

COVID and the convergence of three crises in Europe



Lancet Public Health 2020

Published Online

April 3, 2020

[https://doi.org/10.1016/](https://doi.org/10.1016/S2468-2667(20)30078-5)

[S2468-2667\(20\)30078-5](https://doi.org/10.1016/S2468-2667(20)30078-5)

As the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic hits Europe, it converges and interacts with three global crises that will make it spread even further: governance, economics, and migration.¹ Although these crises have different roots, all three reflect a lack of mechanisms to produce and protect essential public goods for an effective policy response. Understanding how these crises intersect and the scope of a potential transnational Europe-wide response is crucial.

Turning first to governance, the ongoing and devastating pandemic is exposing the limits of not only national preparedness and mitigation policies, but also transnational governance systems to organise and administer public goods, such as health-care support. As Italy's outbreak accelerated, on Feb 26, 2020, the country's leaders appealed for additional personal protective equipment and ventilators to the EU's crisis hub, the Emergency Response Coordination Centre.² Only by mid-March did EU member states begin sending supplies, by which point China was already providing medical experts, supplies and equipment.³

The second crisis is economic; the recession accompanying the coronavirus pandemic will lead to spikes in unemployment and lost income, especially among those countries who are already in precarious positions. A decade of austerity following the 2007–08 financial crisis has had devastating detrimental health and social effects,^{4,5} and has rendered disadvantaged groups even more vulnerable to the socioeconomic impacts of the pandemic. To date, no EU-wide social protection shield or minimum social floor exists. Additionally, those who have the most economic difficulties may not be able to adhere to physical distancing effectively, as they seek to continue to work, worsening the risks of virus transmission. The public health systems in several EU countries—still with reduced capacity due to austerity measures—face important limitations in effectively responding to the pandemic.

Third, the migration crisis that started in 2015—and has rekindled in recent months—poses a major challenge. Attempts to settle asylum seekers and refugees across Europe have failed⁶ and revealed the limited solidarity within the EU. Border countries like Italy or Greece are struggling to handle the situation, partly due to the inadequate financial, technical, and

institutional support from other European countries. The pandemic presents a further complication, as funds are being diverted away from refugee services,⁷ and some have blamed migrants for importing disease.⁸ Possible SARS-CoV-2 outbreaks in overcrowded, understaffed, and under-resourced refugee facilities could become health disasters.

What could an appropriate response to these converging crises look like? National strategies will not be enough, as dysfunctional responses to crises are partly caused by the lack of effective supranational mechanisms for providing public goods. As subnational borders, and then national borders began shutting down and the EU became the epicentre of the pandemic, supranational coordination, governance, and reciprocal distributive measures—eg, for the co-production of public goods—are needed more than ever. An effective and reciprocal distributive EU response mechanism must ensure that economic, social, technological, and health resources are shared more equally and in a spirit of solidarity among EU member states.

Sadly, so far there is widespread unwillingness to contribute to the equitable provision of public goods. Health is one of the sectors where resistance by EU members to transnational sovereignty has remained strongest,⁹ and countries pull back to serving unilateral, national-level interests at the cost of collective policy responses to shared challenges.

In the 21st century alone, Europe experienced the first SARS epidemic in 2003, a major financial meltdown in 2008, and a migration crisis in 2015. Yet, transnational mechanisms of crisis management and resolution remained ad hoc and limited.

One positive step is from the European Central Bank, which announced a no-limits commitment to protect European economies on March 19, 2020, by purchasing sovereign and corporate debt, among other measures.¹⁰ Such bold transnational action can be imitated in other areas, including the development of large-scale public investment projects, social cohesion policies, and redistributive measures to reach most-affected populations. After years of promoting fiscal austerity and economic deregulation, now is the time for European institutions to actively intervene to protect population health and wellbeing. Effective

disease prevention and better social protection across the EU can only be achieved by the re-allocation of competences across different policy levels, and by implementing global solutions (including the International Labour Organization’s global Social Protection Floors recommendation, the Sustainable Development Goals, and rights-based approaches on migrants and refugees) that are already on the table.

We declare no competing interests.

Copyright © 2020 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

***Kayvan Bozorgmehr, Victoria Saint, Alexandra Kaasch, David Stuckler, Alexander Kentikelenis**
kayvan.bozorgmehr@uni-bielefeld.de

Department of Population Medicine and Health Services Research, School of Public Health (KB, VS) and Faculty of Sociology (AKa), Bielefeld University, D-33501 Bielefeld, Germany; Social Determinants, Equity & Migration Group, Department of General Practice & Health Services Research, Heidelberg University Hospital, Heidelberg, Germany (KB); Department of Social and Political Sciences, Bocconi University, Milan, Italy (DS, AKe0; and Centre for Global Health Inequalities Research (CHAIN), Norwegian University of Science and Technology, Trondheim, Norway (AKe)

- 1 Gottlieb N, Bozorgmehr K, Trummer U, Rechel B. Health policies and mixed migration – lessons learnt from the ‘refugee crisis’. *Health Policy* 2019; **123**: 805–08.
- 2 European Commission. Crisis management. https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/crisis-management_en (accessed March 22, 2020).
- 3 Braw E. The EU is abandoning Italy in its hour of need. *Foreign Policy*, March 14, 2020. <https://foreignpolicy.com/2020/03/14/coronavirus-eu-abandoning-italy-china-aid/> (accessed March 22, 2020).
- 4 Karanikolos M, Mladovsky P, Cylus J, et al. Financial crisis, austerity, and health in Europe. *Lancet* 2013; **381**: 1323–31.
- 5 Forster T, Kentikelenis AE. Austerity and health in Europe: disentangling the causal links. *Eur J Public Health* 2019; **29**: 808–09.
- 6 Bozorgmehr K, Wahedi K. Reframing solidarity in Europe: Frontex, frontiers, and the fallacy of refugee quota. *Lancet Public Health* 2017; **2**: e10–11.
- 7 Kelly A, Grant H, Tondo L. NGOs raise alarm as coronavirus strips support from EU refugees. *The Guardian*, March 18, 2020. <https://www.theguardian.com/global-development/2020/mar/18/ngos-raise-alarm-as-coronavirus-strips-support-from-eu-refugees> (accessed March 22, 2020).
- 8 Hungary’s Orban blames foreigners, migration for coronavirus spread. *France 24*, March 13, 2020. <https://www.france24.com/en/20200313-hungary-s-pm-orban-blames-foreign-students-migration-for-coronavirus-spread> (accessed March 22, 2020).
- 9 Greer SL, Hervey TK, Mackenbach JP, McKee M. Health law and policy in the European Union. *Lancet* 2013; **381**: 1135–44.
- 10 Arnold M. ECB to launch €750bn bond-buying programme. *Financial Times*, March 19, 2020. <https://www.ft.com/content/711c5df2-695e-11ea-800d-da70cff6e4d3> (accessed March 22, 2020).