

COVID-19 IN SPAIN: MANIFESTO FOR A COORDINATED AND EQUITABLE RESPONSE BASED ON SCIENTIFIC EVIDENCE

The 1st National COVID-19 Congress was held online from September 13 to 19, 2020. The event was attended by 55 Spanish scientific societies representing more than 100,000 health professionals. With the aim of improving management of the pandemic in Spain, the 55 participating societies wish to make the following manifesto known to the general public and to the health authorities.

1. Health service response based on scientific evidence and on the public interest

At times of crisis such as the present one, we ask all persons and institutions with political responsibilities in the management of the pandemic that when publicly expressing their position and when making decisions, to strictly follow health care-related criteria based on the best scientific evidence available. These criteria must not be associated with interests that do not align with the best interests of the general public. The COVID-19 pandemic has highlighted the need for science to play a more relevant role in the public sphere and in decisions on health care management. Therefore, we must ensure that the necessary procedures can be implemented in the scientific community and political decision-making centers so that all measures and strategies reflect the best available evidence and scientific and medical consensus.

2. Political and institutional loyalty and continuous learning

Loyalty and cooperation between political parties and institutions are of the utmost importance if we are to control the SARS-CoV-2 pandemic and minimize its effects. We appeal to our representatives' sense of responsibility to ensure a climate of dialogue and consensus that will enable optimal choices and strategies in the management of the pandemic.

The COVID-19 pandemic has necessitated measures, actions, and strategies that have had to be addressed urgently with limited scientific knowledge and experience. Our approach must be constantly and constructively updated based on scientific criteria so that the new knowledge we acquire can improve the measures we take in the future. The way forward must be free of recrimination and based on the advantages of and need for continuous learning in a situation that has proved to be much more difficult than the world could ever have imagined.

3. Rapid response

Until highly effective drugs or vaccines become available to prevent and treat SARS-CoV-2 infection, nonpharmacological methods are the mainstay of control of the pandemic. Therefore, all official bodies charged with managing the crisis, at all national organizational levels, must be

given the necessary administrative, technical, and legal tools to be able to implement public health measures quickly. The relevant institutions must implement the necessary legal and administrative modifications so that health care criteria prevail over other criteria.

4. Basic national protocol

Without detriment to the various regional initiatives, we must develop a national protocol based on the best scientific evidence available at the time and, therefore, one that is sufficiently flexible to adapt to advances in knowledge. This protocol must be agreed upon by the scientific community and all institutions responsible for the management of the pandemic. The protocol should address the basic aspects of the response to COVID-19, including those associated with general preventive measures, management of infected patients, contact tracing strategies, and running of social-health centers. Shared criteria for action and assessment indicators should be established.

5. Principal of equity and national stock of strategic equipment

The public have the right to the most appropriate preventive measures to ensure that their health is protected and that they always receive optimal health care at the level their disease requires, irrespective of their place of residence. The health authorities must guarantee all those who live in Spain equitable access to both preventive strategies and the health care resources necessary to address SARS-CoV-2 infection. A key element of this strategy is to ensure a national stock of strategic equipment aimed at preventing and treating patients with COVID-19.

6. Regional coordination

Given the points set out above, it is necessary to strengthen and reinforce coordination between the Autonomous Communities and the central government, without infringing on specific health care responsibilities, in order to address the threat of COVID-19.

7. Minimizing the impact of the pandemic on patients with other conditions

It is vitally important to minimize the impact of the pandemic on the care of patients with other severe conditions and health problems. Consequently, health authorities must plan a system of prioritization and organizational change and take the steps necessary to ensure that our health service can provide appropriate care to everyone, irrespective of their disease.

8. Rejecting discrimination

The first wave of COVID-19 mainly affected elderly persons, with a mortality rate of 3.85% in infected individuals older than 70 years compared with a rate of less than 0.1% in persons younger than 50 years (1). During some phases of the epidemic, there were occasions when access of this population group to health care resources was not satisfactory. In this scenario, the health authorities must guarantee equitable access of all persons to the most appropriate therapy and preventive measures for their clinical condition, independently of age, socioeconomic and cultural level, and place of residence.

9. Individual responsibility

Responsibility for the control of the COVID-19 pandemic lies not only in the hands of the health authorities, but also in the hands of the general public. The pandemic can only be controlled if the public adhere to health authority recommendations and regulations for prevention, which are based on the best available scientific evidence. The public must adhere to these rules at all times. There is no justification whatsoever for the behavior of people who evade isolation measures and thus jeopardize the health and life of those in their workplace, social circle, and family. In order to guarantee the safety of the public, the health authorities must not only set out the most appropriate preventive measures but must also ensure that these are adhered to without ambiguity or exception. Therefore, the public's cooperation with contact tracing and risk detection strategies is essential.

10. Disinformation, awareness, and health education

The media, opinion leaders, and civil society play a key role in the control of the epidemic. The work of these agents is essential in terms of generating knowledge and raising awareness of the COVID-19 pandemic among the general population. Their role is now particularly important in the fight against disinformation, fake news, and denialist campaigns. Therefore, we must join forces and lay out a wide-ranging strategy to inform the public and raise awareness of the disease. In the coming months, this strategy should stress the importance of vaccination. In the post-COVID world, trustworthy information that improves knowledge and awareness and provides health education will be essential and will enable us to face new threats with a more optimistic outlook.

11. Commitment to multidisciplinary work

The COVID-19 pandemic has highlighted the importance of teamwork, a multidisciplinary approach, and flexible management of health resources in ensuring appropriate care for patients. Teamwork must be seen as something more than a need or wish. The response to the COVID-19 pandemic and other new health challenges cannot rely on a single profession or specialty. Only by adopting a cross-disciplinary approach will we be able to face future challenges.

12. Strategic plans for the development of science and research

The serious economic, social, and health challenge created by SARS-CoV-2 infection can only be resolved through effective tools for therapy and prevention. Identifying and developing these tools is only possible with well-organized research facilities provided with the appropriate material and human resources. Spain lags behind its neighbors in terms of resources earmarked for research. Consequently, we require the consensus of the scientific community for immediate strategic planning of research in order to increase resources and, therefore, the chances of a successful outcome, that is, improved life expectancy and quality of life. Only in this way will be able to face the challenges that arise.

Signed by 55 Scientific Societies

1.- Ministerio de Sanidad. Informe nº 43. Situación de COVID-19 en España. Casos diagnosticados a partir 10 de mayo. Informe COVID-19. 09 de septiembre de 2020 [Ministry of Health. Report no. 43. Situation of COVID in Spain. Cases diagnosed from May 10 onward. COVID-19 report. September 9, 2020].

SIGNATORY SCIENTIFIC SOCIETIES

Academia Española de Dermatología y Venereología (AEDV)
Asociación de Enfermería Comunitaria (AEC)
Asociación de Especialistas en Enfermería del Trabajo (AET)
Asociación Española de Enfermería de Salud Mental (AEESME)
Asociación Española de Enfermería Pediátrica (AEEP)
Asociación Española de Especialistas en Medicina del Trabajo (AEEMT)
Asociación Española de Fisioterapeutas (AEF)
Asociación Española de Gastroenterología (AEG)
Asociación Española de Genética Humana (AEGH)
Asociación Española de Pediatría- Sociedad Española de Infectología Pediátrica (AEP-SEIP)
Asociación Española de Vacunología (AEV)
Asociación Española para el Estudio del Hígado (AEEH)
Asociación Nacional de Comités de Ética de la Investigación (ANCEI)
Asociación Nacional de Directivos de Enfermería (ANDE)
Asociación Nacional de Enfermería y Vacunas (ANENVAC)
Capítulo Cirugía Endovascular de la SEACV (CCEV)
Federación de Asociaciones Científico Médicas Españolas (FACME)
Federación de Asociaciones de Matronas de España (FAME)
Federación Española de Enfermería del Trabajo (FEDEET)
Sociedad Española de Anatomía Patológica (SEAP-IAP)
Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor (SEDAR)
Sociedad Española de Cardiología (SEC)
Sociedad Española de Cuidados Paliativos (SECPAL)
Sociedad Española de Endocrinología y Nutrición (SEEN)
Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica (SEIMC)
Sociedad Española de Enfermería en Geriatria y Gerontología (SEEGG)
Sociedad Española de Farmacogenética y Farmacogenómica (SEFF)
Sociedad Española de Farmacología Clínica (SEFC)
Sociedad Española de Farmacia Hospitalaria (SEFH)
Sociedad Española de Geriatria y Gerontología (SEGG)
Sociedad Española de Ginecología y Obstetricia (SEGO)
Sociedad Española de Hematología y Hemoterapia (SEHH)
Sociedad Española de Hipertensión (SEH LEHLA)
Sociedad Española de Inmunología (SEI)
Sociedad Española de Medicina de Laboratorio (SEQCML)
Sociedad Española de Medicina de Urgencias y Emergencias (SEMES)
Sociedad Española de Medicina Familiar y Comunitaria (SEMFyC)
Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC)
Sociedad Española de Medicina Interna (SEMI)
Sociedad Española de Medicina Preventiva y Salud Pública (SEMPSPH)
Sociedad Española de Medicina y Seguridad en el Trabajo (SEMST)
Sociedad Española de Médicos de Atención Primaria (SEMERGEN)
Sociedad Española de Médicos Generales y de Familia (SEMG)
Sociedad Española de Microbiología (SEM)
Sociedad Española de Nefrología (S.E.N.)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)
Sociedad Española de Neurología (SEN)
Sociedad Española de Oncología Médica (SEOM)
Sociedad Española de Patología Digestiva (SEPD)
Sociedad Española de Psiquiatría (SEPSIQ)
Sociedad Española de Radiología Médica (SERAM)
Sociedad Española de Rehabilitación y medicina física (SERMEF)
Sociedad Española de Reumatología (SER)
Sociedad Española de Trombosis y Hemostasia (SETH)
Sociedad Española de Virología (SEV)



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