



Letter to the Editor

**Covid-19 health crisis management in Europe:
Decisive assessment is needed now**


Horton (Horton, 2020) reported that the management of the Covid-19 outbreak by the England National Health Service (NHS) was scandalous, leading to unnecessary deaths. British citizens are now aware, free to form their own opinions.

Criticalities in crisis management have been similarly noted in Italy, where the response was untimely, leading to the collapse of Lombardy's health care system (Armocida et al., 2020). The delay and insufficiencies of other European countries (Saglietto et al., 2020) have been even more paradoxical since they had the Asian and Italian experiences staring them in the face.

"When this is all over, the NHS England board should resign in their entirety," wrote Horton (Horton, 2020), attributing this statement to an NHS worker. Populations must now face painful ordeals and sacrifices. Leadership needs a consensus to impose drastic measures; consensus, which is changeable, derives from a belief in the leadership in that given moment. We expect from the scientific community decisive, authoritative, and courageous assessment, like that expressed in the UK, on the conduct of the other democratic countries struck by Covid-19. A frank analysis could offer individual states tools to now reinforce faith in their governance or, in compliance with their constitutions, a path to the entrustment of public health and economic recovery to the best minds.

Similarly, critical examination of EU actions is needed in light of the Union's glaring insufficient management of the crisis (Anderson et al., 2020). There have been major differences among countries in terms of the medical response to the virus spread and mortality (Oksanen et al., 2020). Governments continue to prioritize their own interests, even if this undermines solidarity with other countries (Anderson et al., 2020), a tragic illusion of post-epidemic advantage since Covid-19 might wipe out entire political classes.

The EU should act to standardize health care among countries; the numbers of critical care beds, for example, vary considerably in Europe (Rhodes et al., 2012). By adopting common protocols to fight a second possible wave of the epidemic, the role of the European Center for Disease Prevention and Control could be strengthened, which would be a pivotal step, as it seems to have played a minor role in the management of the health crisis and reliable, authoritative communication. A shared strategy should also be pursued to address the lifting of lockdown measures and the removal of *cordon sanitaires*

among member states. Finally, a post-COVID-19 health recovery program driven by Community interests, offers the region an opportunity to relaunch the EU project.

Conflict of interest

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