

# Lack of solidarity hampered Europe's coronavirus response, research finds

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Researchers found that the level of preparedness for a pandemic was patchy across Europe, despite warnings for years from health experts. Credit: Diario de Madrid/CC BY 4.0

Competition between European countries for equipment, test kits and medicines needed to tackle COVID-19 may have hampered the region's

ability to respond to the pandemic.

Greater sharing of resources, hospital capacity and even healthcare staff are needed to cope with pandemics in the future, according to researchers examining the public health response to [coronavirus](#) across the European Union.

They have found that the level of preparedness was patchy across Europe, despite warnings for years, [if not decades](#), from health experts that [a global pandemic was likely](#).

While some countries had built up pandemic preparedness stockpiles of personal protective equipment (PPE), medicines such as anti-virals and other vital equipment, others had very little.

"Countries that had those preparedness stocks, had trained nurses and doctors for how to respond to all kinds of different pandemics—they fared better," said Professor Gyöngyi Kovács, an expert in humanitarian logistics and [supply chain management](#) at the Hanken School of Economics in Helsinki, Finland. "They bought themselves a lot of breathing time early in the first wave."

This extra time allowed countries such as [Finland](#) and Germany to procure additional PPE supplies, for example. It also allowed them to put other measures such as COVID-19 testing and contact tracing in place more quickly, which have been crucial in helping to control the spread of the virus.

Prof. Kovács is the coordinator of the [HERoS project](#), which has been assessing the early response to the COVID-19 crisis in Europe and making recommendations that could improve the way future pandemics are tackled. At the end of October, participants in the project [presented their initial findings](#) during an online event.

Through a series of surveys, interviews, questionnaires with those involved in responding to the pandemic, together with analysis of what happened in the first couple of months, the researchers have built up a picture of where what worked and what did not in different countries.

They found that in many countries, healthcare professionals were initially overwhelmed in the early days of the first COVID-19 wave as crisis management plans were not detailed enough. Medical staff were also forced to work long hours to cope. Italy in particular suffered shortages of PPE and ventilators quite early on, while Sweden saw shortages of drugs.

"There wasn't maybe a coordinated effort of preparedness," said Prof. Kovács. "Even [the EU's own initiatives](#) came a bit late into the game."

Although COVID-19 was entirely new, which meant understanding how it spread and the role of asymptomatic cases was difficult in the early days, there were still steps that could have been taken to help improve the response in Europe.

"Our results showed that one of the problems in northern Italy, for example, was that even though there were enough intensive care unit (ICU) beds across the country—and even in the region if they were able to cross a border (into another country) – that capacity was not used," said Prof. Kovács. "Nor was there the flexibility to onboard new people to work in ICUs even though they had plenty of volunteers."

## **Recommendations**

Among the recommendations from HERoS is that there is greater sharing of resources like hospital capacity, [medical equipment](#) and even healthcare staff between EU countries.

"We are starting to see more of this now," said Prof. Kovács. In March, Germany took small numbers of patients from [Italy](#) but has since extended this to other over-stretched European countries. Last month the [Netherlands](#) and [Belgium also began airlifting patients to Germany](#).

But this European solidarity was less obvious in other areas early in the crisis, with some countries competing against each other for PPE, while others placed restrictions on what medical supplies could be exported to neighbouring states, says Prof. Kovács. Germany, for example, was [accused of withholding vital protective equipment](#) from Austria and Switzerland, while [Poland also put strict restrictions](#) on what medical equipment could leave its borders.

"It was all quite counterproductive," added Prof. Kovács. The importance of PPE had become clear during the 2014-16 Ebola crisis in Sierra Leone, she said, but only those countries that had sent teams in to the country to help had 'prepared a little bit.' Across the EU more generally there had been little increase in preparedness for increased demand in PPE, including an increase in domestic production. "Medical supply chains are actually global—most of the drugs and PPE are manufactured in India and China."

This global interdependency for medical items also meant countries struggled to import equipment and medicines even when they managed to procure some.

"One issue that really shocked us more than expected was the transportation problems," said Prof. Kovács. "Medical supplies are often moved as belly cargo in passenger planes. When these were grounded, nothing moved and it was a big disrupting factor. Prices of getting cargo onto planes rocketed."

She warned that unless lessons are learned from what happened in the

early days of the pandemic, they could also be repeated if there is a scramble to get vaccines once one is available.

"We found that once one bottleneck was removed, there was another shortage of something else—once countries had enough swabs for tests, there weren't enough reagents in the labs for example," she said.

She adds that such problems could be overcome by learning from the international aid sector. "Humanitarian organisations and the World Health Organization overcome this by using interagency health kits. For a vaccine it would contain everything someone would need to administer it—the syringe, gloves, cotton wool. It is all in one package."

The findings echo some of the recommendations from EU scientific advisors in a report published on 11 November setting out how to better prepare for and manage pandemics.

"None of us has been confronted with a problem this size," said Professor Peter Piot, the special advisor on coronavirus to the European Commission's president who contributed to the report, along with the European Commission's Group of Chief Scientific Advisors and the European Group on Ethics in Science and New Technologies.

"The lessons learned from the present pandemic will help us to move from an ad-hoc approach to health crises to a better coordinated and more efficient response—crucial in the early phase of an outbreak."

Improved plans for repurposing laboratories, logistics chains and other facilities to respond to a pandemic need to be put in place, the report concludes.

The report also recommends enhanced coordination across EU member states through the establishment of an advisory body to provide

consistent, evidence-based advice on responding to disease outbreaks. It says that more should be done to ensure people with existing diseases and older people are not left abandoned as resources shift to dealing with a pandemic. Wider measures such as building new air filtration and disinfection systems into public buildings to reduce the risk of infection while indoors are also recommended.

## **Misinformation**

The authors also highlight the importance of having clear systems of communication to tackle the spread of false or misleading information—known as misinformation, or disinformation when it is spread deliberately—during crises.

In an attempt to tackle misinformation in the current pandemic, HERoS is preparing to launch a 'fact checking observatory' that will allow people to check the accuracy of information for themselves.

Other wider societal steps are set out in the expert report's list of recommendations, such as ensuring that emergency financial aid schemes are in place to help those unable to work or who lose their jobs as a result of future pandemics, and ensuring education be continued.

"Those who are already disadvantaged often suffer most," said Professor Christiane Woopen, a medical ethicist at the University of Cologne, Germany, and chair of the European Group on Ethics in Science and New Technologies. "That's why we address the links between health crisis, poverty and structural inequalities. A solidaristic and sustainable governance approach is at the core of resilience, not least because it fosters trust in governance structures."

The expert report also supports the proposal [put forward by European Commission president Ursula von der Leyen in her 2020 State of the](#)

[Union speech](#) to establish an agency to coordinate EU-level preparations for future pandemics by strengthening the development, authorisation, manufacture and stockpiling of medicines and equipment. The organisation is to be modelled on the Biomedical Advanced Research and Development Agency (BARDA) in the US, which is responsible for procuring and developing the drugs and equipment needed to respond to chemical and biological threats.

"Only if we join forces at European and international level—and follow the guidance of sound, multidisciplinary scientific advice and the long-standing European values of openness, cooperation and solidarity—we can recover from this [pandemic](#) and ensure we will be prepared for the future," added Prof. Piot.

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