Ref. Ares(2025)9170030 - 27/10/2025

EuroHealthNet's response to the consultation on the "Union prevention, preparedness and response plan for health crises"

EuroHealthNet welcomes the Commission's initiative to develop a Union plan for prevention, preparedness and response to health crises. We strongly support its **whole-of-government, whole-of-society,** and **One Health approach**, and its acknowledgement of the need for **climate adaptation** and an **all-hazards framework** which are integral to health security.

This consultation response highlights four key challenges that the forthcoming Union Prevention, Preparedness and Response Plan must address: **persisting health inequalities**, which continue to undermine resilience; **escalating impacts of climate change**, posing growing health and equity risks; **eroding trust in institutions**, which limits the effectiveness of crisis response; and **deteriorating mental wellbeing**, affecting both populations' and the health workforce's resilience.

Building on these insights, EuroHealthNet proposes four interlinked solutions: **prioritising health promotion and equity as everyday countermeasures** to strengthen resilience before crises hit; **recognising climate action as health action**; **integrating social policy and preparedness** to address root causes of vulnerability; and **promoting social participation to build trust**. Taken together, these measures can help the Union Plan deliver on its whole-of-society and all-hazards ambition.

The situation:

Persisting health inequalities

The COVID-19 pandemic showed that crises expose and exacerbate existing inequalities. Those already facing poverty, precarious work, overcrowded housing, or discrimination suffered disproportionate illness, mortality, and social disruption.

EuroHealthNet's recent report on "Social Inequalities in Health in the EU"[1] shows that these inequalities in Europe are systemic, persistent, and deepening. Over the past decade, there has been no progress in reducing health inequalities in the EU and gaps between countries appear to narrow only because countries are "meeting in the middle" rather than overall improvement. These social inequalities undermine the capacity of societies to prevent, prepare for, and recover from crises. Addressing them should therefore, be a core component of preparedness and resilience building.

[1] https://eurohealthnet.eu/publication/social-inequalities-in-health-in-the-eu/

Escalating impacts of climate change

Climate change is both a direct hazard and a catalyst for other crises, including pandemics. Rising temperatures, biodiversity loss, and ecosystem disruption increase the risks of zoonotic spillover and vector-borne diseases, while extreme weather events threaten housing, food security, and livelihoods.

Europe is the fastest-warming continent. The heat-related deaths across Europe have increase by 30% in the last 2 decades. In 2023, heat-related deaths exceeded traffic fatalities in Europe by 2.2 times[2]. These impacts fall unevenly across society, hitting the most vulnerable (e.g. the elderly, those with chronic conditions, individuals living or working in poor urban environments and those in poverty) hardest and widening existing health and social inequalities. Embedding climate resilience into preparedness, prevention, and response systems should therefore be a priority.

Eroding trust in institutions

During COVID-19, countries with low institutional trust saw lower compliance with protective measures, slower vaccine uptake and greater spread of misinformation. According to Eurobarometer survey from spring 2025, 60% of EU citizens do not trust their national governments and 58% do not trust the national parliaments[3].

Low trust especially affected marginalised communities that already felt excluded from decision-making. When people do not trust institutions to act fairly or transparently, they are less likely to engage in vaccination, testing, or behavioural measures. Rebuilding trust therefore is a cornerstone of preparedness.

Declining mental resilience

Mental health in Europe is already in a poor state, and every new crisis threatens to make it worse. Before COVID-19, around 84 million people in the EU (one in six citizens) lived with a mental health condition, which cost over €600 billion annually (4 % of GDP). The pandemic further exposed the fragility of Europe's mental health systems: rates of depression and anxiety doubled among young people, and loneliness reached up to 26 % in some regions[4]. Such shocks further strain systems that are already struggling to meet people's needs and deepen inequalities in mental wellbeing.

Our mental healthcare systems need to care for the carers as well. Crises place extraordinary pressure on the healthcare workforce, which already faces widespread stress, burnout, and declining mental wellbeing. The latest WHO/Europe survey of over 90 000

[2] https://cphp-berlin.de/wp-content/uploads/2025/07/CPHP_Think_Piece_01_2025.pdf
[3] https://europa.eu/eurobarometer/surveys/detail/3372
[4] https://health.ec.europa.eu/document/download/cef45b6d-a871-44d5-9d62-3cecc47eda89_en?filename=com_2023_298_1_act_en.pdf

doctors and nurses found that one in three reported symptoms of depression or anxiety, and one in ten had experienced suicidal thoughts within the previous two weeks[5].

The European Commission's "Communication on a comprehensive approach to mental health" calls for a cross-sectoral, whole-of-society approach with a focus on prevention, access to care, and social reintegration[3]. The forthcoming Union Plan should therefore build on this approach and embed mental health as a structural element of resilience. Without strong and accessible mental-health systems, communities lose their capacity to withstand shocks, and health systems risk collapsing under the weight of their own workforce fatigue.

Our proposed solutions:

1. Prioritise health promotion and equity as everyday countermeasures

Resilience is not built during a crisis, it is built every day through strong, equitable, and health-promoting systems. To prepare effectively for future emergencies, the Union Plan should prioritise health promotion and equity as the foundation of preparedness. This means tackling the social, economic, and environmental determinants that shape people's health long before a crisis occurs.

By investing in universal access to primary care, mental health services, social protection, and preventive health measures, Member States can reduce vulnerability, improve wellbeing, and lower the long-term social and economic costs of crises. These are the "everyday countermeasures" that keep societies resilient. EU Member States have already made these commitments by endorsing the WHO Europe Framework for Resilient and Sustainable Health Systems[6] and the Preparedness 2.0 Strategy[7]. The Union Plan should therefore, translate them into practical EU-level action.

2. Recognise climate action as health action for prevention and preparedness

The climate crisis is a health crisis, yet the EU lacks a coherent strategy linking these agendas. The European Commission should therefore develop and adopt an EU Strategy on Climate and Health that embeds climate-health priorities across all policies and coordinate Member States' climate actions through a health-equity and resilience lens. This was underlined in EuroHealthNet's 2025 Annual Seminar: Climate change and health[8].

3. Integrate the Union Plan within the broader EU social agenda

Preparedness depends on cross-sector cooperation between health, housing, labour, education, environment, and finance. The Union Plan should therefore be mutually reinforcing with the broader EU social agenda, including the forthcoming Anti-Poverty Strategy, Affordable Housing Plan, and the European Pillar of Social Rights (EPSR) Action

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[5] https://iris.who.int/handle/10665/383077

[6] https://iris.who.int/items/2c297eaa-b9b4-484b-bf20-7525c7869f69

[7] https://www.who.int/europe/publications/i/item/EUR-RC74-9

[8] https://eurohealthnet.eu/publication/an-urgent-call-for-an-eu-strategy-on-climate-and-health/

Plan. If designed with a health-equity lens, these initiatives can tackle the social determinants that make populations more vulnerable in crises.

4. Promote social participation to build trust

Trust is the foundation of response capacity. The Plan should institutionalise social participation and citizen engagement by working closely with municipalities, community organisations, and civil society in planning, communication, and evaluation. Engaging trusted local actors ensures that preparedness measures are understood, accepted, and effective. See EuroHealthNet's Policy Précis on Social participation and citizen engagement for more details[9].

[9] https://eurohealthnet.eu/wp-content/uploads/publications/2024/20241016_eurohealthnet_policy_precis_co-creation_.pdf