INSTITUT DE RECHERCHES ECONOMIQUES ET SOCIALES

The handling of the first Covid-19 wave by some European, American and Asian countries: lessons for the second wave?

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Lay out

- A presentation based on a special issue of Chronique Internationale de l'Ires dedicated to the Covid-19 pandemic.
- The Covid-19 pandemic led to different types of crisis (sanitary, economic, social, political sometimes, etc.): here the focus is on the sanitary crisis.
- It highlights the predominant role of states and of executive powers in the handling of healthcare systems, mostly national but in some cases local.

Lay out

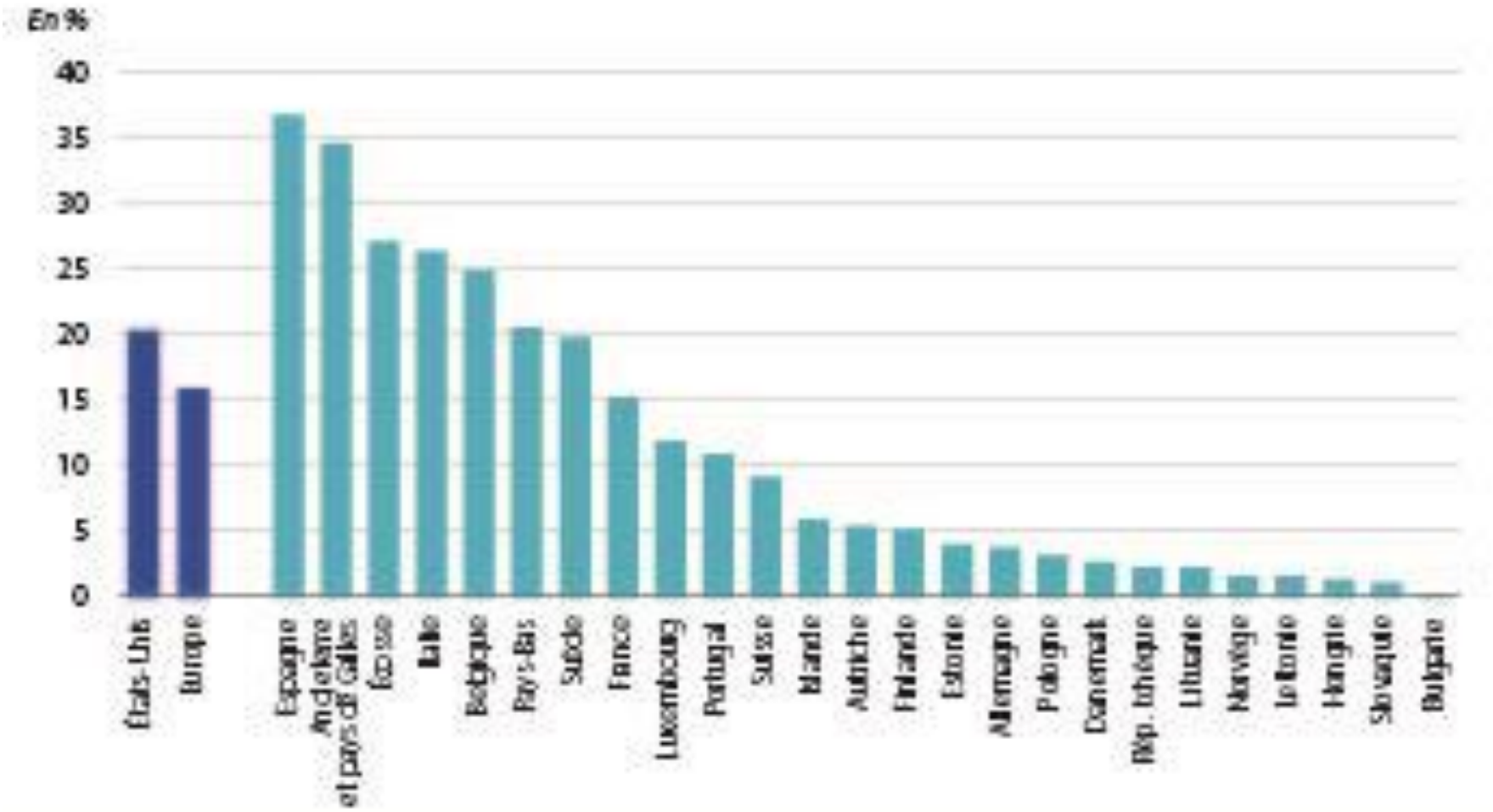
- The purpose is to compare the government responses to the pandemic : content and practical details of the measures mobilised.
- The main hypothesis : government responses depend greatly on national health system arrangements and trajectories (and healthcare policies). Or in other terms on the type of healthcare states that emerged and developped nationally.

1 Some preliminary observations on comparative statistics

The meaning of statistical data

- The most common statistical indicators currently advanced by countries are aimed at constraining the flow of Covid-19 patients out of the hospitals.
- But they are often inappropriate to measure and compare properly the state of the pandemic in different countries.
- The most reliable cross-country indicator is by far the excess mortality rate.

Table 1 : Excess cumulated mortality during week 10 to 26 of 2020



Source : Aron et Muellbauer (2020).

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Restrictions and lockdowns

Executives powers at the forefront

- Lockdown as a privileged choice to “flatten the curve”, except Sweden.
- Lockdown as a way to spread out in time the virus transmission, not to swamp hospitals.
- Lockdowns decided by executive powers, mostly at the national level with a few exceptions.
- Lockdowns set up to reassure the population, but also to force and obtain its political consent.

Lockdowns and other restrictive measures

- Degree and forms of restrictions differ among “healthcare states”.
- But they generally reinforce the role of national and central governments.
- The key role of central governments also enhanced by the setting up of task forces composed of scientific experts and aimed at legitimizing lockdowns.

Covid-19 and inequalities

- The exposure to the virus depending from :
- Life and social conditions : pre-existing health conditions, unstable or substandard housing conditions, food insecurity, etc., professional activities (frontline workers vs. remote workers);
- Access to health insurance coverage and access to care (primary care and hospital care).
- Age : the elderly disproportionally affected.
- All countries experienced some sort of social, racial and aging disparities regarding the diffusion of the virus but very few paid attention.

Covid-19 and social inequalities

- When attention was paid, it was mostly by guaranteeing financial access to care through :
- Enlarging the scope of the coverage to virus screening etc.
- Covering out of pocket expenses for patients needed to be treated medically.
- But very rarely by taking care of the elderly people, notably those in nursing homes.

3 Restructuring healthcare capacities

Hospitals ill-prepared

- Hospitals ill-prepared to the surge of the Covid-19 pandemic because of budget pressures since decades.
- Urgent need to increase ICU beds to handle the surge of Covid-19 patients.
- Transfers of patients between regions (France), between public and private hospitals (Ireland), sometimes between countries (in Europe).

Mobilizing the healthcare workforce

- Urgent need to increase healthcare workforce by numbers :
- Easing licensure requirements for practitioners (including students), mobilizing retired doctors and nurses, developing telehealth.
- Workload intensified, particularly for the nurses (more hours per day, downgrading the ratio nurses/patient), with few gratifications.
- But weak mobilisation of primary care with a few exceptions.

4 Challenges for industrial and innovative systems

Shortage of medical equipment

- All countries experienced shortages in medical equipment (masks, ventilators, testing kits, chemicals than go into them, etc.).
- Sourcing appeared to be more and more uncertain because of supply chains disruptions, implying sanitary security risks.
- Companies urged by governments to boost production of medical products.

High degree of interdependence in trade of Covid-19 related products

- OECD countries tend to be importers and exporters of Covid-19 medical goods.
- China specialised in medical consumables and protective garments ; OECD countries specialised in medical devices.
- Developing countries are more dependent on OECD and G20 countries for access to Covid-19 goods.

Some innovative responses but also some failures

- The experience of the Manufacturing Emergency Response Team in Massachusetts : a successful partnership with researchers, manufacturing companies and health care institutions to develop new supply chains for critical material.
- The failure of US government and private company partnership to deliver affordable and flexible ventilators as highlighted by W. Lazonick.

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Lessons for the second wave?

New explosion of caseloads, and back to lockdowns

- Covid 19 is resurging everywhere, except in China up to now.
- Within countries, Covid 19 is resurging all over the territory this time.
- With Covid-19 cases at record levels, US and European states are implementing a new round of restrictions, although less constraining.
- But more protests are coming out today.

Reinforcing hospital and Testing-Tracing-Isolating capacities yet to come

- Hospital capacities near saturation again.
- The Testing-Tracing-Isolating strategy, although less costly than lockdowns and stimulus packages, is difficult to implement in the US and Europe.
- Asian countries as counter examples.

The race to vaccines lead by Biotech

- Several candidates in competition : biotech firms took the lead in new vaccines.
- Production and distribution capacities limited, among developped countries but also between developped and developping countries.
- Resistance to vaccines.
- Access to vaccines for whom?

Conclusion

- An need to take the precaution principle seriously to face chronic diseases and to promote coordinated actions at the international level.
- A need for improved health data collection and exchange.
- A need for more resilient health systems.
- A need to make vaccines « global common goods ».

Thank you for your attention