



# EDITORIALS

## Covid-19 exposes weaknesses in European response to outbreaks

European countries must work together in the common interest

Michael Anderson *research officer*<sup>1</sup>, Martin Mckee *professor of European public health*<sup>2</sup>, Elias Mossialos *Brian Abel-Smith professor of health policy*<sup>1,3</sup>

<sup>1</sup>London School of Economics and Political Science, London, UK; <sup>2</sup>London School of Hygiene and Tropical Medicine, London, UK; <sup>3</sup>Imperial College London, London, UK

Covid-19 continues to spread across Europe. Italy, Germany, Spain, and France have all diagnosed over 6000 cases.<sup>1</sup> Italy, which has diagnosed over 27 000, the highest number outside China, has implemented nationwide restrictions on movement. On 10 March, the European Council met by video link to discuss the joint European approach to covid-19.<sup>2</sup> Four priorities were identified: limiting the spread of the virus, provision of medical equipment, promotion of research, and dealing with the socioeconomic consequences. The importance of strengthening solidarity, cooperation, and exchange of information between member states was also reiterated.

Despite high level political commitment from the EU, the ongoing spread of covid-19 exposes important obstacles to developing a comprehensive European response to infectious disease outbreaks. Member states have long guarded their national responsibility for health services.<sup>3</sup> There are provisions within European treaties for acting together on public health issues, but they are limited. While existing arrangements allow action on “serious cross border health threats,”<sup>4</sup> the EU must respect member states’ autonomy in operating their own health systems.

Governments also continue to prioritise their own interests even if this undermines solidarity with other countries. For example, France, Germany, and the Czech Republic have introduced limits on exports of protective medical equipment such as face masks, despite severe shortages elsewhere.<sup>5</sup> This recalls a similar self-interest evident during the H1N1 influenza pandemic in 2009, when several member states stockpiled vaccines and antivirals, declining to share them with other countries.<sup>6</sup> That experience led to the creation of a European legislative framework for joint procurement of equipment and medicines when faced with cross border threats to health.<sup>6</sup>

Existing coordination mechanisms such as the Health Security Committee or the European Centre for Disease Prevention and Control (ECDC) are not truly European. Although the ECDC cooperates with the World Health Organization and with

neighbouring countries,<sup>7</sup> it has a limited remit beyond the borders of the European Economic Area (EEA). As pathogens do not respect national frontiers, this is a potential weakness.

### Data sharing

The ECDC also hosts the early warning and response system, an online portal that connects public health agencies in Europe. This allows member states to share information on covid-19 cases in as close to real time as possible. However, again, countries beyond the European Economic Area, including Switzerland, do not have access, and the UK has already withdrawn, against the advice of the Department of Health and Social Care because Downing Street believed that participation would weaken the UK government’s bargaining position in the next stage of Brexit negotiations.<sup>8</sup>

While there is no political appetite to revise treaties, a more cohesive response to covid-19 is possible under existing treaties, including better coordination of efforts to acquire and distribute personal protective equipment, medicines, and vaccines to countries most in need; encouraging wealthier countries with strong health systems to support those that are struggling—to limit spread across their own borders and to show European solidarity; and proactive engagement with countries outside the European Union. This will require providing access to forums such as the Health Security Committee, the early warning and response system, and scientific advice from the ECDC.

Legal obstacles, especially concerning transfer of data, will have to be overcome, and a pan-European response to covid-19 will also require the UK government to abandon its ideological hostility to the EU. Furthermore, the capacity of the ECDC is limited, with under 300 staff and an annual budget of around €60m (£55m; \$66m).<sup>9</sup> If non-member states are to access these services, they must contribute funding and staff.

The EU must also release more funds for research and development. The current €140m across 17 projects<sup>2</sup> is a fraction of the €25bn the EU has committed to mitigate the

economic impact of covid-19 on health systems, small and medium sized enterprises, and labour markets.<sup>10</sup>

Covid-19 will not be the last pandemic. It is important that the EU learns from it and takes action to improve preparedness planning for all infectious disease outbreaks. There is scope for smarter use of technology—robotics have already been used to minimise risks to healthcare workers treating patients with covid-19,<sup>11</sup> and artificial intelligence has played a role in diagnosis and modelling the spread of new cases.<sup>12</sup> The remit and capacity of the ECDC should be expanded. Working closely with WHO, the ECDC should be given a greater mandate for surveillance, preparedness planning, scientific advice, and responses to infectious disease outbreaks across all countries in Europe. Accompanied by a substantial increase in funding.

We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

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