

# An Alternative European Perspective

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You may be familiar with the medical joke: the operation was a success but unfortunately the patient died. It comes to mind as governments account for their Covid performance, and as the continuing problems in providing adequate supplies of drugs and healthcare across Europe gets worse.

In watching the questioning of the UK Prime Minister in Parliament and his attempt to gloss over his partying while his government preached the most severe lockdown for the rest of the population, we are asked to marvel at the speed at which vaccines were procured and the resulting early release from restrictions the UK enjoyed, thanks to his leadership.

*Meanwhile in France an ex medical secretary has been appointed as Health Minister, Brigitte Bourguignon.*

[Best known](#) for recycling fish from Boulogne fish market for the poor and for being sympathetic to proponents of euthanasia she has been chosen to lead a restructuring of healthcare. [Macron has been vague however](#) and [the appointment greeted unenthusiastically.](#)

This month I discuss more on these themes as well as addressing more fully the latest progress in vaccinating the world while coping with shortages of essential drugs. Shortages seem not to be a problem in this context but an [opportunity for capitalism](#), which in the words of Oxfam have been 'Profiteering from Pain'.

The usual round up follows on healthcare issues as reported across Europe.

## How many died from Covid in Europe?

The [WHO](#) followed the [Lancet](#) in drawing attention to the issue of excess deaths attributable to Covid. The whole issue is further discussed by [World in Data under the heading excess mortality](#).

Before coming to the interpretation of the figures I must issue a health warning on the reliability of the figures because "*not all countries have the infrastructure and capacity to register and report all deaths*".

Although richer countries are better at it, in "*many low- and middle-income countries, undercounting of mortality is a serious issue*".

This was a problem that got worse during the pandemic.

Also "*delays in death reporting that make mortality data provisional and incomplete in the weeks, months, and even years after a death occurs — even in richer countries with high-quality mortality reporting systems*" compromise figures quoted.

Thus we have to take with a pinch of salt reports, such as that from the Daily Mail that [the UK leads the world in its ability to count its dead](#).

Somehow this is not a cause for self-congratulation, although it does explain why in retrospect UK excess deaths may not be as bad compared to some other countries as first reported. The Daily Mail proclaims that according to excess deaths figures, Britain ranked lower ie better than most major European nations. Thus the Mail claims that voices clamouring for tougher restrictions during the pandemic were inappropriate. Deaths from Covid figures used for comparative purposes were distorted, it is claimed, by including more bodies than other countries lacking in testing facilities.

The bald statistics cited are that, according to the WHO, the UK ranked 54th (out of 194) with a death rate of 109 per 100,000 people, over 20% higher than the global average of 90. Spain (111), Germany (116), and Italy (133) all ranked higher, despite remaining in lockdowns for much longer than the UK. The US had the 40th highest excess death rate (140 per 100,000).

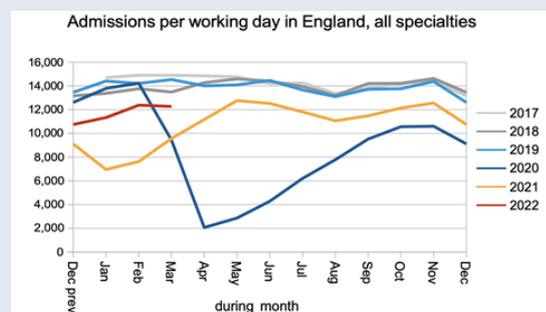
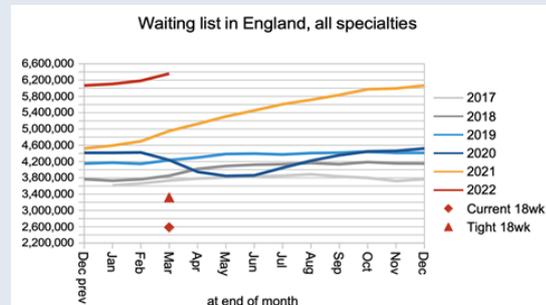
But this argument is undermined by the much better excess deaths figures from Norway, New Zealand and the Far East which adopted more restrictive public health measures. If you are being pursued by the bear in the woods, it is little comfort that most of your neighbours are being consumed at similar rates.

Overall, the European picture is of between 2 million and 4 million dead depending on who you include in Europe and whose figures you believe, with widely differing figures between countries in Europe depending on country and on ability to report accurate figures on a timely basis. Europe is probably better in this respect than other continents of the world but it's nothing to write home about.

### The aftermath of Covid in Europe

Where the [UK leads Europe is in counting people on waiting Lists](#). This is where the

self-congratulation has to stop. As usual slightly complicated issues are best summed up graphically as these two charts drawn from the HSJ report of 12th May (linked to above) from Dr Rob Findlay show.



As the author, Rob Finlay, states in his understated way,

*The net result of near pre-pandemic demand and below pre-pandemic activity is a growing waiting list, especially when we remember that the waiting list was growing year-on-year even before the pandemic. A growing waiting list is one of the root causes of long waiting times.*

To spell things out, if activity is running at around 15-20% less than in previous years and the waiting list is continuing to grow rapidly (at around 40-50% p.a.) then things are set to get a lot worse for NHS waiting lists over the next year. That's before the impact of the withdrawal of Covid funding and the doubling of efficiency targets kick in.

The solution to such problems in France is to sweep them under the carpet. It is impossible to get figures for 2021 let alone

anything more up to date. If 2020 is anything to go by, reports on 2021 will be available by November 2022. [See my report in April 2022.](#)

The best I've found in Europe addressing the issue is this report published two weeks ago by [Eurofound](#) discussing the issues involved in living and working in the EU during the Covid crisis in 2021. On healthcare the report finds,

*Between March and July 2020, more than 20% of people in the EU who needed a medical examination or treatment did not receive it. The main reason, given by 85% of respondents, was because health services were overwhelmed by the pandemic. The other COVID-19-related reason for lack of treatment was fear of contracting the disease, given by 37% of respondents. The percentage was much higher in some Member States, particularly Bulgaria, Greece and Sweden, where it was around 60%. This could reflect a lack of trust that services were sufficiently well-prepared to protect people from the virus.*

*While healthcare provision in general returned relatively quickly in most countries, by spring 2021 a similar percentage of people reported an unmet medical need and the main reason once again was the unavailability of appointments due to the pandemic.*

[On 19<sup>th</sup> May 2022 an EU Global Health Strategy](#) was announced. But there is nothing new about lip service being given to international co-operation on health issues while locally countries struggle ( see [this](#)

declaration from the EU Commission on Health Co-operation).

So despite there being extra capacity and staffing levels in the EU (at least amongst otherwise comparable countries) compared to the UK, it seems that waiting times and capacity constraints are not just a UK issue.

### **[Vaccinating the world, the power of the drugs companies and drug shortages](#)**

In previous months I have reported on the lack of vaccination amongst poorer countries in the world and the reluctance of drugs companies to relinquish control over production of vaccines despite pressure from the WHO and the World Bank. The latest twist in the story is that shortages in the availability of drugs are starting to be magnified as pressures mount on global supply lines. As always these pressures are being felt in some countries more than others.

Politico has drawn attention to the [post-code lottery](#) determining access to drugs across Europe. But there appears to be an agenda to create a European-wide drugs market rather than a desire to undermine the power of drug companies in either the existing markets or within this new arrangement. Corporate Europe had already [flagged the influence of the pharmaceutical industries lobbyists](#) in Brussels and thus of the real danger of corporate capture of the market and its regulations. Such warnings seem even more relevant as this recent [statement](#) from the *The Multilateral Leaders Task Force* (of the International Monetary Fund, World Bank Group, World Health Organization, and World Trade Organization) after high-level consultations with UNICEF, Gavi, the Vaccine Alliance, the Global Lead Coordinator for the COVID-19 Vaccine Country Readiness and Delivery, and the CEOs of leading vaccine manufacturers indicates.

The statement draws attention to the ‘rampant’ levels of Covid disease transmission throughout the world co-existing with the fact that ‘23 countries are yet to fully vaccinate 10% of their populations, 73 countries are yet to achieve 40% coverage and many more are projected to miss the 70% target by middle of this year’. The situation is most acute in Africa and in Low Income countries where ‘Only 7% of people been fully vaccinated, compared with 73% in high-income countries’.

The statement however draws comfort from the fact, ‘The vaccine supply constraints from last year have eased, and export restrictions are not currently an issue. Our efforts must now focus on supporting countries to increase vaccination rates. There is no "one-size-fits-all" approach as each country faces different political, administrative, and capacity challenges.’

Thus they look forward to, ‘Sustained investment in geographically diversified manufacturing capacity and new technologies for vaccines, therapeutics, and diagnostics as key for ensuring more equitable, affordable, and timely access to tools for developing countries. ... we welcome the work of the leading vaccine manufacturers in exploring and undertaking new partnerships and call for them to work closely with international organizations (IOs) and countries to capitalize on practical solutions, sharing licenses, technology and know-how’ while at the same time acknowledging ‘Insufficient health care infrastructure, including warehouses, cold chain capacity; lack of trained vaccinators; complexities associated with the management of multiple vaccines; lack of data systems to support vaccination campaigns; and misinformation and vaccine hesitancy as common hurdles that governments must confront’.

They see the top priority, ‘... is deploying financing quickly to accelerate the

*development, production, and equitable access to COVID-19 tests, treatments and vaccines in low- and middle-income countries. Fully funding the Access to COVID-19 Tools (ACT) Accelerator is critical.*

*As vaccine supply increases in 2022, close coordination among all stakeholders will be crucial to aligning supply with demand, reducing supply fragmentation, and deploying vaccines in the most effective way. ... Let us acknowledge the importance of delivery, as this is where lives are saved, families are kept whole, children continue their education, communities stay strong, and economies grow.’*

It looks like the strategy (with its fair share of motherhood and apple pie statements) is to [indebt the poorer nations](#) (as this linked statement from the President of the World Bank suggests) on the one hand, while allowing the pharmaceutical industry to prosper (by being the beneficiaries of the World Bank funding being provided). But [negotiations are ongoing](#) as this FT story of 22<sup>nd</sup> May demonstrates – ‘Big Pharma lobbies for slice of G20 fund to prepare for next pandemic’.

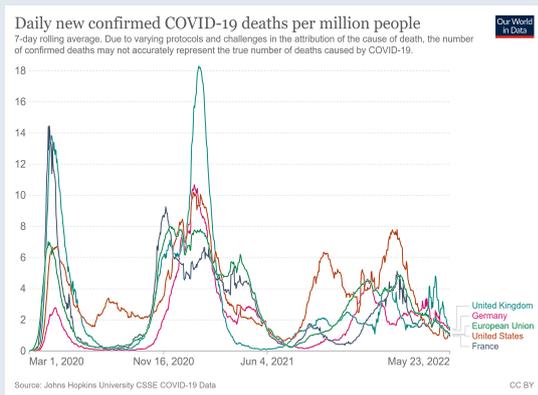
### Is Covid going away?

Having travelled in the UK and France over the last month I suggest you would be forgiven for thinking that Covid has disappeared completely. It has been forgotten.

Only the most vulnerable appear to be taking precautions.

This optimism reflects the will of governments to restore normality and consumer spending levels. But has Covid really gone away?

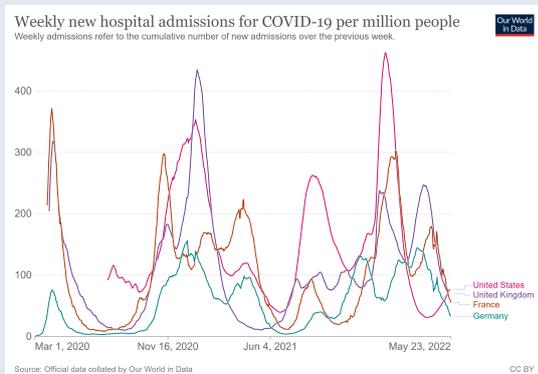
Before repeating previous answers let’s look at the latest figures from World in Data on deaths and hospitalisations.



For once, all countries in Europe seem to be on the same trajectory with declining death rates at around 1-1.5 per million. Caution dictates that I point out that in both 2020 and 2021 this time of year was the low point in cycles that rose to new heights over the course of summers and the start of new autumns; only managed by further restrictions thereafter.

This has been ruled out by the current UK Prime Minister who has set his face against the possibility of any new wave of restrictions. The last time a ruler did such a thing was during King Canute's rule. There seem to be some parallels between Boris Johnson and [King Canute](#) not least his fair complexion, fine head of hair and attitudes to women. Canute died on the throne after a long rule however.

Hospitalisations tell a similar story but the US shows that tides can indeed turn.



The LRB have also [discussed the same issue](#) and reached broadly the same conclusions

on past performance although decline to project (guess) what might happen in the future.

My own inclination is to maintain public health defences and resilience against the risks of further adverse events in the autumn. We have been warned of [new variants of enhanced transmissibility](#) and there is a clear danger that, as vaccination protection declines with time, new waves of increased potency may yet arrive, as [Danny Dorling warned last month](#).

### Will the Prime Minister survive?

Last month I finished my report with the UK electorate having delivered [its verdict](#) as expressed in the local election voting figures. The answer to the question though is likely to be only up to the time of the next election. Thereafter a coalition government involving the Scottish Nationalists, the Liberal Democrats and Labour appears most likely. But the question hangs on whether the Partygate affair will precipitate an early election. On the basis that turkeys do not vote for Christmas this appears unlikely. But events could yet deliver the decisive blow. [Sue Gray's report](#) doesn't yet appear to be it despite her damning evidence of misconduct in office. But you cannot believe everything you read in newspapers as [BylineTimes have revealed](#).

### Summary of information across Europe

The European Health Observatory [discusses the problems of price transparency in drugs pricing](#). They give both sides of the argument between those who want to retain the largely secret and opaque system in Europe and those that want more transparency. My personal take is that if price opacity is regarded as the right answer we are asking the wrong question. By this I mean that the existing system seems to enhance the power of the drugs companies and the corporate lobbying system in

Europe. in common with [Transparency International](#) I support the power of transparency to take away bad smells.

The WHO debate on such questions as how to set drugs prices fairly and ensuring better access to drugs and vaccines continues with the next round likely to take place at [the WHO World Health Assembly](#) in the last week of May 2022. There is a [full agenda](#) and from what I can tell little coverage being given in the media, in the UK at least, where attention is focussed on the precise number of parties the Prime Minister attended. It is a strange world where most attention is being given to the least important issue affecting the care of the population.

In France, following Macron's victory, I reported signs last month that he might take the gloves off. His opportunity came at the [closing ceremony for the Future of Europe Conference](#) on 9 May where he gave the closing address to the Conference.

Unfortunately he overlays his own personal success in being re-elected with the rather more mixed performance of Europe in recent years, the rather confused Multi Speed Europe being advocated for the future and the disastrous war in Ukraine. Elsewhere in France, opinion is muted. His last Health Minister, Olivier Veran, [hardly gets a ringing endorsement from Liberation](#). The new one I have already noted in my introduction has failed to generate much enthusiasm.

[The European Centre for Disease Control](#) provides an assessment and advice on new variants of Omicron Covid, BA.4 and BA.5. They observe a growth advantage for BA.4 and BA.5 '*probably due to their ability to evade immune protection induced by prior infection and/or vaccination, particularly if this has waned over time*'. The limited evidence suggests, '*both BA.4 and BA.5 are capable of escaping immune protection induced by infection with BA.1*'.

However, they believe, '*There is currently no indication of any change in severity for BA.4/BA.5 compared to previous Omicron lineages*', but '*Overall, the indication is that the presence of these variants could cause a significant increase in COVID-19 cases in the EU/EEA in the coming weeks and months*'.

The Centre argues that, '*Continued close epidemiological and vaccine effectiveness monitoring is essential in order to rapidly detect signals of increased SARS-CoV-2 circulation or risk of severe disease among vaccinated individuals. If such signals emerge, a second booster may be considered for some or all adults 60 years and older and for other vulnerable groups. Countries should have plans in place for the rapid deployment of booster doses in these population groups*'.

The problem is that European governments do not appear to be listening.

Reassured? No, me neither.

[McKinsey draws attention to nursing shortages in the US](#). Nurses have been treated like [a global commodity](#) and its blowback time. It's no better in Europe, according to the [European Public Services Union](#). You would almost think there is a global conspiracy to induce a neo-liberal response that market forces will solve the problem without the need for policy makers to do anything.

[Euronews](#) features the amount of [plastic digested by the average person every week](#). A credit card's worth apparently. I was pleased to discover that production of [samphire](#) and [mussels](#) could be the answer to both global warming and plastic removal. I am looking forward to my European support payments here in the salt marshes of the Vendee.

[Eurointelligence](#) continues to [report on the problems in Germany under their new leader, Scholz](#) (see column of 23<sup>rd</sup> May

discussing Scholz's dilemmas and problems in reconciling Germany's need to secure energy supplies and maintaining its stance toward Russia – Scholz is accused of being two-faced). The UK and France are not the only countries with leadership issues. Solving this one may be the most important. The column of 25<sup>th</sup> May on the issue of the widening of the EU (more countries joining) and its deepening (towards more integration) points to the risks of disintegration. Traditionally Germany had provided some stability. Under its new leadership this may no longer be the case.

**Social Europe** [invokes William Beveridge](#) and quotes him from 1942, '*A revolutionary moment in the world's history is a time for revolutions, not for patching.*' You can see why the Tories never trusted him. His rallying cry from 1942 is invoked here to support what are seen to be the main lessons drawn from the pandemic that, if there is sufficient urgency and political will, what were once firm limits no longer seem quite so rigid, and there is scope for great intervention and systemic overhaul. The authors are a bit light on practical suggestions for my liking.

**The Nuffield Trust** reminds us that [waiting lists are accumulating in diagnostic services](#)  
**Conclusion**

On a sombre note the trivial matter of the fate of the UK Prime Minister is overshadowed by the [WHO drawing attention to war](#) in Ukraine and Europeans killing other Europeans. My theory is Putin invaded Ukraine to divert attention from the dire Covid management in Russia, as highlighted in the Daily Mail report cited earlier, with excess mortality being three times the UK rate (and incidentally well above the casualty rate in the war, so far).

However, leaders across Europe appear happy to take refuge in the prospect of provoking nuclear war in Ukraine on the basis it is more likely to get them re-elected than addressing how best to take the heat out of the conflict.

I am not optimistic.

as well as in [inpatient and outpatient care](#). This is not going to get better soon.

**The King's Fund** provides a [very useful summary of the late changes to the Health and Care Act](#) that eventually passed through Parliament. The whole thing is fraught with risks of unintended consequences, not least that a decision on major reconfigurations will have to be made in six months, all while ensuring local authorities and NHS organisations are consulted.

In the meantime the [HSJ reports an opposite tendency](#) of further delays to the decision-making process as supply chain issues and financial issues undermine the assumptions in pre-existing plans. If significant changes are required to balance budgets, then re-consultation on more modest proposals may undermine the fragile coalitions supporting major reconfigurations, as it becomes clearer services will have to be cut to fund new buildings.

French critics of health reforms refer to Macron's ideas of more local discussions to solve problems as '[more high masses to nothing](#)' when the cry is to act. Something is lost in translation but we know what they mean.