

## **Stronger Public Health, Stronger Europe**

**An interview with Jutta Paulus**

June 24, 2020

The COVID-19 pandemic has severely tested the limits of European cohesion. In times of crisis, member states have reacted by closing borders and hoarding supplies rather than coordinating and sharing resources. We spoke to pharmacist and German Green MEP Jutta Paulus about the lessons to be learned from the coronavirus response in and beyond Europe. For the EU, resilience will mean putting patient needs at the centre of public health and recognising that human health and environment are inextricably connected.

**Green European Journal: From the initial signs of COVID-19 to the first peak of the health crisis in March and April, many national governments were caught unawares and the European Union institutions struggled to coordinate a response. What is your assessment of how the EU's role has evolved in recent months?**

**Jutta Paulus:** Early on, the crisis was underestimated. The European Centre for Disease Prevention and Control reported to the European Parliament committee on environment, public health and food safety in February that there were about 3 000 cases in Europe but that they expected member states to be able to contain the situation. Similarly, the governments were confident that they were prepared, properly equipped, and claimed that they did not need extra support. Three weeks later, it became clear that this was not the case.

The European Union unfortunately does not have competences on health issues, so it was largely left to national governments to take measures. The European Centre for Disease Prevention and Control has a coordinating role, but no final say. The centre published testing strategies for determining which groups should be prioritised, advice on containment measures and so on, but member states chose not to adhere to the recommendations.

The experience has shown that it would have been more prudent for member states to coordinate policies such as joint procurement on the European level. In future, the EU should have a European health task force in place to respond to outbreaks. Trained healthcare professionals could be ready on call to travel to a certain region and support local personnel in an emergency. Member states have seen the value of having high-capacity health systems in place. More support in Northern Italy might have helped save lives.

**EU countries have been affected by the COVID-19 crisis to different degrees. Some regions had major outbreaks, whereas elsewhere infection rates were much lower. What can we learn from these differences?**

The virologist Christian Drosten was very involved in Germany's response and his valuable advice and action contributed to Germany's lower death toll compared to other countries. The strategy was based on setting up large test capacities early on, and training as much staff as possible, in university as well as private laboratories. Due to this strategy, sufficient tests could be carried out to contain the outbreak. Testing widely, as well as cancelling large gatherings such as football matches to avoid super-spreading, are some obvious lessons. Within the European Parliament, I'd like to see a special committee set up to collect these experiences, from science as well as from other fields, in order to be better prepared in the next pandemic which will inevitably come. Understanding the

side-effects is just as important as understanding the virus itself. As the scientific understanding of the virus – as well as of its effects on issues such as domestic violence – evolves, politicians need to work with scientists to understand their findings.

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**Many EU countries are loosening their lockdowns, reopening businesses, and talking about cross-border travel. Have we seen sufficient progress in terms of enhanced EU coordination and information sharing compared to the early stages of the crisis?**

Well, at least they have started talking to each other again; before, they were just closing down borders unilaterally. Information sharing is much stronger but there is still room for improvement. Ideally, national governments would have coordinated opening up via the European Centre for Disease Prevention and Control, which would have been able to give guidance on what to monitor and look for. But even within Germany, each of the 16 Länder (or states) is taking a different approach. At all levels scientific advice, from both virologists but also sociologists, should be followed more closely. Specialists in education should be involved in the re-opening of schools and help assess the impact of months without teaching on different students.

**You have been speaking to officials and experts from countries such as Taiwan and New Zealand about their containment strategies. What can European countries and the European Union learn from their experiences?**

Europe has important lessons to learn both scientifically and politically. On the virology side, Taiwan and South Korea recognised the health risks early and took steps to try and erase it altogether. After the experience of SARS, East Asian countries such as Taiwan and South Korea were ready and their strategy was test, test, test. Trace the contacts, isolate the contacts, and make it easy for people. In South Korea, people who needed to self-isolate were accommodated in hotels, cared for, and received medical assistance. They were guaranteed that self-isolation would not lead to financial trouble and support was put in place for their families. In Germany, and most other European countries, the instruction was simply to go into isolation. But if you are a single mother with three children, how are you supposed to self-isolate? What if you need to buy groceries?

The second aspect is leadership. New Zealand had one of the strictest lockdowns worldwide, but was led into it by effective leadership. Jacinta Ardern managed to bring the effort against the virus to people's hearts. She recognised how difficult it was for everybody. She also made it clear that we should be prepared to quarantine because we love each other and that no one would be left behind. Protecting the vulnerable in our societies makes us human. New Zealand was able to contain the spread of the virus relatively early on. Of course, New Zealand has easy-to-control borders, but it shows the strength of an approach based on empathy. It is the total opposite of the disregard of people's health that leaders such as Donald Trump and Boris Johnson have shown.

**Last week, the European Commission announced a recovery package that included, alongside headline economic support, a proposal for a nine billion euro EU4Health programme. On the face of it, it appears to answer some of the proposals put forward by Greens/EFA such as a European health force. How satisfied are the Greens with the proposals?**

The EU has grasped that more needs to be done collectively and that action on health issues can strengthen the

European project. Overall, the EU proposals regarding the health response to the current situation are welcome. But the EU's action on health should not stop with better coordination, stockpiling, databases, and a European health force. The European Union should address the many imminent health issues not linked to COVID-19 such as affordable medicine.

Not everyone could access affordable medicines before the pandemic. The EU pharmaceutical strategy will be published later in 2020 and the Greens will push for measures that can improve access to medicine. The pharmaceutical sector is currently geared solely towards making profits, which is normal. It is the nature of capitalism, so to speak. What the EU can do is set the rules to put patient needs at the centre.

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European countries have different social security systems, therefore a common approach to health would be difficult, but guidelines at the European level prioritising patient needs would be valuable. After the last financial crisis, the Spanish government was forced to cut health spending and many hospitals were privatised. Private hospitals have no incentive to focus on heart attacks or other serious illnesses and many prefer to concentrate on profitable hip surgery or beauty treatments. When the pandemic hit, many of these hospitals did not even have properly qualified doctors to treat COVID-19 patients. Guidelines, backed up by EU funds, could help encourage countries to take steps to strengthen public health and would not require additional competences.

**Equipment and medicine shortages put patients and medical staff at risk. How would putting patient needs at the centre prevent this from happening again?**

The European Union needs to think in terms of health sovereignty. People were shocked to see that health workers on the frontline had to go without proper equipment for weeks. We need systems to be in place to prevent it reoccurring in future. The European Medicines Agency and the European Centre for Disease Prevention and Control both have a role to play there.

Common stockpiles for goods such as protective masks, gloves, and disinfectants are essential, but the most important step is to have a plan. After the SARS experience, Taiwan assembled a group of experts that prepared detailed, comprehensive planning for pandemics. When the first signs of COVID-19 emerged, Taiwan sent a team to Wuhan, spoke to health workers, and then pulled the plans out the drawer and put them in place. Within two weeks, millions of masks were available. You need to have a plan and act accordingly. In Europe, that depends on good cooperation between member states.

On medicine shortages, pharmaceutical companies should be obliged to diversify their supply chains. Currently, Europe only produces 20 per cent of active ingredients. 20 years back, it was 80 per cent. A factory incident in China could easily cut off Europe's ibuprofen supply and, as it stands, all pharmaceutical firms are required to do is provide notice in case of imminent shortage. Patients would be better served if regulatory action linked market authorisation for active ingredients to the guarantees regarding a firm's ability to fulfil supply needs. Firms should have to prove that they have several production sites and suppliers to make sure that access to a certain medicine does not hinge on one link in the chain.

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*sovereignty.*

The development of certain active ingredients also requires support through EU funding. For example, the research and development of antibiotics is not profitable for pharmaceutical firms. The investment costs as much as other active ingredients but antimicrobial resistance prevention means that it is only marketable for a limited amount of time to a small number of patients. Pharmaceutical firms therefore prefer to invest in high blood pressure or breast cancer medication that patients will take for years. Public support for research and development, including at the European level, can help fill these gaps.

Finally, compulsory licensing should be required in some cases. A pharmaceutical company that holds a patent on a drug should not be able to demand sky-high prices for essential medicine. The price should be linked to actual costs. The European Union should work on compulsory licensing in particular with the World Health Organization (WHO) because high prices affect the Global South as well as Europe. Countries that cannot afford exorbitant drug prices should have a supply sufficient to meet their patient needs guaranteed at a reasonable price.

**Would you emphasise resilient supply chains and preparedness over the localisation of pharmaceutical and medical equipment production to the EU?**

The best strategy would involve some of both. For example, I live near a very large chemical industrial area belong to a global chemicals giant. Early in the pandemic, they offered to produce disinfectants and contacted the regional government to arrange how they could step in. The licensing took a few days but then one of their plants produced large volumes of disinfectants to meet the emergency demand. I wouldn't want a non-pharmaceutical company to produce disinfectant all the time, because they are not specialised in that, but that kind of emergency preparedness plan should be in place. Relocation is not necessary for all areas but there needs to be a fall-back option ready.

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**Preparedness, vaccines, and medical stocks are all critical for public health. But health doesn't stop there. Do you see a role for the Greens to link health to issues such as air pollution, food, and housing?**

On a global level, the "one health" approach has been developed to make the connections between human, environmental, and animal health. European legislation could be much stricter on substances such as endocrine disruptors, which impact humans and animals in a similar way to hormones and cause many adverse health effects such as infertility in women and sterility in men. Whether it is endocrine disruptors, pesticides, or air pollutants, the Greens will push for the European Union to adopt a non-toxic environment approach. A circular economy cannot include toxic substances because, by definition, materials will stay within the circle. The core idea is that a healthy environment is a prerequisite for a healthy society, and that building a healthy society is not a means of extending our working lives but a goal in itself.

**Should we be concerned that governments will react to the pandemic by stockpiling gloves and making adjustments at the margins but not make the wider connections between health and our environment?**

The link between biodiversity loss and pandemics is well established and is reason to reflect soberly on our way of

life. Industrial farming leads to the destruction of rainforest, putting pressure on wilderness areas and driving wild animals – in this case bats – into closer contact with humans. New pandemics develop from that dynamic. *The Fate of Rome: Climate, Disease and the End of an Empire* by Kyle Harper looks at how environmental changes and pandemics contributed to the fall of the Roman Empire. Drawing on archaeological, biological, and historical sources, he explains how trading connections along the Silk Road spread the Black Death and how changes in the climate caused populations such as the Huns to move out of Central Asia towards the empire. No society can be understood independently from its environment.

**The United States has pulled out of the WHO whose support is most important to countries in the Global South. What can the European Union do to support communities facing health risks around the world?**

The European Union must work more closely with the WHO, though some of the criticism of its handling of the pandemic is justified. The WHO praised China heavily in the hope of gaining additional information and overlooked how China had suppressed information, leaving it to whistleblowers to speak out about the health situation. But, despite its problems, the WHO is the only worldwide organisation that we have. Currently, nearly 80 per cent of WHO funding comes from private sources. It would be much preferable for 80 per cent to come from state membership fees and the remaining 20 to come from private sponsors.

The European Union also needs to change its trade system for the sake of the health in the Global South. The current model is based on exploiting labour and undercutting social and environmental standards and this is where due diligence legislation from the European Union can make progress. Businesses should be responsible for their supply chains and the firms that they work with.

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To give an example, anti-microbial resistance is currently a major issue in India because many active substances are produced in Hyderabad. The quality of the product is excellent and the manufacturing facilities are regularly inspected for processes and staff training, in line with standards worldwide. However, the inspectors do not look at labour, social, or environmental issues. The result is that wastewater from the factory is run into the local river and used for drinking water and irrigation. Studies on water samples have found bacteria that are resistant to antibiotics to an unprecedented extent. A certain model of trade therefore impairs the health of people living near production sites, and potentially globally, and these social and environmental factors should be addressed. The pharmaceutical industry is highly automated so environmental regulation is a larger factor in determining where a product is made than labour costs. Firms should not produce in India solely as a way to avoid the costs of cleaning their wastewater.

**Europe has been rocked by crisis after crisis in the 21<sup>st</sup> century: the economic crash, terrorism, Brexit, now COVID. What does Europe need to become more resilient to the next unexpected crisis?**

People often tell me that it's a bad time for Europe. Member states are going their own ways and arguing among themselves. Where can we find hope? Robert Schuman recognised 70 years ago, when the general mood was surely no better than today after a war with millions of victims and the atrocities of Nazi Germany, that we can only emerge from crises by working together. In facing the climate and the biodiversity crises, shuffling along on our own will not be enough. You only need to look to the United States to see how far "my country first" gets you.

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Jutta Paulus is a German pharmacist and politician who has been serving as a Member of the European Parliament for Alliance 90/The Greens since 2019.

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