

As pandemic rages across the EU, WHO Regional Director for Europe proclaims pandemic “endgame”

Benjamin Mateus
26 January 2022

During an interview on Sunday with Agence France-Presse (AFP), the French international news agency, Dr. Hans Kluge, the World Health Organization’s (WHO) Regional Director for Europe, declared that the Omicron variant had pushed the COVID-19 pandemic into its final phase, implying that the emergency phase to the COVID-19 pandemic could come to an end this year in Europe.

“It’s plausible,” Kluge said, “that the region is moving towards a kind of pandemic endgame.” He expects Omicron to infect 60 percent of Europeans by March, based on modeling by the Institute for Health Metrics and Evaluation (IHME) based at the University of Washington. In less than two months from its discovery, Omicron now dominates Europe.

IHME estimates also found that as of January 10, 2022, two-thirds of the population in Europe has been infected with COVID-19 at least once. Officially, more than 123 million cases have been confirmed in Europe, accounting for one-third of all infections globally. With 1.74 million official COVID deaths, Europe accounts for 31 percent of all global deaths. There were 10 million COVID cases and 21,000 deaths last week.

Kluge added that once the Omicron surge across the European continent retreats, “there will be for quite some weeks and months a global immunity, either thanks to the vaccine or because people have immunity due to the infections and also lowering seasonality.”

However, he quickly backtracked his rosy assessments by cautioning that it was too soon to declare COVID-19 endemic as new variants could emerge. “There is a lot of talk about endemic, but endemic means that it is possible to predict what’s going to happen. This virus has surprised [us] more than once, so we have to be very careful.”

Kluge offered the following summary in a statement addressing the ending of the COVID pandemic “emergency phase”:

But with strong surveillance and monitoring of new variants, high vaccination uptake and third doses,

ventilation, affordable equitable access to antivirals, targeted testing, and shielding high-risk groups with high-quality masks and physical distancing of and when a new variant appears, I believe that a new wave could no longer require the return to pandemic-era, population-wide lockdowns or similar measures.

Reading these words, one must ask why such measures were not implemented in the first place and what is the impetus now to instituting them? Kluge’s promises to shore up Europe’s public health infrastructure are baseless and deceptive. Placing his comments into perspective, they come on the heels of the push by many member states within the European Union to begin treating the SARS-CoV-2 coronavirus like the flu, which is a direct proposal for “living with the virus” and allowing it to spread unhindered.

On January 9, British Education Secretary Nadhim Zahawi told the BBC that “the UK is on a path towards transitioning from pandemic to endemic.” On January 10, Spain’s Prime Minister Pedro Sanchez said during a radio interview, “We have to evaluate the evolution of COVID from pandemic to an endemic illness.”

These comments by government leaders are only the earliest vocal assertions and demands for a dramatic change in policy towards the pandemic to which Kluge is acquiescing. The shift to more lax isolation protocols to ensure the function of schools and businesses remains undisturbed is only the first in a series of loosened public health policies.

However, an approach which treats COVID-19 as endemic promises to be catastrophic. As Dr. Aris Katzourakis, a professor of viral evolution and genomics at the University of Oxford, UK, recently wrote in *Nature* on COVID-19 and endemicity, “Stating that an infection will become endemic says nothing about how long it might take to reach stasis, what the case rates, morbidity levels or deaths rates will be or, crucially how much of a population – and which sectors – will be susceptible. Nor does it suggest guaranteed stability.”

The effort to “normalize” COVID-19 infections and deaths

in Europe and the US is driven, not by science or public health, but by economic considerations. In a recent survey conducted by data firm IHS Markit, chief business economist Chris Williamson told the *Wall Street Journal*, “Soaring virus cases have brought the US economy to a near standstill at the start of the year.”

As the WSJ noted, “The rapid spread of the new variant has led to a surge in infections around the world, prompting increased consumer wariness of activities that involve physical proximity to others, while quarantine requirements have sidelined many workers.”

A glance at the world metrics on daily COVID cases underscores the rapid rise in infections across most regions of the world. The week beginning January 17, 2022, recorded almost 21.4 million infections with nearly 50,000 deaths. And as Omicron continues to surge in low- to middle-income nations, the disruption in supply chains from vast labor shortages caused by infections is providing an impetus to the drive to declare the pandemic endemic.

Rory Fennessy, an economist at Oxford Economics, predicted that “after a slowdown in growth [for the Eurozone], we expect economic activity to pick up later in the year. Ultimately, Omicron should not significantly alter the overall growth outlook for 2022.”

However, the optimistic outlook for the pandemic promoted by Kluge is not shared by the Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus, during his opening remarks at the 150th session of the Executive Board on January 24, 2022.

Ghebreyesus noted, “Since Omicron was first identified just nine weeks ago, more than 80 million cases have been reported to WHO – more than were reported in the whole of 2020. So far, the explosion in cases has not been matched by a surge in deaths, although deaths are increasing in all regions, especially in Africa, the region with the least access to vaccines. So, where do we stand? Where are we headed? And when will it end?”

Answering these questions, “It’s true we will be living with COVID for the foreseeable future, and that we will need to learn to manage it through a sustained and integrated system for acute respiratory diseases, which will provide a platform for preparedness for future pandemics. But learning to live with COVID cannot mean that we give this virus a free ride. It cannot mean that we accept almost 50,000 deaths a week from a preventable and treatable disease. It cannot mean that we accept an unacceptable burden on our health systems, when every day, exhausted health workers go once again to the front line. It cannot mean that we ignore the consequences of Long COVID, which we don’t yet fully understand. It cannot mean that we gamble on a virus whose evolution we cannot control, nor predict.”

He then warned, “There are different scenarios for how the pandemic could play out, and how the acute phase could end –

but it is dangerous to assume that Omicron will be the last variant, or that we are in the endgame.”

Central to his speech was the need for the COVID vaccine’s fair distribution and global health equity. The pandemic has impoverished millions and it has reignited infectious diseases like HIV, tuberculosis, and malaria. Sexually transmitted diseases like syphilis and hepatitis B and C are reemerging as threats. “When health is at risk, everything is at risk. The pandemic is a brutal reminder that health is not a by-product of development. Not an outcome of prosperous societies; not a footnote of history. It is the heartbeat, the foundation, the essential ingredient without which no society can flourish.”

At an earlier news conference, he said, “The COVID-19 pandemic is now entering its third year, and we are at a critical juncture. We must work together to bring the acute phase of this pandemic to an end. We cannot let it continue to drag on, lurching between panic and neglect.”

However, the WHO relies on voluntary funding by member states and various charities that disarm its ability to critique member states, limiting its authority to an auxiliary consultant. Dr. Ghebreyesus told the member states an overhaul of the organization’s funding would be required if the agency continued to remain effective in its mission.

After President Donald Trump withdrew US support and accused the WHO of a pro-China bias, Germany has assumed the role of the largest donor, giving \$1.235 billion in total. In contrast, the US gave only \$660,000 for the same period. The Biden administration is resisting a financial proposal that would “make the UN health body more independent,” according to *Reuters*. Instead, “It [the US] is pushing instead for the creation of a separate fund, directly controlled by donors, that would finance prevention and control of health emergencies,” or, in essence, privatize global health initiatives.

Meanwhile, there have been more than 8,000 cases of a subvariant of Omicron, designated BA.2, reported across 40 countries. Defined as a variant of interest, it is highly contagious, and some have gone as far as dubbing it the “son of Omicron.” Dominant in Denmark, it is spreading rapidly across India (5 percent of sequenced cases), the UK (4 percent), and Sweden and Singapore with 2 percent. The subvariant has also been detected in the United States.



To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact