

DISCOURSES ON EUROPE

The 2020 – 2022 Pandemic: Overview of Europe's Actions



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It's been already two years since the outbreak of the SARS-CoV-2 virus pandemic. COVID-19 has claimed [over 6 million lives](#) worldwide. [In Europe, over 150 million people have been infected and almost 1.4 million of them died.](#) [Poland recorded a total of](#) 5.8 million coronavirus cases and over 113,000 deaths.

[The unprecedented challenge of the pandemic has changed how the Europeans view healthcare, and had an impact on measures taken by the European Union.](#) It made us understand the need to reform the system, strengthen coordination of actions among the Member States, as well as of the importance of the health sector for the security of the Old Continent. The fight against COVID-19 has fuelled the efforts to establish the [European Health Union](#). Hardly had the fifth wave of the pandemic ceased, when Europe was hit hard by another crisis – Russia's invasion of Ukraine. It has stripped us of sense of security – something we Europeans have taken for granted for decades. The humanitarian disaster with millions of people fleeing the war to Poland and other EU countries, calls for consolidation of the Union and even greater solidarity, including in healthcare. It is the only way that for the EU to overcome this crisis and come out of it stronger.

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How long will the pandemic last? How has it changed the approach to the health sector? Has it gained strategic importance in the European Union? How do healthcare facilities handle the fight against the virus and the insufficiency and inefficiency of the system? What changes has the pandemic imposed upon us and are they here to stay? What is the European Health Union all about? Where to draw a border line between the health care competencies of the EU on the one hand, and those of the Member States on the other? Will the experience of the pandemic expand the Union's powers in this area? What will be the effects for the healthcare systems in Poland and other European Union Member States of the sudden displacement of millions of Ukrainian refugees? What impact may this humanitarian crisis have on the final shape of the European Health Union?

These were the themes of an online debate featuring: **Dr. Paweł Grzesiowski**, expert of the Supreme Medical Council for COVID-19 (Naczelna Rada Lekarska ds. Walki z COVID-19) and a vaccinologist; **Dr. Tomasz Maciejewski**, Director of the Institute of Mother and Child (Instytut Matki i Dziecka) in Warsaw, and **Dr. Andrzej Ryś**, Director at the Directorate-General of the European Commission for Health and Food Safety. The debate was moderated by **Małgorzata Bonikowska**, President of THINKTANK and Member of Team Europe. The event was held on 3 March 2022, as part of the “Discourses on Europe” series organised by THINKTANK and the Representation of the European Commission in Poland.



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1. Have the European Union Member States managed the pandemic successfully?

The time of the pandemic has shown that the European Union and the individual Member States are able to cooperate effectively. [President of the European Commission Ursula von der Leyen established a coronavirus response team](#), to coordinate Europe's reaction to the pandemic at the political level. [The European Commission "is working on all fronts](#) to contain the spread of the coronavirus, support national health systems and counter the socio-economic impact of the pandemic by taking unprecedented measures at both national and EU level." In practical terms, the Commission assisted in cross-border transport of equipment and medicines, as well as in relocating medical personnel wherever borders were temporarily closed. Well-designed contracts, vaccine purchases and their supply to all the countries of the Union also proved to be a success.

But there were some serious issues, too. The greatest challenge faced by Poland during the pandemic were serious shortages of medical personnel: physicians, nurses, paramedics, as well as of equipment, such as ventilators or hospital beds. [Poland has one of the lowest per capita ratios of medical personnel](#). The COVID-19 crisis has laid bare the weaknesses of its healthcare system that have been piling up for years. It is, however, the death rate during the [pandemic where Poland stands out most negatively](#). On the other hand, positive factors include the medical emergency services system, as well as the fact that hospitals operate as independent establishments and, hence, have been able to generate some reserves.

Participants' comments

Dr. Andrzej Rysz

The creation of the [EU Digital Covid Certificate](#) was an impressive achievement of the European Union. Very quickly, i.e. in about 60 days, the Institutions and the Member States were able to agree

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on a regulation which set out uniform standards in this respect. Thanks to the certificate, Europeans could transport goods, travel, and supply services in the EU market. The crisis caused by the pandemic has taught the Union to operate faster and more efficiently in response to a threat. Not everything ran smoothly, for example the setting of uniform priority groups for vaccination purposes, but the overall balance is positive.

Dr. Paweł Grzesiowski

The fifth wave of the pandemic has hit Europe badly; however, the risk has somewhat decreased now. Yet, it is not the end of the COVID-19 virus, because it is expected to continue to mutate. The pandemic will be over only after the mutations discontinue and the population, having gone through the infection, increases its immunity. The Omicron variant is one of the last, as it has little potential for change in terms of infectiousness. However, the virus may start to evolve in other directions: become more chronic or attack other organs. It may also migrate back to animals and then back to humans again. In vaccinated patients, the Omicron variant can be seen as a disease that does not cause any permanent or serious complications. This can be said about people who have been vaccinated and have adequate immunity. Noteworthy, however, Omicron continues to kill – we record about 120 deaths daily. These are unvaccinated persons or patients from high-risk groups. Furthermore, COVID-related complications are serious: they could be autoimmunological (such as diabetes or psoriasis), thromboembolic, cardiological, or conditions such as the chronic fatigue syndrome, mental disorders, or impairments of the nervous system.

Dr. Tomasz Maciejewski

Our Institute has handled the pandemic crisis quite well owing to the dedication of our team and the fact that we do not have any significant shortages in medical personnel. A major change introduced in response to the pandemic is telemedicine. This form of healthcare service allowed us

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to increase the number of out-patient consultations by 30%. Prior to the pandemic, telemedicine was treated with distrust by both patients and physicians. It has, however, turned out to be effective and now forms a part of our everyday work. It definitely has helped us to manage the COVID-19 crisis successfully.

2. European Health Union

An important step towards the [European Health Union](#) was to implement [some legislative solutions to help reform and strengthen two institutions](#): the [European Medicines Agency](#), which during the crisis has achieved a high level of recognition among Europeans, as well as the [European Centre for Disease Prevention and Control \(ECDC\)](#), which coordinates practical measures. These institutions were responsible, for example, for the development of vaccination programmes, or decisions regarding test types and mask-wearing. Another important institutional decision was to establish [HERA](#) – the European Health Emergency Preparedness and Response Authority. HERA's responsibilities include crisis preparedness as well as stockpiling of medicine and vaccine supply. The institution's task is to „[strengthen preparedness and response capabilities within the EU, address vulnerabilities and strategic dependencies and contribute to reinforcing the global health emergency architecture](#)”.

Participants' comments

Dr. Andrzej Ryś

After the events of 9/11/2001 and emergence of a new threat of terrorist attacks using biological weapons, the European Union decided to establish the [Health Security Committee](#). In 2009, discussions were held as to how to use this instrument better in an event of a major health

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emergency. Therefore, during the so-called A/H1N1 “swine fever” pandemic, the threat could be effectively managed thanks to the availability of a team of people who could communicate and take joint decisions. With the onset of COVID-19 in 2020, the Health Security Committee, which so far had been a consultative body, was furnished with new decision-making powers. It can now propose to the European Commission additional solutions to strengthen coordination of measures in the face of such threats.

France, holding the presidency of the Council of the European Union in the first six months of 2022, proposed the ‘[public health pillar](#)’, i.e. an agreement regarding the most important elements of health protection. Importantly, the proposal provides for standardisation and exchange of data in order to use it more effectively for system protection and development of new medicines. The ever more common use of eHealth ([telemedicine](#)) calls for a new legal toolbox. The European Commission is also preparing a [review of pharmaceutical legislation](#), and new proposals in this area are to be presented by the end of this year. Another noteworthy initiative is the [regulatory reform of the so-called “blood, tissues and cells” package](#) – the ministers of health have arrived at an agreement on broader cooperation in this area. The war in Ukraine shows that desirable effects can only be achieved by joint actions and readiness to find compromise. The European Treaties allow that to be accomplished.

Dr. Paweł Grzesiowski

The pandemic has shed strong light on the weaknesses of public health management and the effects of the EU having no practical competencies in this area. Under the Treaties, public health is the competence of the Member States, and these vary significantly across their national systems. [For example, there is no single and uniform method of reporting COVID-19 deaths](#): in some countries, death is recorded as COVID-19 if the test showed a positive result at the time of patient's death; in others – if death occurred as attributable within one month of a positive result. [There are even different approaches to COVID-19 case diagnosis: for example, Poland accepts a diagnosis also on the basis of an antigen test](#), which is acceptable in only a few other EU Member States. These very

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fundamental system differences suggest that there is a need for broader competencies of the European Union in this respect. A stronger role of the EU institutions could lead to the development and introduction of common solutions.

Dr. Tomasz Maciejewski

It is not the best-fitting solution to leave full freedom to choose healthcare system architecture to the Member States alone. It results in disturbances in the functioning of healthcare facilities in areas such as data collection and comparisons of large data sets in order to develop medical procedures and technologies. Moreover, the systems of medical education vary as well, and there are barriers to unrestricted movement of medical personnel between the EU Member States – even though they all lament medical staff shortages. The EU institutions would also be well poised to develop the mechanism of the exchange of experiences and standardise the use of medical benchmarks. [Such solutions are already being created in the Nordic states](#), such as exchange of medical data of the citizens of Sweden, Norway and Finland, as well as creation of a shared database and uniform procedures of responding to the needs of aging societies. This is a pathway for the entire EU to follow. The COVID-19 pandemic is slowly coming to an end, but new threats will follow, for example a health crisis that may ensue from the refugee wave caused by the war in Ukraine. In other words, stronger competencies of the European Union in the area of healthcare are a must.

3. Impact of the war on healthcare systems in the European Union Member States

Upon its accession into the European Union, Poland entered a path of rapid economic growth, with heavy investment in the healthcare system and its progressing modernisation. Today, we are better prepared for critical situations, however the refugee crisis is the first of this kind. Russia's invasion of Ukraine has caused an immense humanitarian disaster, with the number of people fleeing to safety into Poland having already exceeded [two million](#), which currently ranks Poland the second migration destination in Europe, following Turkey.

[The European Union has already made available EUR 500 million](#) for assistance to humanitarian efforts, both in the countries receiving refugees as well as in Ukraine itself. The short-term objective is to contain the situation and ensure basic living conditions, including healthcare. On 4 March 2022, the EU activated the [Temporary Protection Directive](#) to offer quicker and more effective assistance to civilians fleeing the war. The refugees will receive residency rights in the European Union for at least one year, with access to education, healthcare, and the labour market.

Participants' comments

Dr. Andrzej Ryś

Refugees are patients as well. [In Europe, there are 1,500 healthcare facilities organised into 24 networks. Now is the time to activate them, as persons fleeing the war move between the European Union countries.](#) It is important in the context of chronic diseases, for example cancer therapies. However, these aims call for additional funds and cooperation within the EU. Indeed, the experiences of the pandemic come useful in this respect; in the old days, no one have even imagined the possibility of certain challenges, such as movement of the chronically ill between the Member

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States. We have started to act together and better coordinate many processes in the area of citizens' health, which significantly changes the functioning of the European Union in this respect.

Dr. Paweł Grzesiowski

The war generates serious health-related problems for the neighbouring countries. Civilians fleeing the war are in distress, freezing, undernourished, some of them chronically ill. The longer the war continues, the deeper the problems will become. The healthcare system in Ukraine is of a lower standard than in Poland, so many patients may be undertreated, undiagnosed, not fully vaccinated. Consequently, the health needs of refugees will have to be assessed and catered for. For example, the inoculation rate among children in Ukraine is much lower than in Poland, due to, among others, strong anti-vaxxer sentiments. A part of the Ukrainian population has received the Russian Sputnik V vaccine, of which we know little of given quite mysterious circumstances of its registration. In other words, we are not sure if these people should be immediately qualified for a full course of jabs. These are serious, very real questions that call for specific answers. Refugees must have access to their general practitioners and clear guidance as to where they can find assistance.

Dr. Tomasz Maciejewski

The wave of people fleeing the war creates serious medical challenges. For example, some of them have no access to their medical records, and we do not know children's inoculation histories. If the war continues, the refugees will not be able to return to their homes. Their chronic diseases will have to be treated. Moreover, Polish patients may complain about extended waiting times to access healthcare services, which may lead to social tensions.

Conclusions

- As a result of the COVID-19 pandemic, European societies have come to realise that communicable diseases continue to exist and represent a significant threat. **There is a deepening awareness that health is a collective and shared responsibility, with political and economic consequences as well as major impact on transport, travel and movement.**
- **The European Member States have changed their approach to health, in particular as regards public safety, coordination and standardisation of measures and the required increased funding for the sector.** The pandemic has laid bare the necessity to reform healthcare facilities, which must at all times be prepared to shift gears between regular and epidemic modes, as they used to be a few decades ago.
- **The COVID-19 virus will not go away any time soon and will likely become a seasonal phenomenon similar to influenza.** Therefore, we must maintain response preparedness, hoping that with time the pandemic will start fading out, yet never forgetting about prevention and monitoring.
- **One of the fundamental responsibilities of the European Union and the World Health Organisation should be a network of laboratories monitoring the genetic evolution of the coronavirus.** This approach will ensure a rapid response should a new global variant emerge. It is very important, as new pandemics are possible, regrettably facilitated, to some extent, by climate change.
- **Europe should make use of the experiences of Asian countries which have gone through major epidemics before and have more elaborate practices in this respect, such as**

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widespread use of relevant smartphone apps. This approach has helped to limit the spread of the pandemic in the countries of Eastern Asia.

- **The range of health problems generated by COVID-19 is so broad that the related challenges will persist for the next generation.** The virus infects people of all ages, including children and young adults. This fact calls for coordination of measures, as we need new diagnostic methods to track the resulting disorders. **Furthermore, therapies should be developed, both for treatment and rehabilitation, because we still do not have properly designed protocols for treating the so-called long COVID.** It is a systemic problem that requires well-planned distribution of resources and research projects.
- **The pandemic divided our societies. Some people are ready to educate themselves, while others deny science, follow anti-vaxxer movements and give credence to conspiracy theories.** The medical community must, therefore, continue to disseminate knowledge about the threats arising from the pandemic.
- **On the other hand, the pandemic has brought about many positive changes in social behaviour.** We wash and disinfect our hands more frequently, maintain greater distance in public spaces, stay home rather than go to work with a cold. Many people use face masks.
- **Russia's invasion of Ukraine has caused the greatest humanitarian disaster in Europe in many decades. It is only through amicable collaboration within the European Union and among the individual Member States that we can successfully manage this crisis, including its detrimental effects on healthcare systems.**

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- **The war in Ukraine is an information war as well.** From the start of the Russian invasion, the same sources which used to spread fake news about vaccination have now taken to disseminate false information about the refugee crisis. **Anti-vaxxer social media accounts have links with Russian troll factories. We must be aware of that.**