

**EUROPEAN SARS-COV2 STRATEGIES. ARE THESE THE SOLUTIONS FOR  
THE WORLD PANDEMICS?<sup>1</sup>**

*ESTRATÉGIAS EUROPEIAS CONTRA A SARS-COV2. SÃO ESSAS AS SOLU-  
ÇÕES MUNDIAIS PARA ENFRENTAMENTO DA PANDEMIA?*

*ESTRATEGIAS EUROPEAS CONTRA EL SARS-COV2. ¿SON ESTAS LAS SOLU-  
CIONES GLOBALES PARA COMBATIR LA PANDEMIA?*

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**Abstract**

The paper focused on the recall of main European strategies against pandemic spread adding the innovation of green pass in July 2021. The objective of the paper is to raise doubts about the claimed success of European strategies and to discuss if they can be replicated all over the world. Using a bibliographic research some pros and cons are summarized to prove the difficulties to export such model. The final remark underlines that even if not reliable a strategy and solutions are better than the guilty inactivity in some countries.

**Keywords:** Europe COVID-19 strategies. COVID-19 impacts. SARS-COV2.

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## RESUMO

*O trabalho focou no resumo das principais estratégias europeias contra a propagação da pandemia adicionando a inovação do passe verde em julho de 2021. O objetivo do trabalho é levantar dúvidas sobre o suposto sucesso das estratégias europeias e discutir se elas podem ser replicadas em todo o mundo. A partir de uma pesquisa bibliográfica, alguns prós e contras são resumidos para comprovar as dificuldades de exportação desse modelo. A observação final sublinha que, mesmo que não seja confiável, uma estratégia e soluções são melhores do que a inatividade culpada em alguns países.*

**Palavras-chave:** *Estratégias da Europa COVID-19. Impactos do COVID-19. SARS-COV-2.*

## RESUMEN

*El trabajo se centró en resumir las principales estrategias europeas contra la propagación de la pandemia añadiendo la innovación del pase verde en julio de 2021. El objetivo del trabajo es plantear dudas sobre el supuesto éxito de las estrategias europeas y debatir si pueden ser replicadas en todo el mundo. A partir de una búsqueda bibliográfica, se resumen algunos pros y contras para comprobar las dificultades de exportar este modelo. La nota final subraya que, incluso si no son confiables, una estrategia y soluciones son mejores que la inactividad culpable en algunos países.*

**Palabras clave:** *Estrategias para Europa COVID-19. Impactos del COVID-19. SARS-COV-2*

## Introduction

The pandemic spread already impact on our lives and it will impact also in 2022. The SARS-COV2 also called COVID-19 started in late 2019 and there's a few countries in the world going to be relative safe. Between them the European Union, even with some confusion and difficulty, is going to have more that 70% vaccination with some peak as 98% of Portugal. More than half population of Europe has been double vaccinated, and it will start, for some, the third dose. The European Union is a quite safe area to travel and work with at the end of 2021.

Between a successful strategy of Europe, we can count lockdown and massive vaccination. These are completed with country measures and an innovation to control travel: green pass or green card. In this article we encompass all three strategies seeking pros and cons because not all measures and strategies have been agreed by everyone. There are some protests and discussions and, in the work here we try to discuss what's happened and what will be in the next time all implications.

Are the European strategies the solution of pandemic and can be useful to be copied all over the world? This is what the paper is seeking exploring the ones in Europe. The result of the research show a timeline of solutions and strategies developed in Europe to combat SARS-COV2. The discussion explore pros and cons of the strategies and respond to the question.

The work is justified to alert and inform Brazilian public and private managers when must decide about this biological hazard and how and when manage the risk or mitigate the risk with the same or different measures for that in Europe. The paper has a bibliographic methodology and start explaining some figures, the timeline, the strategies and then a discussion about strategies.

## Discussion

### The Information up to date

The result of more than sixth months of massive vaccination are resumed in this section. According to European Centre for Disease Prevention and Control<sup>4</sup> we have the following information on 30 September 2021. Total doses distributed to EU/EEA countries about 700 million and 574 million of total doses administered in EU/EEA countries. The following table show by country the coverage of vaccination in Europe (at least one dose).

**Table 1 vaccination by country - European Union**

Country, Uptake at least one dose (%)
Austria,74.8%
Belgium,86.4%
Bulgaria,24.0%
Croatia,53.3%
Cyprus,80.3%
Czechia,67.0%
Denmark,95.1%
Estonia,66.5%

<sup>4</sup><https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>.

<b>Country, Uptake at least one dose (%)</b>
Finland,86.2%
France,93.7%
Germany,81.1%
Greece,70.1%
Hungary,68.7%
Iceland,91.9%
Ireland,92.7%
Italy,84.6%
Latvia,54.0%
Liechtenstein,73.4%
Lithuania,72.4%
Luxembourg,75.5%
Malta,91.5%
Netherlands,86.3%
Norway,91.4%
Poland,61.0%
Portugal,97.7%
Romania,34.5%
Slovakia,52.7%
Slovenia,62.9%
Spain,90.3%
Sweden,84.6%

Font: European Union (September 2021) <https://covid19-country-overviews.ecdc.europa.eu>.

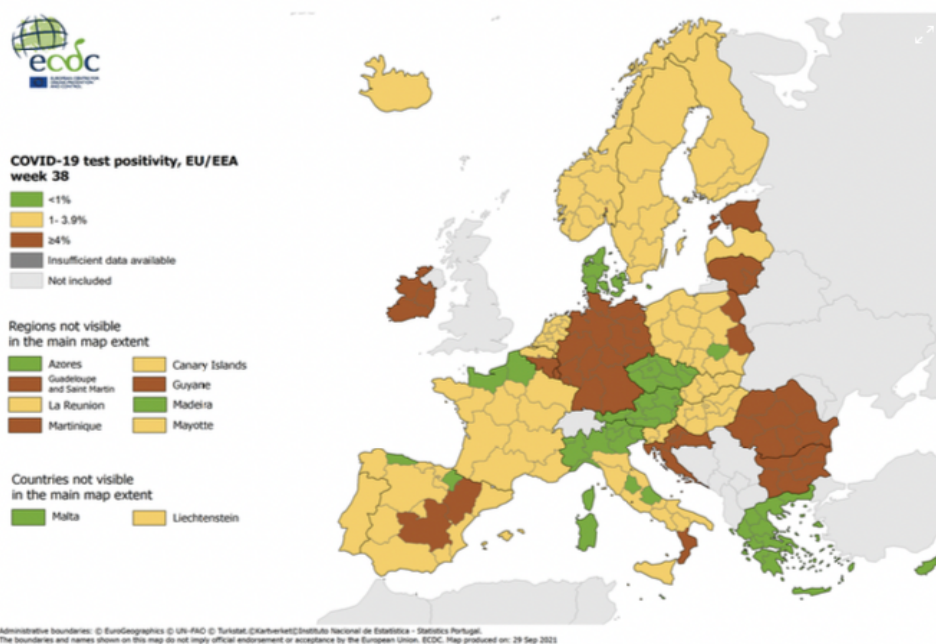
The table shows that Portugal is the first country in Europe to complete at least one dose for all. The data set underline that only few countries are below the average.

The following map shows us the rate of positive to Covid-19 when tested updated on 30 September 2021. Some country has already a rate of positivity rate but the most of Europe seems safer with a strong dominant low rate of test positivity. Greece, Austria, Chex Republic, France and Italy seems to be the safest counties today. Obviously the rate depends on the number of test.

The average test in Europe is between one hundred thousand and two hundred thousand a day. It measure also, giving the numbers of few days the trend of the spread. This is the movement from a certain day on of the index a positive trend means a probability of increase of case even in front of a high vaccination rate. It is a measure of today delta variant of the covid-19.

So the following figure shows the risk in Europe today. The risk is measured by the positive rate, or the total of positive found between tested. The method of testing and data varies from country to country, but the average is reliable. The figure shows a great area virtually free from COVID-19

**Positivity rates, updated 30 September 2021**



**Figure 1 - Positive rates in Europe**

Font: European Union (September 2021) <https://covid19-country-overviews.ecdc.europa.eu>.

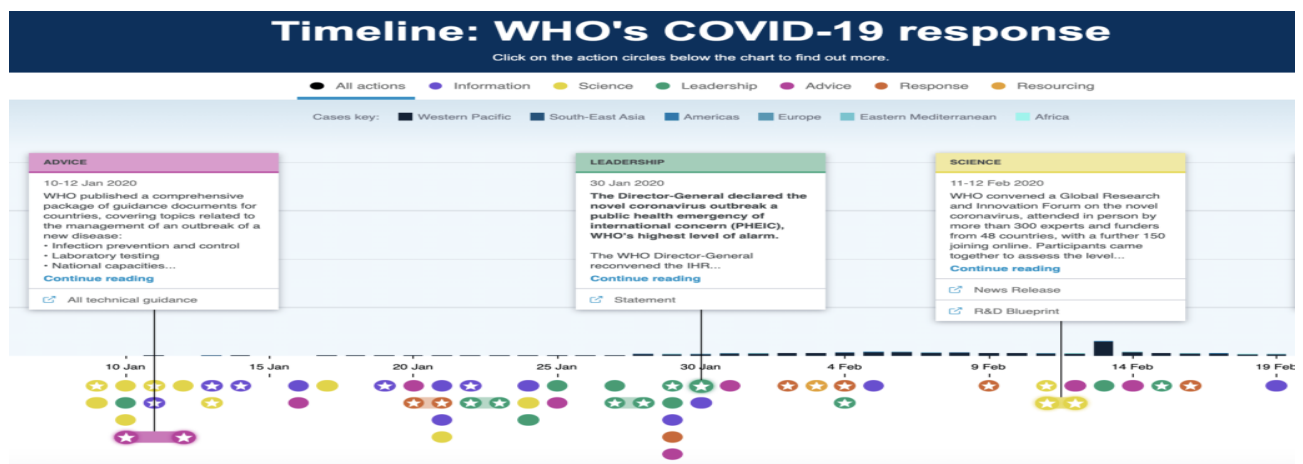
Again, from the latest report from Europe<sup>5</sup> Hospitalizations and ICU admissions are forecast to remain stable. From the comparison of peaks between reported cases and reported hospitalizations/ICU admissions in the past year, we set the time lag to be 7 days and 14 days for hospitalizations and ICU admissions, respectively. After close inspection of summer 2021 incidences and model predictions, the time lag is 14 days for hospitalizations (for Belgium, Denmark, France, Iceland, Luxembourg, Norway and Slovenia), 21 days for hospitalizations (for Croatia and Czechia), 7 days for ICU admission (Spain) and 21 days for ICU admission (Czechia and the Netherlands).

This result of low hospitalization rate seems to relate to a high rate of vaccination. By the end of week 37 of 2021, the median cumulative uptake of at least one vaccine dose in the EU/EEA among adults aged 18 years and older was 77.6% (country range: 23.5–97.3%). The median cumulative uptake of full vaccination among adults aged 18 years and older was 72.7% (country range: 22.0–90.7%).

<sup>5</sup> <https://covid19-country-overviews.ecdc.europa.eu>.

## Strategies

The main strategies put in place in Europe was the lockdowns and social distance, use of masks, vaccinations, and now green card. In other paper we discuss that all over Europe such innovations could have been more preventive, with education and risk mitigation better plans. There were of poor effectiveness and not efficient results but useful for politicians. A privileged politic communication was developed not to discuss alternative but to prove measures. Some as lockdown claimed as great conquests and innovations. One case that could be used to prove this lack of overall discussion is the Sweden way to face the pandemic that was copied by England first and the



rejected, but that today is showing less contamination in the long term.

## Figure 2 – Timeline SARS-COV2

Font: <https://covid19communicationnetwork.org/covid19resource/timeline-whos-covid-19-response/>

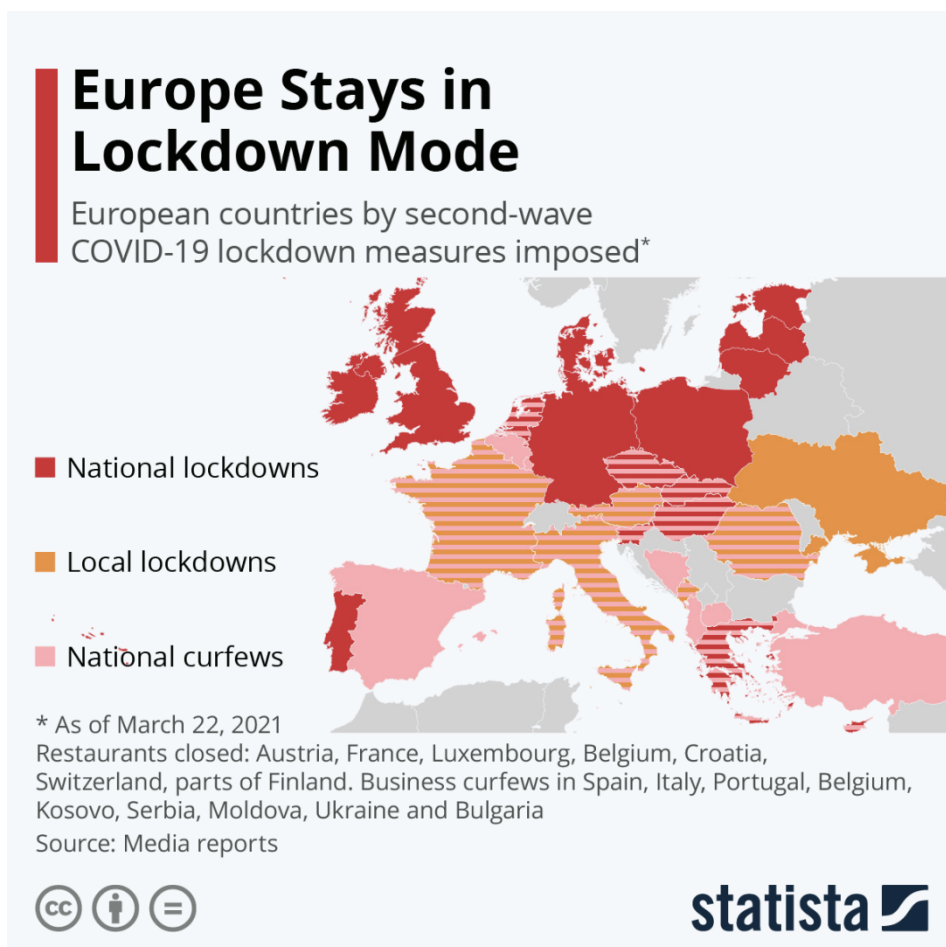
About the timeline of these measures, On December 8, 2019, was reported Wuhan's first case. January 23, 2020, China lockdown begins. January 30 - Public Health Emergency declared by WHO. By February 14 - first death in Europe is announced - in France.

February 23, 2020, Italy starts lockdown. March 11 WHO calls it a pandemic. By 17 March 2020, all countries within Europe had a confirmed case of COVID-19. By 18 March 2020, more than 250 million people were in lockdown in Europe. The European countries with the highest number of confirmed COVID-19 cases are Russia, the

United Kingdom, France, Spain, and Italy. The United States becomes the country hardest hit by the pandemic.

In March 2021 all over Europe was boosted all over Europe vaccination cronograma, with the full supply promised for 2021 by the main pharmaceutical companies contracted, excluding Astrazeneca, More than a year after, but before expectations vaccines were created, tested, approved and produced. Considering that Pfizer vaccine is stored with special fridge, the production and logistic distribution system was a great success between developed countries.

Anyway in September 2021, after a race against SARS COV2 and a massive vaccination campaign during 2021 Europe already stays in lockdown as shown in the next figure. This could be in contrast with the use of an innovation as the green pass, but the lockdown is a measure already considered of great prevention rate, even with most people vaccinated, being green pass considered only for travel.





### **Figure 3 - Lockdown September 2021**

Font: European Union (September 2021) <https://covid19-country-overviews.ecdc.europa.eu>.

#### **The Last innovation Digital COVID Certificate or green pass**

But what was a green pass strategy? A first draft of the EU Green Certificate was presented in March 2021 by the European Commission. According to the EU, the current EU Digital COVID Certificate will be in place for 12 months, counting from the official launch date, July 1st, 2021. It will be used until June 30th, 2022.<sup>6</sup>

The launch of green pass was the EU's goal to provide a common approach to mobility during the pandemic, as well as to generate efficient, interoperable systems. The idea of having a COVID health passport has created great debate among some EU Member States. However, a common solution was delivered to restore mobility and freedom of movement as of June 1st, 2021. However, the COVID certificate is not a substitute for a travel document.

The EU Digital COVID Certificate called also green pass, according to the president of Europe Commission, von der Leyen, the development of a vaccine certificate within Europe helps "ensure the functioning of the single market," as well as enable Europeans to move freely for work or tourism. Therefore, this document must be seen as a temporary measure to reinstate freedom of movement in the region. On several other occasions, both von der Leyen, Didier Reynders and other EU members have highlighted that this health passport will be suspended once the COVID 19 pandemic ends.

So, the aim of the EU Digital COVID Certificate defined by European Union is to "facilitate travel, helping to exempt holders from restrictions such as quarantine" according to a European Commission press release. The EU Digital COVID Certificate is compatible with local EU COVID passes, like the French Pass Sanitaire.

The EU Digital COVID Certificate faces a double challenge: help protect both European's health and personal data. The European Commission guarantees the COVID certificate for Europe "will respect data protection, security, and privacy." The EU Gateway, used for verification, will not hold, or transfer personal data. The certificate holder's personal data will not be held or transferred to any Member State other than that which issued the certificate.

As health certificate the EU Digital COVID Certificate serves as proof that a person has been vaccinated against COVID 19, has recently received a negative COVID 19 test, or is protected against the disease after being infected (recovery valid

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<sup>6</sup> <https://www.covidpasscertificate.com/europe-digital-green-pass>.

for up to 6 months). And about privacy is clear that only strictly necessary information will be shown in the EU COVID certificates. This includes the following:

- Traveler's name.
- Traveler's date of birth.
- Member State that is issuing the certificate • Unique identifier or code of the document.

Depending on the proof of immunity presented by visitors, the following data can be also included:

- Vaccinated individuals:
  - Type of vaccine.
  - Vaccine's manufacturer.
  - Number of doses.
  - Date of vaccination.
- Passengers with a negative test:
  - Type of test taken.
  - Date and time of the test.
  - Test center.
  - Result (negative).

The EU Digital COVID Certificate will be available in paper and digital format. Both versions contain a QR code and a digital signature that can be accessed digitally by both its holder and relevant health and travel authorities. According to the European Commission, "the certificate should be written in the language(s) of the issuing Member State and English" to avoid any sort of discrimination.

The European union doesn't decide the health passes be mandatory to travel. It will simply help to standardize the method of COVID immunity verification at national borders. The European Commission has been clear about the EU's position regarding this issue: the COVID certificates in Europe will not act as a new barrier for international travel, but instead they aim to facilitate and ease freedom of movement.

A limitation of the pass is that not all are accepted vaccines under the Digital COVID In the case of individuals with jabs not approved by EMA, "Member States have the option to accept [other] vaccination certificates."

Currently, the EMA-approved vaccines that can be used in the EU are:

- Comirnaty (Pfizer/BioNTech).
- Moderna.
- Vaxzervria (AstraZeneca).
- Janssen (Johnson & Johnson).

Additionally, these vaccines are accepted, but only in some member states (included in the WHO's Emergency Use List):

- CoronaVac (Sinovac Biotech).
- Sinopharm Beijing Bio-Institute of Biological Products)

- Covishield (Serum Institute of India)

Travelers vaccinated with Covishield are eligible for an EU Digital COVID Certificate not in all countries. Other jabs that are under review by European Medicines Agency are:

- CVnCoV.
- NVX CoV2373.
- Sputnik V Gam-COVID Vac).

These differences even confirming the freedom of every country in Europe to choose its own way shown also the difficulty to have a unique positions and rise suspicious of the use of pass also to discriminate countries. The ones that are vaccinating with no agreed and accepted solutions are vulnerable.

#### **EU Digital COVID Certificate reverse timeline<sup>7</sup>.**

- September 16th, 2021. Albania, Andorra, Faroe Islands, Israel, Monaco, Morocco and Panama join the EUDCC gateway, meaning that the EUDCC is accepted for travel to these countries, and that their local COVID certificates are accepted for travel to the EU.
- August 20th, 2021. North Macedonia, Turkey and Ukraine join the EUDCC gateway, meaning that the EUDCC is accepted for travel to these countries, and that their local COVID certificates are accepted for travel to the EU. The EUDCC becomes interoperable with the IATA Travel Pass.
- August 12th, 2021. End of the phase-in period. All participating states are able to issue and accept the EUDCC.
- July 1st, 2021. The EU Digital COVID Certificate is officially adopted by all participating states EU + EEA. 200 million certificates have already been issued. The six-week phasing-in period begins.
- June 14th, 2021. EU leaders attended the official signing ceremony for the European coronavirus health pass regulation. “The EU Digital COVID Certificate is a symbol of what Europe stands for,” said David Sassoli, Ursula von der Leyen and António Costa.
- June 11th, 2021. Austria, Estonia and Latvia are now “effectively connected, issuing and/or verifying at least one EUDCC (vaccination, recovery, negative test)” via the Digital COVID Certificate created by the European Union.
- June 9th, 2021. The European Parliament passes the final legislative stage of the European COVID pass EU citizens: 546 votes to 93, and 51 abstentions; third-country citizens: 553 to 91. and 46 abstentions).

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<sup>7</sup><https://www.consilium.europa.eu/en/policies/coronavirus/eu-digital-covid-certificate/>

- June 8th, 2021. Over a million EU COVID Certificates has been issued across the region since June 1st, according to information provided by Didier Reynders just before a key European Parliament voting session.
- June 7th, 2021. Two more countries join the list of EU nations issuing the COVID pass: Spain and Lithuania.
- June 1st, 2021. The EU Gateway goes live, and the following European countries begin issuing the first Digital COVID Certificates: Bulgaria, Czechia, Denmark, Germany, Greece, Croatia, and Poland.
- June 1st, 2021. The World Health Organization approves the emergency use of the Sinovac/Coronovac vaccine. This could mean tourists who are vaccinated with this Chinese jab could also be considered eligible to obtain the EU COVID Pass, provided the Member State where they are traveling to has accepted this vaccine.
- May 26th, 2021. The European Parliament's Civil Liberties Committee LIBE endorses the EU Digital COVID Certificate EU citizens: 52 votes to 13, 3 abstentions; third-country citizens: 53 to 10, 5 abstentions). "The text voted today will ensure that freedom of movement will be safely restored across the EU as we continue to fight this pandemic, with due respect for the right of our citizens to non-discrimination and data protection."
- May 20th, 2021. The European Council and the European Parliament reach a provisional deal on the EU Digital COVID Certificate. Main agreements:
  - At least €100 million" will be mobilized for the purchase of SARS CoV 2 tests "for the purpose of issuing EU digital COVID test certificates";
  - No additional COVID travel restrictions should be imposed by the Member States "unless they are necessary and proportionate to safeguard public health";
  - The EU COVID passes will be "verified to prevent fraud and by using our website you accept our Cookies Policy. The document changes its name from Digital Green Certificate to Digital COVID Certificate.
- May 2021. Several European Member States join a Green Pass pilot program.
- April 22nd, 2021. The EU Member States agree on Digital Green
- March 17th, 2021. The European Commission officially proposes to create a Digital Green Certificate to reestablish freedom of movement in the European Union. Several Green Pass features are revealed.

### Remarks and discussion of European strategies

Starting with the lockdown strategies measures we can say that they were widely discussed but not everyone approved it. In a quick analyst was found in Wikipedia there are many articles discussing lockdown. According to Smith, Paul (2020), Baker, Michael G.; Wilson, Nick; Anglemeyer, Andrew (2020) Yarmol-Matusiak, Erica

A.; Cipriano, Lauren E.; Stranges, Saverio (2021), Folkestad, Sigrid (2020), Juraneck, Steffen; Zoutman, Floris (2020) is possible to warn that early relaxation of restrictions has greater costs. Some studies the study did not find evidence for greater disease control in the countries with more restrictions than in other with less restrictions. (ERAN BENDAVID 2021), they compared the impact of 'less restrictive interventions' on the spread of COVID-19 in Sweden and South Korea, with mandatory stay-at-home orders in 8 other countries.

In Italy scholars underline (VINCETI FILIPPINI ROTHMAN FERRARI GOFFI MAFFEIS ORSINI 2020) in the abstract that "an effective reduction in community transmission occurred during a strict national lockdown, and that earlier less stringent measures were ineffective at reducing mobility to a level low enough to reduce the spread of COVID-19". In accordance with Perra (2021) who reviewed 348 articles there was unanimous acknowledgement of the importance of social interventions in controlling the spread of COVID-19, however with high societal costs. These are not evaluated yet. In addition a statistical worldwide data base of pandemic and its effect is not available and reliable. (AVENI 2020a, 2020b) As was admitted even in Europe and USA not all countries, included many European countries, has reliable databases or statistical reports that cover all questions about SARS COV-2. The major evidence came from China that refused to send reliable information's to all other counties.

There was also a Great Barrington Declaration in October 2020 which called for "Focused Protection" to impose minimal restrictions on the general population to achieve herd immunity through COVID-19 infection. And against indiscriminate lockdown Ranu Dhillon and Abraar Karan (DHILLON, RANU S.; KARAN, ABRAAR 2020) in US, argued for "smarter lockdowns". The idea was to impose restrictions on areas with high levels of transmission. The method to i vulnerable populations in these locations to offset the economic costs of a lockdown policy.

However, ONU warned (ONU 2020) in a report that pandemic restrictions exacerbate gender inequalities and have led to an increase in domestic violence. Many women are being forced to 'lockdown' at home with their abusers while services to support survivors are being disrupted or made inaccessible. Both the World Food Programme (WFP) and the World Health Organization (WHO) have published statements noting the impact of the lockdowns on livelihoods and food security, and Dr David Nabarro, WHO Special Envoy on COVID-19 stated in October 2020 that "lockdowns just have one consequence that you must never ever belittle, and that is making poor people an awful lot poorer".

About Green pass strategy, according to European union and the launch the certificate has a specific goal and one strategy: to help travel and to provide health information's about the European citizen, limited to Covid-19, but it is also a great opportunity to use an innovation and a new technology to develop a common data base of health information in Europe.

It seems correct that some countries like Italy have decided to use the certificate with other intentions in their own countries because the green pass could be used as a vaccination certificate in travel flow inside the country. But this is a risky political trick or a gamble because the use of a health certificate to internal control is not something that can be decided in emergency bypassing people agreement and democratic discussion in the appropriate place, that is the country parliament.

To use green pass as a constraint it seems very naive or a vintage of dictatorial regimes. Naive because who that doesn't want to be vaccinated and want a green pass could easily buy in the black market. A dictatorial method remembers when fascism, Nazism, or sovietism they made people spend from a certificate to be part of the regime to have political and social rights.

So, a use of green pass to blackmail people, in our view, is not ethic and must be avoided when other solutions could be found to solve the problems of resumptions of activities. By the certificate is possible to check if someone is not vaccinated but not if is healthy because the infection could be spread even from vaccinated people. So, the certification of someone doesn't necessary means there is no biological hazard (AVENIE PINHO 2020). A biological hazard risk plan must be in place even in presence of a certification or the green pass. In other word a certification is not a white check for recovery the economy in a country.

The main and certain the most effective strategy discussed is vaccination. About vaccination many problems arise, and issues started in Europe early in March when AstraZeneca refuse to delivery, as European union claim, the millions of doses of the millionaire contract with this firm. One could say the United Kingdom, that was leave Europe in a few months, wasn't affected by shortage. The fact that AstraZeneca is an Anglo Sweden firm, for us arise some suspect.

Anyway, the great number of vaccines was produced and delivered in Europe after March 2021, when in Great Britain the vaccination campaign started early. Many vaccines, i.e. from Russia or China wasn't approved by EMA in Europe and wasn't delivered. This is an obscure chapter of the vaccination strategy because, even if the vaccine rejected were not complete successes, if vaccination were a priority strategy, whatever vaccine reducing death risk had to be approved and purchased.

Also, a third dose today claimed by many leaders in Europe seems very doubtful as strategy, because if two doses of a vaccine are not effective, even if one, the Johnson vaccine, is mono dose, why a third dose should be effective. What study or justifications of that? Why WHO protest and suggest to vaccine people without vaccine? So even the strategy of heard vaccination was not clearly explained and developed in Europe because seems that Europe and United States alliance and use of the same vaccine is exactly the replay of the actual world commercial struggle against Russia and China.

But to be honest a great suspicious arise when we talk about China and Russia. Why the SARS-COV2 was not alerted in time from China? Why Russia with the vaccine has a very low rate of vaccinations? Considering that some people suspect China was responsible of the plague the fact that no information are disposable from China pandemic situation is not very clear. Considering Sputnik was produced before other vaccines is possible that Russia has no production capacity to supply other countries?

About vaccinations we have no information of death and vaccination campaign reliable. How it is possible that all over the world there are so many deaths and in China, about one third of the total world population so few? Considering that China vaccine was claimed less reliable than the others where are the results of these comparisons? Some country as Brazil uses China vaccine and there are still very weak results of the vaccination campaign. Is because of the reduced success of Chinese vaccine, or because China send less vaccine, or because other factors are on the field to be evaluated?

### **Final Remarks**

As we discussed in the paper the European strategies at least seems more compacted between the nations already participating excluding Great Britain. In USA was reach a high rate of deaths and many States follow different vaccination and lockdown strategies till the rise of SARS-COV2. But this is a result of American political system. Other countries like Russia, China, India and Brazil presents different situations and strategies. So European strategies seems to have more success in term of control and reduction of death than USA and Russia and Brazil, but not China, Japan, Korea etc.

In Europe the last-born, green pass, reduces the fear of travel, and this had the effect to reopen USA - Europe Travel for both citizens. But, in world with so many countries already not free from pandemic the Europe seems in front in the race of recovery and restart "normality". However in this "paradise island" there are social costs not already recovered and economic impacts. The political system also seems had used Europe and the crisis to bypass a democratic and sound discussion and forced solutions without discussing many less bloody alternatives, mainly for economy and social vulnerability.

The stress to recover "economy" and the use of main strategies had a psychological and stunning impact to everyone and some reaction has been started. For instance, sovereign's (or the shift to right political or conservative wing) or no-vax protest, or no-lockdown. We must count also the everyday life of millions of people obliged to use digital features without a real education and agreement.

In Europe, mainly old and vulnerable people were pushed in a digital no-man land were without codes and electronic equipment or ability to use it are nameless and only part of academic statistics, or "experts" discussion on social media. We argue that

this is not the case or the better way to include and care of all these vulnerable people. The same discussion must be developed when analysis world covid-19 recovery especially in Africa and Asia. The law of the jungle applied to less vulnerable people or not developed countries is an unnecessary and cowardly political trick that favorite strong economic and social powers not the European next generation claimed political future.

The critics about some strategies and issues raised in Europe is not a refusal of what was done to save lives and recovery their nations, it's to evaluate possible problems and alternatives in order other block not doing the same. Canada and Australia, like Japan and Korea are cases to be studied because they developed other strategies. By the state of the nation of many countries like Brazil and Russia however these are feasible strategies and even so these countries are late to react. So sadly we must say that better have strategies that no one.

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