

Experts in health

## Europe's response to COVID-19



The Health Link is a network of health policy and communications experts working in Europe and beyond.

Health challenges are not constrained by borders. As a result, our clients often face similar issues in different countries. The Health Link creates smart and bespoke solutions to help clients deliver a consistent approach, while ensuring that the solutions are tailored to reflect

national circumstances. Our objective: to deliver concrete change for our clients and for the patients they serve and, ultimately, play our part towards a "Europe of health". A Europe in which citizens are protected from diseases no matter where they live, where healthcare professionals receive the highest quality education and training, where shortages in the health workforce are a problem of the past, and where healthcare can be accessed equally by all Europeans.

The current crisis caused by the COVID-19 pandemic shows just how important this vision is - in Europe and beyond. The Health Link dedicates its second newsletter to this crisis since the course and outcome of this pan-European challenge will determine the

future of all of us. Now more than ever, the need for unity in diversity manifests itself.

In this newsletter, the partners of The Health Link have a good look at what's happening in Europe by assessing the different responses to the challenge posed by COVID-19 at national level, drawing some initial conclusions on what Europe can learn from these challenges to date.

Contributions touch upon several aspects of this multilevel crisis, including on healthcare systems sustainability, the need for efficient political communication, economic implications, regional differences and much more.

Enjoy the read and stay safe!

## Responding to COVID-19 - lessons from Europe

As Europe has entered into lockdown-mode, many of us have spent these past days of self-isolation thinking almost incessantly about the unprecedented situation that we are facing in Europe and across the world. What could have or could still be done differently? What lessons can we draw for the future? While the full scale of this crisis remains uncertain, we can already assume that it will define 2020, the decade and quite possibly the century.

**In opining about the political and policy response and implications, we must recognise that we do not yet know the endgame**

Fundamental questions remain unanswered: how many people will suffer from the virus, and what will the social, economic and political implications be?

Although we can make assumptions, the truth is we simply do not know for certain at this early stage.

The first question depends on three main factors: the geographical spread of the virus, how many people will be infected, and, of those, how many will die. We know that we are facing a global pandemic.

On the second point, expert views differ, but there seems to be an expectation that a very significant proportion of the population will be infected - and quite possibly the majority.

Considering that COVID-19 is a global phenomenon, this would translate into billions of people becoming infected. It certainly puts the current figures of more than 500,000 confirmed cases into perspective!

The evidence suggests that COVID-19 is a mild illness in the majority of cases, but causes serious illness - and tragically deaths too - for a minority of people, imposing extraordinary burdens on healthcare systems.

**Europe's initial reaction has been disappointing on multiple levels**

In Europe, the initial policy response was disappointing. The European institutions seemed caught by surprise and their lack of reactivity made the EU's limited competence in health policy in times of emergency sadly tangible to all. The EU missed the opportunity to act where it could have, i.e. through Member State coordination at Council level and exchanges of best practices. The European Commission could have leveraged these exceptional times as an opportunity to express solidarity to the most affected countries and therefore make Europeans feel its presence. And, of course, the European Central Bank did not live up to expectations that it would cut interest rates as the Eurozone heads toward recession.

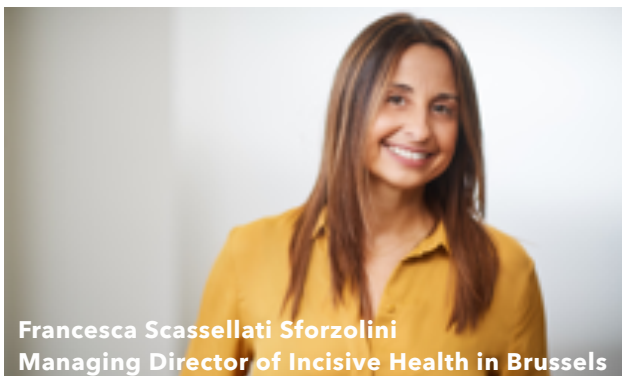
**But there will be important initial lessons that can inform future policy activity**

On a more optimistic note, in the months ahead we will learn valuable lessons about how future global pandemics can be mitigated and about which role Europe can, and is prepared to, play in them. This will stand us in stronger stead for the future.

The lack of a truly unified response from the EU once COVID-19 appeared in the economic heart of one of its founding nations has been evident to all. We know that there will inevitably be other epidemics and pandemics and **we must ensure that, next time, Europe is equipped to step up with a coordinated health response** and that adequate investments are made to put in place an epidemic response system at EU level.

Moreover, **citizens' health education - health literacy - will need to be enhanced** to achieve satisfactory outcomes in health. COVID-19 has already made clear why we all have a duty to adopt responsible behaviour for the common good. Health education can be tackled through broad multi-stakeholder partnerships at EU and national level, including with policy makers, medical and scientific communities, patients/citizens organisations, the media and business.

A final learning should be around what can be done to structurally reform health systems to be able to cope with such once-in-a-generation health crises. We should take stock of this experience once the months ahead have passed to engage in a constructive debate on whether healthcare systems should be equipped with a residual level of preparedness, reflect on the centrality of health in our lives and what we can do to better coordinate future responses at European level.



## From the heart of the crisis: insights from Italy

Italy has had the burdensome role of being the first European country severely hit by the COVID-19 epidemic, with **unprecedented healthcare and economic consequences**.

- Although the majority of cases are located in the North, **the containment measures were gradually extended to the entire country**. The economic repercussions on the commercial and industrial sectors have been major, but preventing the total closure of production activities was the only way to **guarantee the continuity of strategic services and sectors for the country**, such as the pharmaceutical and agro-industrial ones.

- **The universalistic scheme of the Italian National Healthcare Service (NHS - SSN) was never called into question:** from the onset, it was clear that the main objective is and remains guaranteeing all necessary cures to all. However, health cross section analysis sheds light on a situation which is again critical: the number of deaths is still too high and the contagion peak has not been reached (although the trend is reversing). The NHS is under severe pressure with thousands of doctors and healthcare professionals resulting positive to the virus, entire ICUs capacities full and observed difficulty of sourcing materials and equipment necessary to deal with the high number of patients who need intensive care.



Although the emergency situation is still very much present, a few considerations can be made pertaining to the consequences it will have for Italy:

1. **Polarisation of inequalities vs. strengthening of the welfare state.** This crisis will be able to bring forth increased solidarity or, on the other hand, increased social inequalities.
2. **Strengthening vs. weakening of the European project and consensus shifted towards or against nationalist and populist movements.** Europe has a key role, and if actions and measures decided by Brussels will be supportive and sympathetic - or not - this will surely have a negative - or positive - effect on anti-EU rhetoric.
3. **The financing of the NHS will surely become a priority in the current and future political agenda.** It has been now realised that the major cuts of the last few years (spending reviews, employment blocks for healthcare personnel and deficit-alignment strategies) were the major cause of not only a severe healthcare emergency, but also of unquantifiable economic damages and many avoidable deaths.
4. **Considerations over division of competences between State and Regions.** Italy can be considered as having 21 different NHSs: from 2001, healthcare prerogatives have been delegated to Regions and the State has essential functions, such as guaranteeing basic healthcare assistance levels.

This emergency will pour oil on the fire of the never-ending debate between centralisation and regionalisation of powers. Even today there are already many opposite visions regarding the management of this crisis.

5. **Reinforcement of digital healthcare.** The need to maintain social distancing and avoid overloading the healthcare infrastructure will (and already is) be a great impulse to healthcare through new technologies in a country where the transition towards digital healthcare was on the path of being extremely slow.

## A France “at war” takes strong measures

With almost 30,000 infections recorded, the coronavirus epidemic continues to worry, as **cases in France increase by 15-24% every day, and emergency services are overwhelmed.**

According to *Santé Publique France*, the first effects of containment will not be felt for two to four weeks, and there are rumours of an extension of the containment measures until end-April. The health reserve has been mobilised and [guidelines](#) on the management of COVID-19 in ambulatory care have been drafted.

The Ministry of Solidarity and Health have been working to contain the fake news circulating on social medias, and measures have been taken to address the health and economic impact of the crisis.

Measures for the protection of caregivers by the Ministry of Solidarity and Health and Social Insurance

- The **shortage of masks** has required state action to regulate - and limit - their distribution among the various healthcare professionals.
- A decree regulating sales prices was needed as inflation in the price of hydro-alcoholic gels was recorded.
- Private companies have offered to help addressing shortages.

Deployment of telemedicine and tele-monitoring by the Ministry of Solidarity and Health and Social Insurance

On March 19<sup>th</sup>, the Ministry of Solidarity and Health listed every telemedicine platform in order to organise their deployment and facilitate their contact with independent healthcare professionals.

Requests for tele-consultations on platforms are rising sharply. The Health Authority (HAS) has given a favourable opinion on the reimbursement of remote monitoring procedures as soon as the diagnosis is made.

## Implementation of containment by the President of the Republic, the Prime Minister and the Ministry of the Interior

France has adopted **strict containment measures** since March 16<sup>th</sup>, limiting citizens' mobility. It is now mandatory to carry an auto-certificate when leaving the house, as well as an additional employer's certificate when going to work. Any failure to respect of these rules is punishable by a fine of €3,750.

Provision of support to the country's economy announced by the President of the Republic and the Ministry of Economy

The **declared state of “health emergency”** enables the Prime Minister to restrict freedom of movement, freedom of enterprise and freedom of assembly, and allows for the requisition of goods and services necessary for the management of the health crisis. Moreover, it permits to take emergency economic and adaptation measures to combat the pandemic.

In order to support the country's economy, exceptional measures have been taken:

- deferring the social and tax charges of small and medium-sized enterprises (SMEs), supporting or deferring their bank maturities and setting up a State guarantee for these companies. **All of these measures require an investment of 300 billion euro.**
- removing the ceiling on wages in the event of technical or partial unemployment. This provision will cost the State 35 billion euro.



## Spain struggles with too many patients and too little capacity



**Current figures** such as on the rate of COVID-19 in the Spanish population **are not entirely reliable as a test is not yet available for all those who show symptoms.**

So far in the Community of Madrid, the country's most affected zone, the test

is mostly given only to the most serious of cases or those presenting respiratory problems. Mild cases with a fever and/or a cough are recommended to isolate themselves as much as possible for 14 days.

For this reason, the statistic of people affected by COVID-19 in Spain is only relative, as some people will have the virus without knowing it.

Experts consider it impossible to estimate the number of cases in Madrid, which in any case would reach at least tens of thousands.

More than 1,600 people have been admitted to the ICU, with an exponential grow compared to previous days. Some hospitals are reported to operate at double their capacity, with nurses and doctors starting to have to decide who will be connected to ventilators based on who is most likely to survive according to health status and age. On the other hand, due to the overcrowding of the ICUs other hospitals are beginning treatment of patients with mild symptoms before they worsen, especially for patients over 60 years of age.

Another source of concern at national level is care homes where, despite the ban on visits, some continue to be affected, with positive cases beginning to emerge and therefore increasing the number of deaths. One should bear in mind that **Spain, along with Singapore and Japan, has the longest healthy life expectancy on the planet**, so the population aged 65 and older accounts for a high percentage of the total (19.1% in 2018).

It has been confirmed that many medical personnel do not have the recommended protective equipment as hospitals find themselves in shortage, despite the fact that the Spanish public health system is among the best in the world, according to the WHO.

In one of Madrid's main public hospitals, as a national reference, half of the health professionals (52%) tested last week have tested positive for COVID-19, a figure that has doubled from the previous week (26%).

## Germany fears the recession

**The Federal System leads to a very heterogeneous approach.** Some Länder, eg Bavaria and Saarland, decreed a curfew early on, while others were rather reluctant. However, a nationwide curfew was finally issued to curb infection numbers. A substantial reform of the federal political system might be put on the post-crisis agenda.

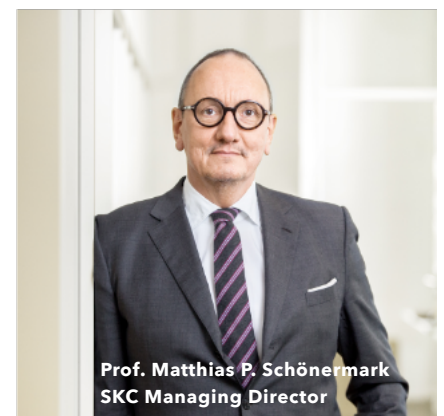
**In the crisis, the flaws of the German healthcare system become evident,** especially the brutal cost-containment measures of the past decade that have led to a dramatically underfunded hospital sector with a fragile infrastructure and understaffed departments. **In the crisis, the flaws of the German healthcare system become evident,** especially the brutal cost of containment measures of the past decade that have led to a dramatically underfunded hospital sector with a fragile infrastructure and understaffed departments.

The German society seems still pretty stable, but concerns are rising that the level of aggression will rise over time.

**It is clear that the German economy is diving into a deep recession.** Current estimations by the leading economic research institutes are in the range of 6-8% negative growth. The effects will be tremendous, especially on the job market. The DAX already lost more than 40% within one week. The already distressed automotive industry (Mercedes, Volkswagen, BMW) shut down their production for at least three weeks, while Lufthansa cancelled 95% of its flights. Expectations are that some of the large corporates will at least partially be socialised.

**Politically, the crisis stabilises the governing coalition of Christian Democrats and Social Democrats.** The Green Party has left the political stage; nobody is talking about the climate and the energy crisis any longer. Left and right wing topics also vanished from the political agenda. As the borders are closed, the refugee problem seems to be no longer an issue in the current public political discussion.

Bavaria's PM Markus Söder (CSU) is making a very strong mark as a characterful and decided crisis manager. This could booster him in the race for the succession of Angela Merkel as chancellor.



Prof. Matthias P. Schönermark  
SKC Managing Director

## Austria masters crisis communication but the issues

During the first two weeks of Austria's near shut-down, about 160,000 people already lost their jobs. However, the government has announced several strong measures in support of the economy, with minimal administrative hurdles to help companies fast.

- **Communication of crisis:** The Austrian Government showed its excellent communications skills. In a "balance of fear and trust", as stated by chancellor Kurz, they managed to communicate the difficult situation and all its implications, both personally and nationwide without creating panic nor reluctance against the public restrictions.
- However, another story develops behind the communication-scenes. The story of **structural shortcomings:** the general lack of doctors and nursing staff in Austrian hospitals is combined with a far too slow implementation of measures to keep those who are working in hospitals safe from the virus (eg there is a crucial shortage of protective clothing). Thus we are likely to experience a situation where we have enough hospital beds but not nearly enough doctors and nursing staff to treat patients.
- While Austria is overall on a fairly successful track to cope with the crisis, **Tyrol is the sad exception.** Measures were taken far too late and without coordination and controls (eg tourists told by officials to return to their home countries, but no help nor guidance offered); the ensuing chaos resulted in the total quarantine we now experience for the whole province and districts of neighbouring provinces and the highest rate of infections in all of Austria.



**Thomas Braunstorfer**  
Public Health partner

## Meanwhile in the UK

In the UK, PM Boris Johnson has come under increasing pressure from across the political spectrum to bring in stricter rules since the initial social distancing guidelines were not bringing down infection numbers and deaths were on the rise.

As cases surpassed 14,579 infections and 759 deaths as of today - the UK introduced a number of measures to tackle the growing incidence. The new guidance asks people to only leave their houses for very limited purposes such as medical need, shopping for basic necessities and one-form of exercise a day. As in other countries, restrictions will be kept under review and could be relaxed in as little as three weeks' time - if the situation were to improve until then.

In addition, the Government's emergency Coronavirus Bill, which gives temporary powers to the government in order to effectively handle the pandemic, successfully [passed](#) through Parliament with only two days of debate, receiving Royal Assent and becoming law on Wednesday. Wednesday's development paves the way for laws that create temporary powers across different areas, from giving police and immigration officers the ability to detain people to protect public health, to allowing people to leave their jobs to volunteer in the National Health Service (NHS).

The National Institute for Health and Care Excellence (NICE) has also shifted their focus to supporting the NHS with the management of the pandemic, [publishing](#) rapid guidelines and evidence reviews for critical care; kidney dialysis; and systemic anticancer treatments, to maximise the safety of patients and make the best use of NHS resources, while protecting staff from infection. NICE also announced that it will not publish routine technical guidance for new medicines whilst the coronavirus emergency is ongoing.

## What about Europe's smallest Member - Malta?



The Maltese government has been taking a number of effective measures to cope with the crisis. Despite neighbouring Italy, **so far Malta has been able to manage effectively the public health situation.**

However, the **Healthcare System has not yet been put into test, as the country has not experimented a peak of severe cases**, and has still the opportunity and the conditions to handle the situation effectively. Moreover, the **economic impact is expected to have serious consequences** on the island, mostly dependent on the tourism sector. The government has been communicating on a daily basis with the population, through the superintendent of Public Health, Charmaine Gauci, who has been proven the right character for a crisis management through a calm attitude and sense of control. Furthermore, Chris Fearne's leadership, Malta's Health Minister, has proven to be an important asset for the government as he has a solid reputation among stakeholders and the public opinion.

What to expect:

- Many sources are confirming a possible total lockdown measure imposed by the government over the upcoming days.
- The economic impact of the crisis on the Maltese economy will be difficult to overcome, as businesses in the hospitality sector are forecasting a nearly zero sales scenario over the upcoming months.
- Authorities are still managing to keep the curve of cases as flat as possible and the health system is still able to cope with the flow for now.
- The measures have been effective so far, but as cases with unknown origin are appearing in Malta it is now difficult to foresee the behaviour of the curve. The following 2 weeks are crucial for having a clear idea of this.
- Unemployment rates will likely rise, as other important sectors of the Maltese economy related to tourists and temporary visitors, such as English teaching and construction are already starting to layoff staff.

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