

People's Covid Inquiry February-June 2021

Professional witness statement

Professor Martin McKee

Session 4 7 April 2021

Impact on the population (1 of 2)

Including families, social care, disabled people

STATEMENT

I (name) Professor Martin McKee

Job title/ role/ occupation Professor of European Public Health, member of Independent SAGE

will say as follows: _____

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 7 April.
2. I am able to attend.
3. What is your job/ role/ occupation – how long doing this for/ brief summary of background/ experience - if possible, attach CV to statement

I am Professor of European Public Health (since 1997) and Medical Director of the London School of Hygiene and Tropical Medicine, Research Director of the European Observatory on Health Systems and Policies. I qualified in medicine in Belfast, Northern Ireland in 1979, with subsequent training in internal medicine and public health. I am a past president of the European Public Health Association and previous chair of the UK Society for Social Medicine, the WHO European Advisory Committee on Health Research, and the Global Health Advisory Committee of the Open Society Foundations in New York. I have published almost 1,300 academic papers and 48 books. Since 2015 I have been in the top 1% (by citations) researchers worldwide. My contributions to European health policy have been recognised by, among others, election to the UK Academy of Medical Sciences, Academia Europaea, and the US National Academy of Medicine, by the award of honorary doctorates from Greece, Hungary, The Netherlands, Sweden, and the UK and visiting professorships at universities in Europe and Asia, the 2003 Andrija Stampar medal for contributions to European public health, in 2014 the Alwyn Smith Prize for outstanding contributions to the

health of the population, and in 2015 the Donabedian International Award for contributions to quality of care. In 2005 was made a CBE.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

I am a member of the Independent SAGE and, in my role in the European Observatory, oversee the COVID-19 Response Monitor <https://www.covid19healthsystem.org/mainpage.aspx> I have published over 40 academic papers on aspects of the pandemic.

<http://martinmckeesblog.blogspot.com/2020/04/covid-19-work-in-progress.html>

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism?

My expertise is in public health. My research takes a whole systems approach, drawing on a wide range of disciplines to address complex problems.

We have listed a number of questions for Session 4: Impact on the population (1) [families, social care, disabled people]

Areas which you may be asked questions on are highlighted in red – however please feel free to comment. As you know, members of Independent SAGE have appeared in the earlier sessions.

4.1 Government messaging has counterposed ‘public health or the economy’ as conflicting priorities. Is there a connection between this stance and the high death rate?

In a paper published at the beginning of the pandemic (McKee M, Stuckler D. If the world fails to protect the economy, COVID will damage health not just now but also in the future. *Nature Med* 2020; 26: 640–642) we set out why it was wrong to see health and the economy as opposing. As evidence from, in particular, the Asia Pacific region has made clear, those countries that pursued an elimination or maximum suppression strategy have fared best from an economic point of view. There is extensive evidence (catalogued, for example, in the book *Failures of State*, by Calvert & Arbuthnott, that economic considerations contributed to the delay in imposing restrictions in the UK early in the pandemic, with most reputable models suggesting that doing so even a week earlier could have saved about half of the lives lost in the first wave. There is also compelling evidence from researchers at Warwick that Eat out to help out was a major factor in the second wave.

4.2 The economic impact has been devastating. Why is the UK a country with one of the worst impacts on both the economy and the public’s health.

Largely for the reasons set out above.

4.3 How does the impact on the British population stand in comparison with comparable European countries?

This is a rapidly changing situation given the falling death rates in the UK while they are rising, driven largely by the B1.1.7 variant that spread from England, in much of continental Europe. We have, however, looked in detail at the situation in the first wave (Kontis V, Bennett JE, Rashid T, Parks RM, Pearson-Stuttard J, Guillot M, Asaria P, Zhou B, Battaglini M, Corsetti G, McKee M, Di Cesare M, Mathers CD, Ezzati M. Magnitude, demographics and dynamics of the impact of the first phase of the Covid-19 pandemic on all-cause mortality in 21 industrialised countries. *Nature Med* 2020; 26: 1919-1928), finding that England and Wales experienced the highest (for men) and second highest, for women, behind Spain) excess death rates among 21 industrialised countries.

4.4 How did the relationship between the NHS and social care work?

Not well. As others have noted, care homes were to a considerable extent left to their own devices. See our paper : Rajan S, Comas-Herrera A, McKee M. Did the UK government really throw a protective ring around care homes in the COVID-19 pandemic? J Long-Term Care 2020; 2020: 185-195.

4.5 What has the differential impact been on women?

This is a very complicated question. The death rate among men has been higher but there is some evidence that women are at greater risk of Long COVID (see our report for WHO). The impact of the measures taken to reduce the transmission of infection (see our paper Douglas M, Katikireddi SV, Taulbut M, McKee M, McCartney G. How can we protect against the wider health impacts of the COVID-19 pandemic response? Social distancing may cause significant adverse effects on health inequalities. BMJ 2020; 369: m1557) are likely to be heavily gendered in some contexts.

Please briefly outline your testimony below and/or attach references or articles which will provide the panel with relevant information.

I confirm that the opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.



5th April 2021

SIGNED

DATE

Please return to inquiry@keepournhspublic.com

Thank you

Olivia O'Sullivan
Secretary to the panel
The People's Covid Inquiry

inquiry@keepournhspublic.com