

## Lessons Learned from the Pandemic: Redesigning Public Health Systems in the EU and Central Europe

The world was not prepared to deal with a pandemic. With public health systems not designed to cope with a protracted global crisis, we still see only the tip of the iceberg of consequences for lives and livelihoods of people. Yet, the COVID-19 crisis is unlikely to be the last pandemic or the last public health emergency we will experience. By analyzing our responses to the current crisis and identifying areas and ways of improvement, we will be able to increase resilience of our societies in the face of continuous health crises.

Preliminary overview of most often mentioned lessons learned identified several topics:

### **1. Healthy population = healthy GDP**

Early study by IMF (2004) indicated that every extra year of life gained in a country is equal to 4% increase in GDP. Since then, most countries applied heavy automation techniques to production, offshored labour-intensive jobs and used IT and AI solutions to decrease human reliance in the production chain. Such correlation would hence seem obsolete in 2020.

However. Nearly all countries recorded a decline in life expectancy in 2020, correlated with a decrease in gross domestic product. Slovakia, for example, recorded a decline by a year in life expectancy in 2020. Its GDP decreased by 4,8% compared to 2019. Wealth of Nations by Adam Smith is hence even after 250 years valid. Healthy workforce = healthy growth in GDP. The role of the state must be to further improve health outcomes of the population.

### **2. Transparency is a “must”**

“Pneumonia of an unknown cause” was first reported to the WHO Office in China on 31 December 2019; yet weeks earlier, healthcare professionals had warned Chinese authorities that a SARS-like illness was spreading amongst patients. Instead of notifying those higher in the system, Wuhan authorities detained and silenced physician Dr Li Wenliang on a charge of spreading false rumours after he reported a novel illness in his patients in early December.

Modelling data suggests that if action had been taken even a few days earlier, the subsequent spread of the virus could have been limited dramatically. However, fears of economic and political repercussions silenced officials who could have sounded alarms, and the virus was able to spread exponentially.

We need global organizations (e.g. WHO) to enforce that transparent and in-time information is communicated and tools to act against hoaxes and misinformation.

### **3. Diagnostics and prevention are foundations to improved health outcome of any country**

The most successful countries managed to deploy massive testing capacities, using a variety of tools (PCR, AG, lamps) and delivery channels to monitor the spread of the disease. Upfront investment costs gained their ROI in the form of shorter lock-downs and less strict measures.

COVID-19 illustrated in a fast pace that any diagnostic tool can have significant benefit, even though payers see in short-medium term only extra operative and capital expenditure. Countries need to create robust screening and prevention programmes to tackle all kinds of civilisation diseases. The pandemics clearly demonstrated all benefits of such actions.

#### **4. Successful responses need decisive and expert leadership**

Recognising its initial response errors, China showed leadership in tackling the COVID-19 epidemic within its borders by implementing stringent measures. Through a combination of widespread testing and contact-tracing, legally enforce distancing measures, and use of modern technologies such as automated robot cleaners, China has successfully slowed the spread to a halt: on 19 March 2020 – for the first time since the outbreak began in 2019 – China reported no locally-transmitted incident cases of COVID-19. Heads of government in countries such as New Zealand, Germany, Finland, Iceland and Taiwan have attracted praise for their decisive action and ability to communicate the rationale for their policies.

Quick, transparent, and clear decision making is therefore a key to successful management of any pandemics. Successful countries trusted scientist and experts in the field and created decision making trees to ensure their voice is heard. Improved trust of the population and better results of the pandemic measures are ensured in the return.

#### **5. Unified responses to pandemics rather than diverse disconnected strategies are needed to stop the “waves”**

Up until late spring 2021, there has been little evidence of international co-ordination, worldwide or within regional blocs, as countries close borders and look inwards. WHO has urged countries to implement a comprehensive response to COVID-19.

Yet countries have moved at different speeds and intensity, often without consulting their neighbours. These responses sometimes seem disconnected from the epidemiological evidence; some countries which have similar disease ‘curves’ are reacting very differently. A consequent of such action is that even within EU, it is possible to observe countries with a growing, declining and stable number of daily cases. The difference in 7day average of cases is more than 10 - fold between the best and worse country. Without joint approach, the pandemics will spread in waves

#### **6. The European Union, and other regional blocs, must assume a greater health role**

Many European countries responded late to the disease outbreak, and going forward, several changes are needed. With treaties prohibiting ‘interference’ with member States’ autonomy in operation of their own health systems, the crisis has laid bare the limited competencies in health that member States have been willing to give their European institutions. Additionally, the European Centre for Disease Prevention and Control (ECDC) “has limited remit beyond the borders of the European Economic Area (EEA)” and there are legal barriers to sharing public health data with countries, such as Switzerland, that have decided to remain outside the EU’s legal framework.

Going forward, the role of the ECDC must be extended and enhanced with more funding for research and development (R&D) and prevention efforts so that it can provide truly European (and not just EEA) coordinated disease responses, working closely with the European Regional Office of WHO.

Yet the EU is only one regional bloc. Others, such as ASEAN, CARICOM, and MERCOSUR are, to varying degrees, increasing their role in health. Given the obvious economic impact of a pandemic, this will have to accelerate.

### **7. EU needs a joint strategy to improve overreliance on imported goods**

When the outbreak began in Europe in March, France and Germany banned the export of protective personal equipment (PPE) amidst severe shortages of such equipment elsewhere. Similarly, countries that had production capacities of PPEs, diagnostics or other COVID related material imposed a variety of bans and conditions on export, despite being a part of EU.

This demonstrated firstly, overreliance of EU on foreign import that poses a national threat to most countries. Secondly, there is a need for creation of a joint stock of PPEs, and other reserve tools and goods to ensure EU is sufficiently protected in case of biological threat.

### **8. Bureaucracy and outdated processes are one of the biggest barriers to innovation**

To reduce risk of COVID spread and yet maintain accessibility of care, many countries, expanded its telemedical and e-health services and implemented necessary legislative and financing framework. Telemedicine proved over the year to be of sufficient quality and efficient solution to a variety of basic needs of patients and will remain in practice even after the pandemics.

Slovakia is a good example. Before the pandemics, telemedical services were very limited due to a worry that it would be inefficient use of resources, a lack of legislative framework and issues with payment mechanism. COVID helped to overcome these obstacles and proved that telemedical services are a vital distribution channel in any healthcare system.

The question is, how to apply these lessons learned to re-designing healthcare systems for the future:

- *How to increase capacity of healthcare systems? How to finance healthcare innovatively?*
- *How has the health crisis catalysed innovation in the health sector? How to make this innovation sustainable, safe, available and affordable for all? How to integrate tech into healthcare solutions to increase their efficacy and provide better and more affordable healthcare?*