

Hearing on the European Health Emergency Preparedness and Response Authority (HERA) – 13/1/22

In order to prepare its opinion on the European Health Emergency Preparedness and Response Authority (HERA) proposal by the European Commission, the European Economic and Social Committee (EESC) organised a remote public hearing on 13 January 2022 from 9:30 am to 1 pm.

The aim of the event was to discuss the proposal and gather input from other EU Institutions, civil society, social partners and health professionals, which will feed into the EESC's opinion.

EuroHealthNet response delivered by Director Caroline Costongs

Many thanks for giving us the opportunity to speak at this EESC hearing.

I am representing EuroHealthNet, which is the European Partnership of 64 organisations, agencies and statutory bodies working on public health, disease prevention, health promotion, and reducing inequalities.

EuroHealthNet welcomes the European Health Union package of initiatives to extend the mandate of ECDC, and the European Medicines Agency (EMA) as well as setting up a new authority “HERA” to improve the EUs health emergency preparedness and response.

I would also like to congratulate EESC on their draft opinion, which reflects many of the concerns that EuroHealthNet and its members have as well.

My intervention is based on interviews that we have conducted with 16 public health experts from 8 EU countries on how public health can be strengthened using the

Recovery and Resilience Funds (RRFs) and EU support¹ – and on 4 case studies reflecting on the role of public health agencies in tackling the COVID crisis in 4 countries².

There are several findings relevant to HERA which I would like to share with you:

1. Public health systems are under-funded in all countries.

This means that Member States' public health authorities and systems do not have the capacity to adequately contribute to or even benefit from the activities of HERA.

If HERA wants to be effective, it should design measures to strengthen public health systems in Member States. It needs to help build the national and regional capacities for protection, disease prevention and health promotion - which are all part of future crisis preparedness, including boosting competencies for modelling and foresight analysis.

Building such capacities requires strong cooperation with national institutes of public health (NIPHS) – as well as through financial means to strengthen their activities. Currently the Recovery and Resilience Plans (RRPs) barely invest in public health capacities, as most funds go to hospital and medical infra-structures.

The EU can facilitate this process, through HERA, building on the existing expertise in countries, consulting with local authorities in planning and design, and with support of other bodies such as the WHO.

2. The HERA proposal is too focused on medical counter-measures – it thereby misses other elements of crisis preparedness.

¹ [Recovery and Resilience Plans: Drivers to promote health and wellbeing in the European Union?](#) (EuroHealthNet, November 2021)

² Two of the four case studies are now available:

- What was the role of public health agencies in addressing the mental health needs of the population during the COVID-19 pandemic? ([Link](#))
- How did public health agencies work to integrate health equity into public health practice during the COVID-19 pandemic? ([Link](#))

- The EESC draft opinion has already highlighted the need to better coordinate communication campaigns related to the prevention and response to health emergencies. This certainly is challenging within the new media landscape and within increasingly connected yet divided societies. Taking note of the digital transition, it also means that information and digital solutions must be easy to access, understand and apply, at varying literacy levels.
- EuroHealthNet strongly advocates for the establishment of “behavioural and cultural insights units” at Member State level, to collect data on the key barriers and enablers to crisis management and to feed such information into decision-making processes. In some Member States, such as in the Netherlands, such units proved to be very useful during the COVID-19 pandemic, gathering intelligence on public acceptance and behaviour, and to improve on the effectiveness of solutions.
- Another element that is overlooked in HERA proposal, and that requires a proper response, is the mental health consequences of the COVID-19 crisis, of any crisis or emergency. Statistics from Spain, for instance, demonstrated that more people younger than 50 years died of suicide than of COVID-19 in 2020³. Additionally, mental health services are under-resourced in countries. HERA should include this in its framework, cooperate with mental health services and provide a truly coordinated and comprehensive approach. This also requires cooperation with other sectors, such as social sector and long-term care sector.
- A crucial element, as also set out in the EESC opinion, is to monitor impacts on vulnerable groups, across the socio-economic gradient. This includes collecting disaggregated data, but also conducting separate studies, as often surveys do not sufficiently reach specific groups, such as young people, people with vocational backgrounds, or people with migration backgrounds. Specific strategies are needed to get their voices heard. HERA needs to do that and ensure equitable responses to crisis and be vigilant not to widen inequalities in our societies – not only in the short-term, during the crisis, but also for the long term.

Finally, the setup of HERA is confusing. Its flexibility is appreciated, but why should it be activated mostly in times of crisis? We are living in a time of transitions, which include

³ [El suicidio, la "pandemia silenciosa" que se cobra más vidas de jóvenes que el Covid-19](#) (El Mundo, 7 January 2022)

many other threats to public health. We face ageing, climate crisis, increasing levels of NCDs, rising health inequalities. Why not be more ambitious with HERA and ensure a stronger European cooperation on public health policy?

In summary, in our opinion HERA needs to

1. Strengthen capacities of national public health systems, including protection, prevention and health promotion
2. Not be too narrow-focused and include broader, non-medical, more psycho-social counter measures and approaches as part of its preparedness framework
3. Operate with high levels of transparency, clearly involve civil society organisations and implementing bodies such as public health institutes in its governance structure, and to maximise effectiveness of its work.

Thank you for your attention.

Brussels, 13 January 2021