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A Comparative Perspective on the COVID-19 Response in Europe

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Chapter 6 introduces a central tenet to any society, describing the social contract as an agreement between individuals and their governments about their rights and duties to each other and the government's role in public service provision. This framework of the social contract helps us understand what happened in Europe during the COVID-19 pandemic—why we saw the controversies that we did, why certain countries adopted the public health measures that they did, and why they look different from the rest of the world.

This chapter aims to share the European pandemic experience to provide a comparative lens to varied COVID-19 responses. After the initial outbreak in China spread, this was the region first hit with the coronavirus and the region experienced high cumulative cases and deaths, only surpassed by the Americas.[1] Further, as we hope to learn how to better coordinate and respond to the next public health crisis as a global community, Europe provides an important case in regional crisis management and public health harmonisation that could provide lessons to other transnational efforts in the future.

The European COVID-19 Response

After the initial outbreak in China, Europe became the epicentre of the COVID-19 pandemic. Many European countries were ranked highly in their emergency preparedness and health security capabilities prior to the outbreak, but these did not prove to mean much in reality. Fifteen of the top 35 countries in the Global Health Security Index (GHSI) 2019 were from Europe, and yet they also had relatively higher reported cases per 100,000 people.[2] With some of the more comprehensive and established

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1. World Health Organization (WHO), 'WHO Coronavirus (COVID-19) Dashboard', accessed 15 September 2022, https://covid19.who.int/table.
2. Matthew M. Kavanagh and Renu Singh, 'Democracy, Capacity, and Coercion in Pandemic Response: COVID-19 in Comparative Political Perspective', *Journal of Health Politics, Policy and Law* 45, no. 6 (1 December 2020): 997–1012, https://doi.org/10.1215/03616878-8641530.

welfare state systems, European countries may have been considered better prepared for a public health emergency, but in a globalised world, they were still incredibly vulnerable. Relatively strict lockdowns were put in place, although by the summer of 2020 most European countries had adopted a system of imposing and removing public health measures as the pandemic waxed and waned, especially once vaccines were available and successfully administered to majorities of their populations. The Omicron variant brought another surge in cases towards the end of 2021,[3] but the largely vaccinated populations seemed to have kept the death rates lower and facilitated the move towards 'living with COVID' and treating the disease as endemic. By the end of July 2022, there have been a total of over 241 million COVID-19 cases and 2 million deaths, with the top five countries for the total number of cases being France, Germany, the United Kingdom, Russia, and Turkey.[4]

Interestingly, even with the similarities in COVID-19 responses and the overarching role of the European Union, there were quite varied approaches established around the public health crisis, across the continent. Sweden chose to not follow most of the rest of the world in implementing lockdowns, closing schools, contact tracing, and other common public health measures as part of its national strategy. Swedes were even intentionally discouraged by their government from—and at times reprimanded for—wearing masks in an effort to avoid panic. It maintained fewer COVID-19 deaths per capita than the European average for long enough that it gained a reputation for having an alternative, laissez-faire, even 'holistic' response to COVID-19 focused on herd immunity. Unfortunately, this natural herd immunity was never reached and at the cost of numerous lives, especially among the most vulnerable populations, but the political leadership has steadfastly held to their strategy.[5] Meanwhile, the UK tried applying a similar strategy, only to go back and forth with the implementation of lockdowns and more stringent measures that have led its response to be considered 'too little, too late, [and] too flawed'.[6]

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3.   Monir Ghaedi, 'EU Countries Record COVID-19 Records as Omicron Spreads | DW | 30.12.2021', Deutsche Welle, 30 December 2021, https://www.dw.com/en/eu-countries-record-covid-19-records-as-omicron-spreads/a-60288621.

4.   WHO, 'COVID-19 Situation in the WHO European Region', accessed 15 September 2022, https://www.arcgis.com/apps/dashboards/ead3c6475644481ca51c248d52ab9c61.

5.   Johan Ahlander and Niklas Pollard, 'Sweden's COVID Response Was Flawed but Allowed Freedoms—Commission', *Reuters*, 25 February 2022, https://www.reuters.com/world/europe/sweden-pandemic-strategy-correct-early-response-flawed-commission-2022-02-25; N. Brusselaers, D. Steadson, K. Bjorklund, Sofia Breland, Jens Stilhoff Sörensen, Andrew Ewing, et al., 'Evaluation of Science Advice during the COVID-19 Pandemic in Sweden', *Humanities and Social Sciences Communications* 91, no. 9 (2022), https://doi.org/10.1057/s41599-022-01097-5; Gretchen Vogel, 'Sweden's Gamble: The Country's Pandemic Policies Came at a High Price—and Created Painful Rifts in Its Scientific Community', *Science*, 6 October 2020, https://www.science.org/content/article/it-s-been-so-so-surreal-critics-sweden-s-lax-pandemic-policies-face-fierce-backlash.

6.   *BMJ*, 'UK's Response to Covid-19 "Too Little, Too Late, Too Flawed"', 15 May 2020, https://www.bmj.com/company/newsroom/uks-response-to-covid-19-too-little-too-late-too-flawed.

In contrast, Italy was the first country to be severely hit by the pandemic and the first to implement some of the strictest COVID-19 lockdown measures.[7] It was also not the last one to do so. For example, during Spain's first COVID-19 wave in March 2020, the government implemented a strict stay-at-home lockdown under its state of emergency that ordered all citizens to stay home with exceptions only for short shopping trips and essential business. This applied to all ages, including children, and did not include any exceptions even for exercising. Such draconian measures ultimately took a toll on the country's economy and led to a backlash among the public and political opposition, a sentiment reflected in the Spanish Constitutional Court's decision to deem the lockdown unconstitutional.[8] There has also been variation in the resistance of the public to such policies, as seen by the pushback from citizens protesting in the Netherlands, Germany, Belgium, and France, among others.[9]

As the pandemic progressed, the main issues of prevention and immediate crisis containment and response gave way to those concerning access to, administration of, and uptake of vaccines; socio-economic stimulus; and a debate over how viable a policy of 'living with COVID' would be. The European story of similar overall approaches to COVID-19 by the continent but varied strategies within domestic politics and policy has also continued beyond the initial responses to the public health crisis. By 2021, social contracts in the context of COVID-19 were not only being questioned by the public, as was already the case with the start of COVID-19 measures; the relationship and responsibilities of the public and the government to each other started to adapt and change in the context of the coronavirus.

By early 2021, multiple vaccines were starting to become accessible, and by the end of the year, 66 percent of people were fully vaccinated on the continent.[10] As vaccines became available and the pandemic raged on, public and political discourse made it clear that Europe was shifting towards a 'living with COVID' strategy. The Netherlands took a very literal interpretation of living with COVID-19 with the 'Dansen met Janssen' or 'Dancing with Janssen' initiative, where citizens were encouraged to get their vaccinations and then join in public celebrations immediately after. This strategy appears to have backfired and failed within two weeks, with coronavirus infections rising by 500

7.   Iris Bosa, Adriana Castelli, Michele Castelli, Oriana Ciani, Amelia Compagni, Matteo M. Galizzi, et al., 'Response to COVID-19: Was Italy (Un)Prepared?', *Health Economics, Policy and Law* 17, no. 1 (January 2022): 1–13, https://doi.org/10.1017/S1744133121000141.

8.   Joseph Wilson, 'Spain's Top Court Rules Pandemic Lockdown Unconstitutional', *AP News*, 14 July 2021, https://apnews.com/article/europe-business-health-government-and-politics-courts-a0a36ebadb24600e-122e2f1fb035011c.

9.   'French "Freedom Convoy" Gets under Way in Protest at Covid-19 Restrictions', *France 24*, 9 February 2022, https://www.france24.com/en/france/20220209-french-freedom-convoy-gets-under-way-in-protest-at-covid-19-restrictions; *BBC News*, 'Covid: Huge Protests across Europe over New Restrictions', 21 November 2021, sec. Europe, https://www.bbc.com/news/world-europe-59363256.

10. Our World in Data, 'Coronavirus (COVID-19) Vaccinations', accessed 15 September 2022, https://ourworldindata.org/covid-vaccinations.

percent after the immediate relaxing of restrictions were lifted on nightclubs on 26 June 2021.[11]

In order to encourage vaccine uptake, a number of European countries began to require proof of COVID-19 vaccination or of recent recovery from COVID-19 to enter public places including bars and restaurants. By mid-2021, many began to require a 'green pass', European COVID Digital Certificate, or other forms of digital or paper documentation. Such documentation increasingly became necessary for adults to attend large gatherings, nursing homes, bars, restaurants, hotels, theatres, sports facilities, and other public spaces.[12] While many countries had their own policies and documentation requirements, they generally converged—with some notable exceptions—on the need to have a version of a green pass to help contain the spread of the virus and allow for safer gatherings.

What they did not agree on was how much of a requirement protection from COVID-19 in some form (i.e., vaccination, recent illness, or regular testing) was required by the workforce, especially as people started to go back to in-person settings. This policy development and debate around green passes in Europe reflects how social contracts changed as a direct result of the pandemic—with the public being required or strongly encouraged in most countries to consider the collective concerns of spreading illness among each other and the resulting costs to the economy and the government, in turn, in a new light. However, there was much disagreement and a lack of coordination among the public and the governments within countries themselves, as well as in the overall European context, regarding all COVID-19 measures as vaccine mandates emerged and public health restrictions ebbed and flowed in parallel with rising and falling COVID-19 cases. And overall, protests, riots, and other expressions of pandemic fatigue were not uncommon across the continent, especially by the end of 2021 and into early 2022.[13]

A parallel development as vaccines were being produced and then rolled out across Europe was the global effort to share vaccines worldwide in order to reduce inequities and help end the pandemic. Europe as a bloc of mostly developed countries, several of whom were even vaccine producers and manufacturers and most of whom are high-income countries, had a particular role to play. It was clear from the beginning of the pandemic that equitable vaccine distribution was key to containing COVID-19, and yet this failed to happen at the scale needed. Countries in the EU and the UK ordered

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11. Chloe Lovatt, '"Dancing with Janssen" Day after Jab Says Dutch Health Minister', *Dutch Review*, 1 July 2021, https://dutchreview.com/news/vaccination-certificate-the-day-after-janssen; Leo Cendrowicz, 'After the Party Ends: Coronavirus Infections in Netherlands Jump by 500% after Country Relaxes Restrictions', *The Independent*, 14 July 2021, https://www.independent.co.uk/news/world/europe/netherlands-pandemic-nightclubs-rules-coronavirus-b1883474.html.

12. Shannon McDonagh and Tim Gallagher, 'Green Pass: Which Countries in Europe Require a COVID Vaccine Pass to Get Around?' *Euronews*, 17 November 2021, https://www.euronews.com/travel/2021/10/12/green-pass-which-countries-in-europe-do-you-need-one-for.

13. *BBC News*, 'Covid: Huge Protests across Europe over New Restrictions', editorial, 21 November 2021, https://www.bbc.com/news/world-europe-59363256.

a surplus of vaccines for their populations, while other countries will have to wait years for full vaccination coverage. The EU ordered about 525 million extra full doses, while the UK ordered enough to vaccinate its population several times over. This stark global inequity is further compounded by the fact that countries in Europe have significant engagement with the World Health Organization, international development, and civil society groups interested in global health, and yet they have not pushed hard enough for the attainment of global vaccine equity.[14] The EU and UK also have access to greater production technologies and knowledge that they have not been willing to share with the rest of the world to increase the number of vaccines available. As such, Europe has failed to uphold the social contract shared among people and governments of other countries and humanity at large even as it has provided for its own as a bloc and as individual countries.

The Social Contract and the European Union

In order to fully understand the response to COVID-19 in Europe, we have to look to the role of the EU. As a regulatory superpower with 27 member states, it imposes several trade, monetary policy, consumer protection, environmental, single market, and even public health standards. As the only supranational entity with such legislative and regulatory power, it has the most unique social contract of them all with member states and their citizens in conjunction with the national social contracts that have preceded its existence.[15]

The initial COVID-19 response came through the European Commission's Directorate-General for Health and Food Safety and the Directorate-General for Research and Innovation, with their work already focusing on promoting public health and coordinating funding for issues including pandemic preparedness, respectively. As such, together with EU agencies such as the European Centre for Disease Control, the EU Civil Protection Mechanism, and the European Medicines Agency, the EU has the institutional and legal ability to respond to the crisis in some form.[16]

While the EU has been engaged in many global and public health efforts over the years, its member states are still predominantly responsible for healthcare and public health policy and services in their jurisdictions. The Maastricht Treaty (1992) and Amsterdam Treaty (1997) set the foundation for public health policy development in the EU by emphasising the facilitating and funding of cooperation among member

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14. Robin Cohen, 'COVID Vaccines: Rich Countries Have Bought More Than They Need—Here's How They Could Be Redistributed', *The Conversation*, 9 February 2021, https://theconversation.com/covid-vaccines-rich-countries-have-bought-more-than-they-need-heres-how-they-could-be-redistributed-153732.
15. Renu Singh, 'How the Coronavirus Is Plaguing Autocracies and Democracies', *The Duck of Minerva*, 10 March 2020, https://www.duckofminerva.com/2020/03/how-the-coronavirus-is-plaguing-autocracies-and-democracies.html.
16. Rebecca Forman and Elias Mossialos, 'The EU Response to COVID-19: From Reactive Policies to Strategic Decision-Making', *Journal of Common Market Studies* 59, no. S1 (2021): 56–68, https://doi.org/10.1111/jcms.13259.

states to promote public health, but the legal harmonisation of public health measures across all countries involved have always faced strong restrictions.[17] Thus, the states ultimately maintain their central role in this arena. However, there is a clear contradiction for EU health policy since the EU also provides for the freedom of movement of people, goods, and services—including those involved in health services—across its member states' borders, and additionally, it has law and policy that applies to national health policy.

As such, the relationship between individuals within the EU and the governing institution itself is incredibly complex and intertwined with any social contract in place with their own national governments. The same was true during the response to COVID-19, where most policies arose at the national level and were risk mitigation responses implemented by the member states as they were exposed to SARS-CoV-2 at varying levels of intensity. While responses were administered by each country, they did converge (with the notable exceptions of the UK and Sweden) in their choices to implement stringent COVID-19 measures to suppress the virus as opposed to merely mitigating it.[18] Given the precedent of the SARS and H1N1 outbreaks, better EU coordination was a reasonable expectation, but the disconnect between EU and member state health policies made that virtually impossible. However, the EU did play a larger role once countries started to lift their public health measures. An exit strategy was coordinated by member states, the EU Commission, and the European Council in the form of the Joint European Roadmap for lifting COVID-19 measures. It provided criteria to use in assessing whether or not to begin relaxing the restrictive COVID-19 policies initially put in place to reduce the risk of spreading the virus.

Nevertheless, the COVID-19 pandemic has also questioned some of the most fundamental tenets of the EU social contract. Freedom of movement of people and goods within the Schengen zone is one of the defining characteristics of the Eurozone. And yet, the public health crisis has empowered populist political actors to question the borderless Schengen area of Europe that allows for the freedom of movement within the EU. EU member states did choose to adopt a council recommendation in October 2020, representing the EU head of state and government, that they then updated three times through January 2022 on a coordinated approach for restricting movement in the Schengen zone for safety concerns. However, it also provided the perfect excuse for the far right to question the very need for free movement and the 1985 Schengen Agreement altogether.[19] The right-wing Marine Le Pen called for a closure of the French

17. Singh, 'How the Coronavirus Is Plaguing Autocracies and Democracies'.
18. Alberto Alemanno, 'The European Response to COVID-19: From Regulatory Emulation to Regulatory Coordination?' *European Journal of Risk Regulation* 11, no. 2 (June 2020): 307–316, https://doi.org/10.1017/err.2020.44.
19. European Council, 'Council Recommendation (EU) 2020/1475 of 13 October 2020 on a Coordinated Approach to the Restriction of Free Movement in Response to the COVID-19 Pandemic (Text with EEA Relevance)', *Official Journal of the European Union*, 13 October 2020, http://data.europa.eu/eli/reco/2020/1475/oj/eng; European Commission, 'Council Agreement to Strengthen Coordination of Safe Travel', 25 January 2022, https://ec.europa.eu/commission/presscorner/detail/en/statement_22_544.

borders with Italy in early 2020, and Swiss populist Lorenzo Quadri stated his alarm at the EU's prioritisation of its open borders.[20] In addition, governments themselves became myopic in their attempts to protect their own citizens, as exhibited by Germany and France withholding medical supplies from their fellow member states.[21]

Italy's Response to COVID-19

As the first country in Europe to record COVID-19 cases and the one to bring the epicentre of the pandemic to Europe itself, Italy had a unique and particularly prominent role in the response to COVID-19 in Europe very early on in 2020.

On 31 January 2020, the day of the first government response, the Italian government declared a six-month national emergency when the first two COVID-19 cases were found in Rome. By 22 March 2020, the country had implemented a complete lockdown. As such, Italy was also the first country in Europe to employ very stringent public health measures in response to what was considered its most difficult crisis since World War II. Lockdowns started in specific hotspots or towns, and then expanded to regions before the country was completely locked in and shut down (i.e., schools were closed and all factories and non-essential production were closed). At the time, this was considered an immense economic and social sacrifice.[22] Italy had one of the worst death rates in the world and needed to come together.

These sorts of measures were unprecedented, but in general the public complied and accepted the government's role. During this time, Prime Minster Giuseppe Conte even attempted to reassure his citizens by stating, 'The state is here.'[23] This statement and the public's response reflects the social contract that Italy has between its people and government. This is also reflected in how the government generally approaches its healthcare system, providing a regionally based national health service that offers universal coverage free of charge at the point of service. This Servizio Sanitario Nazionale was established in 1978, based on the principles of universal access and free healthcare, mostly paid for by taxes. As such, there is an understanding in this society of the government playing a central role in ensuring healthcare, even if austerity measures have reduced some of its capacity over time.

At the same time, some Italians have been very vocal about their opposition to what they perceive to be infringements of their liberties.[24] This reflects the tension

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20. Singh, 'How the Coronavirus Is Plaguing Autocracies and Democracies'.

21. Amie Tsang, 'E.U. Seeks Solidarity as Nations Restrict Medical Exports', *New York Times*, 7 March 2020, https://www.nytimes.com/2020/03/07/business/eu-exports-medical-equipment.html.

22. Jason Horowitz, Emma Bubola, and Elisabetta Povoledo, 'Italy, Pandemic's New Epicenter, Has Lessons for the World', *New York Times*, 21 March 2020, https://www.nytimes.com/2020/03/21/world/europe/italy-coronavirus-center-lessons.html.

23. Ibid.

24. Valentina Di Donato and Angela Dewan, 'Italy Protests Turn Violent as Anger Mounts over Covid-19 Measures', *CNN*, accessed 6 April 2022, https://www.cnn.com/2020/10/27/europe/italy-coronavirus-protests-intl/index.html.

that is more broadly visible in European countries: on the one hand expecting that the government will play a central role in one's health, but on the other that people will be allowed to do what they want. The Italian healthcare system is a robust one, and in terms of public health, it also has a mix of regulations on healthy behaviours.[25] Italians had been concerned about the unprecedented measures from the initial lockdowns in Italy to the regulations in October 2021 mandating green passes for all public and private sector workers and everyone over 50 starting in January 2022.[26] There was significant resistance and protesting to such measures for being overly draconian, with citizens claiming that the government exhibited too much regulatory power over their daily lives. The state had been relatively heavy-handed during the pandemic, and not all Italians approved of how their government chose to respond to the COVID-19 crisis.

Germany's Response to COVID-19

Home to the oldest welfare state, Germany has had a unique relationship with public health institutions and policy, and a strong historical precedent. This is evident in much of its public health infrastructure today and in its response to COVID-19 since the beginning of the pandemic.

Within days of the first case of COVID-19 in Bavaria being reported on 27 January 2020, Germany's government swiftly set up a system of reporting cases within its healthcare system, an inter-ministerial crisis management group at the federal level, contact tracing among travellers, and a system of regular updates through the country's public health institution (the Robert Koch Institute). Germany has been touted as a success in its initial response to COVID-19 and in its healthcare system's and government's preparedness for such a crisis.[27] It has also had a system of local and state-level public health institutions in place for decades, which was able to contribute to the monitoring of the situation, and a strong connection between government and scientific experts to advise policy.[28] However, rates of COVID-19 infections and deaths rose during the second wave at the end of 2020.

The vaccine rollout starting in December 2020 brought its own set of problems, with supply shortages, logistical challenges in inoculating the elderly first, and delays in

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25. Nanny State Index, 'The Best and Worst Countries to Eat, Drink, Smoke & Vape in the EU'.

26. Angelo Amante, Giuseppe Fonte, and Gavin Jones, 'Italy Extends COVID Vaccine Mandate to Everyone over 50', *Reuters*, 6 January 2022, https://www.reuters.com/world/europe/italy-make-covid-jab-mandatory-over-50s-tighten-curbs-draft-2022-01-05.

27. Lothar Wieler, Ute Rexroth, and René Gottschalk, 'Emerging COVID-19 Success Story: Germany's Strong Enabling Environment', Our World in Data, 30 June 2020, https://ourworldindata.org/covid-exemplar-germany-2020.

28. Claudia Hanson, Susanne Luedtke, Neil Spicer, Jens Stilhoff Sörensen, Susannah Mayhew, and Sandra Mounier-Jack, 'National Health Governance, Science and the Media: Drivers of COVID-19 Responses in Germany, Sweden and the UK In 2020', *BMJ Global Health* 6, no. 12 (2021), https://dx.doi.org/10.1136/bmjgh-2021-006691.

getting vaccine appointments being three of the most predominant.[29] By March 2021, the UK had administered nearly six times as many single doses, and headlines were made of Germany's lagging position. An additional constraint was created by Chancellor Angela Merkel's insistence on ordering vaccines as an EU bloc, which backfired when other countries decided to create bilateral agreements with pharmaceuticals well before Germany jumped on the bandwagon. A further decision by Germany's Standing Committee on Vaccination to set an age cap on the use of AstraZeneca vaccines until further research was done also increased vaccine hesitancy among the public.[30]

Overall, the German public has had a mixed response to the country's pandemic response and changing social contract. Public health policy also has a complicated history in Germany given the strong Nazi influence on health during the Third Reich. As such, Germans are often more sceptical of public health interventions, despite their strongly established healthcare system, on issues ranging from obesity to tobacco policy as well.[31] In other words, their relationship with the social contract around public health is very sensitive to state influence given the historical context. In part for this reason, the domain of public health in Germany is predominantly delegated down to the 16 states or Länder, which has allowed for more accountability and tailoring of policy to local circumstances during the pandemic. While this involved greater coordination of the Länder among themselves and with the federal government during the first two COVID-19 waves, there were still differences of opinion and contentions over specific regulations and policies. For example, insufficient supplies of personal protective equipment brought about a competitive race for supplies among them early on. In addition, as cases continued to rise and the pandemic continued into its second year, decisions to re-open borders to the EU/Schengen countries and the UK and decisions to re-impose lockdowns, among others, were not coordinated across the Länder.[32]

The United Kingdom's Response to COVID-19

The UK also illustrated how the tension between the government's role as a guarantor of health and the protection of civil liberties created friction in the COVID-19 response of European countries. On the one hand, all legal residents of the UK are entitled to

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29. Holly Ellyatt, 'Germany's Vaccine Rollout Is Not Going to Plan, Frustrating Officials and Experts', *CNBC*, 20 January 2021, https://www.cnbc.com/2021/01/19/germanys-vaccine-rollout-challenges-and-problems-in-vaccine-strategy.html; Sarah Dean, Fred Pleitgen, Nadine Schmidt, and Claudia Otto, 'Germany Should Have Led the World at Handling the Pandemic. But Experts Slam Merkel's Vaccine Response as a Disaster', 8 March 2021, https://www.cnn.com/2021/03/07/europe/germany-vaccine-disaster-grm-intl/index.html.
30. Sarah Dean, Fred Pleitgen, Nadine Schmidt, and Claudia Otto, 'Germany Should Have Led the World at Handling the Pandemic. But Experts Slam Merkel's Vaccine Response as a Disaster', *CNN*.
31. Renu Singh, 'Policy Change and the Politics of Obesity in Germany and the United States of America', Georgetown University Graduate School of Arts & Sciences, 2020.
32. Sabine Kropp and Johanna Schnabel, 'Germany's Response to COVID-19: Federal Coordination and Executive Politics', in *Federalism and the Response to COVID-19: A Comparative Analysis*, ed. Rupak Chattopadhyay, Felix Knüpling, Diana Chebenova, Liam Whittington, and Phillip Gonzalez (Abingdon: Routledge, 2022), 84–94.

healthcare through the National Health Service, paid for by taxes. The system emerged out of the post-war era, and the Minister of Health at the time, Aneurin Bevan, asserted the basic principles of the social contract being built by stating: 'The essence of a satisfactory health service is that the rich and poor are treated alike, that poverty is not a disability, and wealth is not advantaged.'[33] And the country's vaccine programme was effectively planned and implemented starting in December 2021. As such, the health of its citizens is an important responsibility of the UK government, reflected in its healthcare system and in part of its COVID-19 response.

And yet, the UK's response to the coronavirus pandemic has been described as one of the country's 'worst ever public health failures'.[34] The focus on achieving herd immunity via COVID-19 infections delayed the first national lockdown until late March 2020 and led to a much higher death toll than there would have been with a more efficient decision process. Basing the public health strategy on a fatalistic view of not being able to suppress the virus ended up leading to an overwhelmed National Health Service and thousands of preventable, COVID-19-related deaths. An inquiry led by two parliamentary committees led to the release of a 150-page report in late 2021 which found that: 'Decisions on lockdowns and social distancing during the early weeks of the pandemic—and the advice that led to them—rank as one of the most important public health failures the United Kingdom has ever experienced.'[35]

In understanding the overall context for the UK, it is also important to note that all of this was happening during Brexit. As such, much political capital was focused on another national crisis. Concurrently, the response to COVID-19 further deepened divisions created by Brexit among Scotland, England, Wales, and Northern Ireland, as major decisions on public health measures were often devolved to each region to decide for itself.[36] In addition, there was widespread distrust in the government's ability to address the public health crisis, given a number of mishaps, and especially the very public breaching of lockdown rules by the then Prime Minister's main adviser, Dominic Cummings.[37]

Overall, the UK has had the worst per capita COVID-19 mortality in Europe. Much of this has been attributed to the fact that it was relatively faster in relaxing public

33. The Nuffield Trust, 'NHS Reform Timeline', 8 July 2019, https://www.nuffieldtrust.org.uk/health-and-social-care-explained/nhs-reform-timeline.

34. Ian Sample and Peter Walker, 'Covid Response "One of UK's Worst Ever Public Health Failures"', *The Guardian*, 11 October 2021, https://www.theguardian.com/politics/2021/oct/12/covid-response-one-of-uks-worst-ever-public-health-failures.

35. Holly Ellyatt, 'Lawmakers Slam UK's Covid Response, Say "Herd Immunity" Strategy a Public Health Failure', *CNBC*, 12 October 2021, https://www.cnbc.com/2021/10/12/uks-herd-immunity-covid-strategy-a-public-health-failure-inquiry.html.

36. Clive Grace, 'Perfect Storm: The Pandemic, Brexit, and Devolved Government in the UK', in *Federalism and the Response to COVID-19: A Comparative Analysis*, ed. Rupak Chattopadhyay, Felix Knüpling, Diana Chebenova, Liam Whittington, and Phillip Gonzalez (Abingdon: Routledge, 2022), 229–238.

37. Ben Davies, Fanny Lalot, Linus Peitz, Maria S. Heering, Hilal Ozkececi, Jacinta Babaian, et al., 'Changes in Political Trust in Britain during the COVID-19 Pandemic in 2020: Integrated Public Opinion Evidence and Implications', *Humanities & Social Sciences Communications* 8, no. 166 (2021), https://www.nature.com/articles/s41599-021-00850-6.

health restrictions and re-opening compared to other European countries and that it lagged on vaccine rollout to adolescents and children.[38] As mentioned earlier, Sweden and the UK fall on one side of the spectrum of living with COVID to zero-COVID, and they very intentionally chose to prioritise certain individual liberties and freedoms over collective restrictions in an effort to abate the spread of the pandemic.

The story of the UK shows how having a strong social contract and precedent for the government's role in prioritising the health of its citizens is never enough to guarantee it stays that way going forward. The social contract is a fluid concept and relationship that needs to be consistently reassessed and adjusted for the time and the context.

Conclusion

Europe was one of the regions most visibly affected by the COVID-19 pandemic. Understanding how states responded and how the public reacted can be facilitated by thinking through the relationship between individuals and society put forward by the social contract. In the EU, there was little history of the regulatory body directly involving itself in matters of healthcare and public health. As such, it was not as much of a surprise when pandemic policies were driven by national governments. However, the EU does have the institutional and legal ability to respond to such a global health crisis, and there are many more lessons to be learnt if the future of public health harmonisation is to be strengthened in order to better serve the citizens of the bloc. The response of governments has also been varied due to the existing social contracts in place, often reflected in precedents in public health and health services provision, and due to emerging and changing public opinion on the role of government in public health, crises in general, and health policy. This chapter also highlights how many European countries struggled with inherent tension baked into their social contracts between guaranteeing health for their citizens and protecting personal liberties. This tension often complicated the pandemic response and will remain a challenge for addressing public health challenges in the future. Going forward, balancing the benefits of strict public health measures with the necessity of maintaining the public's trust should play a central role in determining responses to public health crises.

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38. Yueqi Yang, 'Why Are U.K. Covid Cases So High Compared to the Rest of Europe?' *Bloomberg*, 18 October 2021, https://www.bloomberg.com/news/articles/2021-10-18/u-k-falls-behind-europe-on-covid-19-as-mutation-draws-focus-kuwlrzjo.