

EuroHealthNet responds to public consultation: Health Emergency Preparedness and Response Authority (HERA) – review

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In EuroHealthNet's opinion HERA needs to:

1. Strengthen capacities of national public health systems, including protection, prevention and health promotion:

- a. Stressing the fact that public health systems are underfunded in all countries, this means that Member States' public health authorities and systems cannot 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, investments in public health capacities are sub-optimal, as most funds go to hospital and medical infrastructures. 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. Not be too narrow-focused and include broader, non-medical, more psychosocial countermeasures and approaches as part of its preparedness framework. HERA's mandate of work/Terms of References is too focused on medical counter-measures, thereby missing other crisis preparedness elements. What we recommend for HERA is to:

- a. 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.
- b. Enable and link up with the ongoing 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 units proved to be very useful

during the COVID-19 pandemic, climate emergency events, gathering intelligence on public acceptance and behaviour, and to improve on the effectiveness of solutions.

- c. Synergise responses related to physical health threats with mental health consequences of the crises or emergency. There is no preparedness and crisis management without mental health and psychosocial wellbeing. HERA should include this in its framework and provide a truly coordinated and comprehensive approach that encounters for physical and mental wellbeing of the affected populations and people with lived experience. This also requires cooperation with other sectors, such as social sector and long-term care sector.
 - d. Monitor impacts on vulnerable groups, across the socioeconomic gradient, including 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, to see impacts of counter-measures and 'justify' a case for social return on investments.
3. **Operate with high levels of transparency, clearly involve civil society organisations and implementing bodies such as public health institutes.** Simplify HERA's setup. Its flexibility is appreciated, but the transparent involvement of CSOs and a much broader approach to what constitutes a crisis and an emergency should be applied.