives, Bill Gates has helped Big

Pharma get time to buy up capacity on their own terms, and this promises to extend and frustrate the more timely production of sufficient vaccines for the world.

That the resources found by Bill Gates to support the existing international co-operative arrangements (\$1.75bn) is vital to the delivery of vaccines to the world is placed in perspective by the sums committed by the UK government alone to date on Track and Trace (£37bn)¹⁰.

The Economist¹¹ calculated the global cost of the Covid pandemic at just over \$10trn. In Europe alone the costs are \$2trn.

The debates continue¹² but I'm not holding my breath. The people of Europe and the UK appear content both to secure vaccines early and to allow their drugs companies to prosper on the back of controlling supply to the rest of the world.¹³

4. Update on various European commentaries

The European Health Observatory seems to have taken a breather with all the running coming from its partners.¹⁴

The ECDC/WHO latest weekly bulletin shows that the surge in Europe has stalled overall, as the graphs above showed. This is good news but the situation remains volatile and localised.

The EU Observer announces legal action by the EU against AstraZeneca for failure to deliver vaccines according to

⁹ <https://braveneweurope.com/jon-queally-share-vaccine-recipes-with-poor-during-pandemic-one-of-worlds-richest-men-bill-gates-says-no>

¹⁰ <https://fullfact.org/online/37bn-test-trace-spending/>

¹¹ <https://www.economist.com/finance-and-economics/2021/01/09/what-is-the-economic-cost-of-covid-19>

¹² https://www.wto.org/english/news_e/news21_e/dgno_13apr21_e.htm
https://piie.com/blogs/trade-and-investment-policy-watch/heres-how-get-billions-covid-19-vaccine-doses-world#_ftn2

¹³ <https://petition.parliament.uk/petitions/564005>
<https://eci.ec.europa.eu/015/public/#/screen/home>

¹⁴ <https://eurohealthobservatory.who.int/publications/eurohealth?publicationtypes=056da79b-9706-4327-a919-b6cea058a088&publicationtypes-hidden=true>

contract¹⁵. Not a happy backdrop to the sign-off of the Brexit agreement on the same day by the EU Parliament.

Corporate Europe has supplied more information on the activities of EFPIA¹⁶ the Pharmaceutical Lobby group in Europe.

McKinseys published an interesting article on gene sequencing of samples. It reveals that measures for tracking new variants are lacking, particularly in the US.¹⁷ I attach a further indication of similar problems in Europe¹⁸.

Euronews shows the resurgence of Covid nationalism in Europe¹⁹. Not much sign of co-operation and sharing here on the face of it, although Politico presents the data differently to give a more nuanced view.

Politico provide their take on vaccine rates per country per million of population which presents a rather more balanced picture; which only goes to show how careful we have to be in presenting and interpreting data²⁰.

The King's Fund published a good article on counting the dead from Covid but could have discussed in more detail why for example the UK had much higher deaths in nursing homes than in Europe.²¹ The answer is not a happy one and reflects badly on the NHS, and the King's Fund for not being able to hit a barn door.

The European Commission provided more details of plans for a Digital Green passport to help provide ease of access across Europe for EU citizens²². I can see trouble ahead for UK tourists in Europe.

¹⁵ <https://euobserver.com/coronavirus/151666>

¹⁶ <https://corporateeurope.org/en/2021/04/big-pharma-lobbys-self-serving-claims-block-global-access-vaccines>

¹⁷ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/genomic-sequencing-a-vital-tool-in-combatting-the-pandemic>

¹⁸ <https://www.labiotech.eu/trends-news/covid-19-variant-genomics/>

¹⁹ <https://www.euronews.com/2021/04/26/covid-19-vaccinations-in-europe-which-countries-are-leading-the-way>

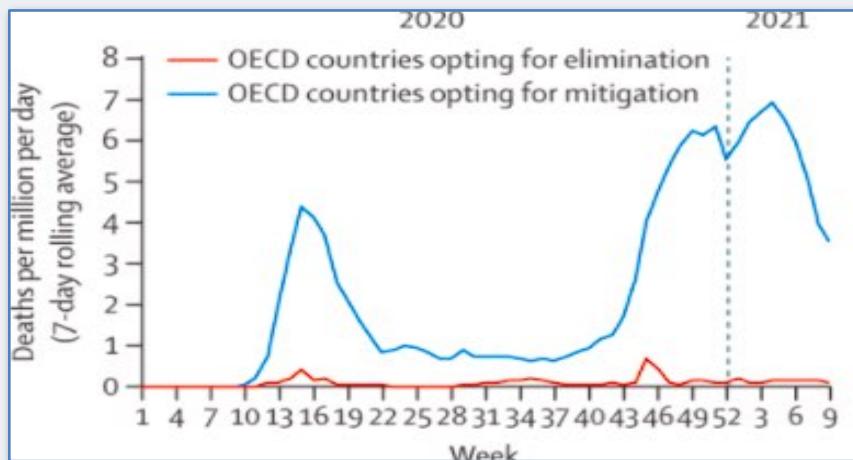
²⁰ <https://www.politico.eu/coronavirus-in-europe/>

²¹ <https://www.kingsfund.org.uk/publications/deaths-covid-19>

²² https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1181

The Lancet looks at the difference in performance of OECD countries opting for elimination and those opting for mitigation of COVID²³.

The problem for us is that we are in the mitigation camp whether in the UK or Europe.



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²³ SARS-CoV-2 elimination, not mitigation, creates best outcomes for health, the economy, and civil liberties
Miquel Oliu-Barton, Bary S R Pradelski, Philippe Aghion, Patrick Artus, Ilona Kickbusch, Jeffrey V Lazarus, Devi Sridhar and Samantha Vanderslott The Lancet 28th April 2021

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