

**SECOND TAORMINA/ MESSINA CONFERENCE
(ORGANIZED BY TAOBUK FESTIVAL AND VISION)**

LA METAMORFOSI DI EUROPA¹



**EUROPE IN A POST PANDEMIC WORLD – ONE YEAR ONWARDS
LOOKING FOR THE IDEAS TO CONTINUE THE DEBATE ON THE
FUTURE OF EUROPE IN THE 21ST CENTURY**

18th – 21th JUNE 2021

¹ Europa is the mythological Phoenician princess whose seduction from JOVIS gave birth to the kingdom of CRETE and to the idea of the WEST as civilization.

WORKING GROUPS - BACKGROUND

GROUP 3. THE GREAT PANDEMIC AND ADAPTING THE WELFARE AND HEALTH SYSTEMS TO THE 21ST CENTURY²

With almost two million deaths from Coronavirus Disease 2019 (COVID19) to date and the largest economic shock the world has ever experienced since 1945³, the pandemic crisis has been compared to the WORLD WARS which defined the 20th century.

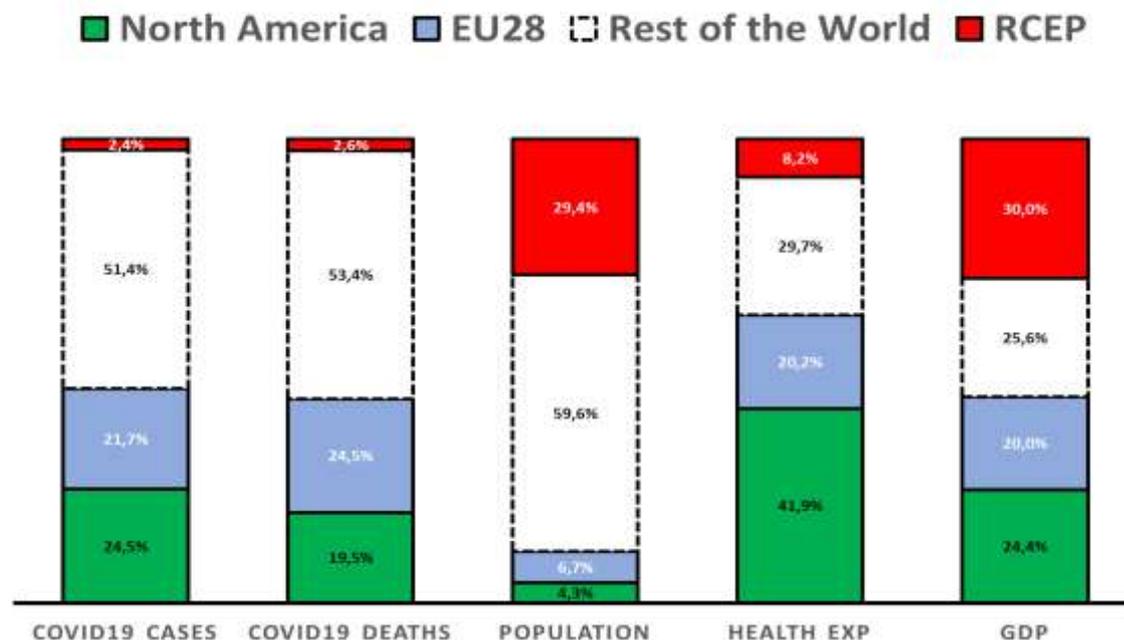
Who is losing the PANDEMIC war?

If we look at the most significant Covid-19-related numbers – distribution of COVID-19 cases and deaths (as reported by the World Health Organization) – it looks like that North America (USA and Canada) and the European Union (considering the EU28 including the UK until 31st Dec 2020) bear a share that is much greater than their contribution to the world's population (as for the graph below).

² The background is completed by the VISION paper on “COVID-19 pandemic: winners and losers” accessible at <https://www.thinktank.vision/en/media-en/publications/the-covid19-pandemic-winners-and-losers>

³ the drop will be of 8.2% of world GDP in 2020, if we proxy the impact as the difference between January 2020 and October 2020 International Monetary Fund's projections for global growth- IMF, World Economic Outlook

DISTRIBUTION OF WORLD COVID19 CASES, DEATHS (AS OF 15th APR 2021), POPULATION, HEALTH EXPENDITURE AND GDP (2019) (European Union, USA + CANADA, Regional Comprehensive Economic Partnership – ASIA PACIFIC AND OCEANIA)



Source: VISION on WHO and World Bank data

According to a VISION’s paper, 50% of health costs are borne by only around 10% of the world’s population living in Europe and North America. The picture, however, becomes more surprising when we consider that these regions account for almost two third of the world’s expenditure on healthcare and host 33 of the 35 largest pharmaceutical companies of the world.

On the hand, the 15 ASIA – OCEANIA countries which share the Pacific western shore (and just established the largest free trade area of the world – the Regional Comprehensive Economic Partnership) did much better: notwithstanding they host 30% of the world population (more than 2 billion people) and account for 30% of world GDP, they still suffered less COVID19 deaths than Spain alone (with less than 50 million inhabitants). And yet the fact that Spain was considered the third best healthcare systems of the world (for instance, Reuters 2020) says that we may have been missing something.

True, amongst those 15 countries, we have the huge, controversial case of CHINA, however Japan, South Korea, Australia, New Zealand are also part of the group and they seem to show a return for each euro spent in public healthcare which is hundred of times higher than EU or the USA.

In the second phase, owing to a better vaccination campaign and the demonstration of great scientific prowess, USA and UK, have been reduced the burden; whilst, the EU appears to have been greatly slowed down by the very decision to suddenly bring to the European level a policy which is still technically and firmly national.

More recently, Europe has recovered some of the lost ground and yet the entire pandemic seems, therefore, to expose the fragility of a construction which has been the pride and probably even the essence of the European project for a long time (as Angela Merkel reminded few times defining the UNION as the Welfare Superpower).

How will healthcare and more generally welfare systems adapt to the risks and opportunities that the 21st century is producing?

Vision is introducing two options that the WG will discuss:

1. the possibility to introduce in the treaties (or at least in provisions like SCHENGEN) that some of the decision making vis-à-vis (only health?) emergencies are transferred at European level (for instance, the closure and opening of national borders, the standardization of data to be collected, the design and execution of emergency responses like the procurement of vaccination),

2. a strong overhaul of health care systems based on technologies enabling the provision of monitoring health conditions and healing bodies at distance.