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PROMOTING PANDEMIC PREPAREDNESS: POLICY RECOMMENDATIONS FROM 5 EU-FUNDED PROJECTS

POLICY RECOMMENDATIONS ON PANDEMIC PREPAREDNESS FROM THE EU-FUNDED RESPOND, COVINFORM, PERISCOPE, RESISTIRÉ, AND SHARE-COVID19 PROJECTS

The following policy recommendations are the result of research findings from five projects that were funded by the European Union via the Innovative and rapid health-related approaches to respond to COVID-19 and to deliver quick results for society for a higher level of preparedness of health systems (SC1-PHE-CORONAVIRUS-2020-2) call under the topic of "behavioural, social and economic impacts of the outbreak responses". These findings and recommendations were presented at the Promoting Pandemic Preparedness conference in Brussels on September 7th, 2023.
Recommendations are made across a number of different topics, including: "mental health, wellbeing, and healthcare access", "gender equality (including gender-based violence), inclusiveness, and vulnerable groups", "data and intersectionality", "policymaking, crisis management, and socio-economic impacts", and "public information, communication, and trust".

MENTAL HEALTH, WELLBEING, AND HEALTHCARE ACCESS

- Mental health needs to be taken into account in policy decisions and pandemic control measures to prevent unexpected short and long-term effects, such as increased suicide attempts among the youth and deterioration in the mental health of health care workers.
- We have very few indicators for mental health. Mortality by suicide is the main indicator for mental health that we have throughout Europe. Other indicators, such as levels of depression, anxiety, and self-harm are needed with daily updates similar to the number of hospital admissions and the mortality rate in order to improve decision-making.
- Stepped care interventions consisting of a digital self-help tool (the WHO Doing What Matters in Times of Stress digital intervention), and a remotely delivered psychological intervention (the WHO programme Problem Management Plus), were found to be useful to decrease psychological distress among health care workers in Spain and can be easily and readily implemented.

- In 2020, living with only a spouse, in a large city, or without very close children became less beneficial for mental wellbeing than in the past, or relatively detrimental. More than a direct effect of the virus, this can be attributed to lockdown/ confinement policies.
- Healthcare should have been better prioritised for individuals with the highest needs to protect people with the most severe health issues.
- People with chronic health conditions and poor socio-economic status were more vulnerable. Recurring limits to health care access were more frequent among those who had poor overall health. Thus, policymakers should prioritise their health care needs.

- Access to healthcare for the poorest should have been guaranteed.
- Postponed medical appointments should be rescheduled to promote healthy ageing and limit avoidable health expenses
- Rapid scaling-up of telehealth services improved access to healthcare for older adults. However, there are significant differences in its use across and within EU member states. Those who had their health care postponed due to COVID-19 or went without it due to fear of coronavirus infection used remote care more frequently. Therefore, the improvement of telemedicine regulation, and the support of remote health care services providers (e.g., by adapting reimbursement policies) should be more in the focus in case of future health crises.

- Recognise mental health as an integral part of any crisis intervention from the beginning by revisiting governments' investments in the mental health sector and preparing comprehensive, long-term strategies addressing increased demand in mental health support.

GENDER EQUALITY (INCLUDING GENDER-BASED VIOLENCE), INCLUSIVENESS, AND VULNERABLE GROUPS

- Older workers, women, and the less educated were found to be unemployed or to exit the labour market to a large extent during the pandemic. Interventions to promote hiring and preserving employment should be targeted especially towards workers lacking other forms of social protection.
- Nursing home residents in Western Europe were more likely to develop COVID-19 symptoms or to test positive for the virus than older people living in private homes with a similar observed health status before the pandemic. This raises the question of the organisation and management of these nursing homes, but also of their design and financing. More generally, long-term care policies will have to be adapted.

- Implement participatory and gender-balanced decision-making. Gender balance should be ensured in all advisory, expert, consultative, and decision-making bodies involved in the development of crisis response plans. Civil society organisations and representatives of vulnerable groups must be included in all processes of planning, preparation, implementation, and monitoring of crisis management strategies.
- Dismantle gender stereotyping in policymaking. It is necessary to move from solutions that focus on fixing women to structural solutions. More attention should be devoted to the structural factors that hinder women's participation in the labour force (addressing obstacles such as unequal care responsibilities and parental leave policies, instead of focusing only on upskilling or reskilling women).
- Ensure a gender-equitable distribution of resources (gender budgeting). More resources should be allocated to female-dominated sectors (e.g., healthcare, tourism, education). Crisis budgeting should aim to address the needs of individuals from different social groups (sex, age, race, ethnicity, location, etc.).
- Put in place mechanisms for gender-sensitive monitoring and evaluation. Gender impact assessment should be a widely adopted strategy of gender mainstreaming. It should be carried out in the early stage of policymaking. All objectives, targets, and indicators should be gender sensitive.

- During outbreaks, too many women are trapped in abusive relationships due to lockdowns or economic hardship. At the EU level, we recommend to incorporate gender+ intersectionality into all EU actions, collect data and good practices, and foster prevention programs and awareness campaigns. At national and local levels, develop multi-sectoral collaboration and intersectional coalitions, end the data gap to make informed decisions, strengthen support services in times of emergency and ensure resilience, develop prevention and support mechanisms addressing digital gender-based violence, make digital technologies safe and accessible to all, and improve safety in public spaces.
- Support civil society organisations working with vulnerable groups so that they can continue helping those in need and to provide timely emergency assistance during crises and long-lasting support to vulnerable communities. Enable special funding for grassroots organisations and initiatives led by members of vulnerable groups.
- To prevent and address gender-based violence during crises, policymakers should collect data and assess risks for an effective response, include gender-based violence in all crisis management plans, ensure the prevention, protection, and prosecution of gender-based violence during crises, and adopt a coordinated response across different levels.

- Crisis plans need to be up to date and specific in how to put things into practice (e.g., how should various actors work together, including mental healthcare and focus on specific vulnerable groups). In each crisis, vulnerable groups may be different and they are not always marginalised groups. Plans need to be adjusted accordingly.

DATA AND INTERSECTIONALITY

- Poverty and social exclusion should be addressed through a feminist perspective, adopting a holistic and human rights approach, establishing a cooperation between local authorities and communities to improve outreach strategies, addressing emerging needs and identifying crisis-specific risk-factors, and improving intersectional data collection.

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POLICYMAKING, CRISIS MANAGEMENT, AND SOCIO-ECONOMIC IMPACTS

- Following a pandemic outbreak in another part of the world, governments everywhere need to immediately start preparing and to map out a potential response that also includes mental health and wellbeing

- Short-time employment aid measures may mitigate the negative economic implications of lockdown measures implemented in European countries but may also induce long-term unemployment. Hence these policies have to be well designed to target those who are really in need of income support, in order not to create situations of long-term unemployment.
- Housing supply policies will have to take an increased demand for space into account. This includes home space to allow employees to safely work remotely at least part of the time.

- Digital tools should give people information rather than track them. Top-down control measures created fear in the population rather than building trust.

- We need to be better prepared for different types of crises (e.g., bio-attacks or antimicrobial resistance) requiring different medical and non-medical knowledge. It is important to consider how the next scenarios might materialise and to understand how to conduct crisis management.
- A multi-layered approach is needed, with a focus on the EU and global levels to ensure that in addition to pandemic control measures, effects on the economy, access to education, mental health and wellbeing, and co-morbidities are also taken into account.
- The EU should perform a comprehensive simulation exercise that involves all relevant institutions, agencies, and bodies to identify key issues and gaps at all stages of a public health emergency. The exercise should also involve independent observers who keep record of and evaluate the coordination, communications, and decision-making.

PUBLIC INFORMATION, COMMUNICATION, AND TRUST

- People with behavioural risk factors were affected more severely if infected by the COVID-19 virus. The same participants were less likely to follow recommendations for hygienic measures. Information campaigns targeting these groups should be emphasised in future epidemics of contagious diseases.
- Public policy based on individual responsibility should be implemented.
- Future vaccination strategies should account for personal traits and values, household size/number of children, and regional disparities and increase the information on the benefits of vaccines on health.

- Policy contradictions are to be avoided and control measures should not be modified too frequently in order to prevent a reduction in trust in the government.
- Citizens should be included in policymaking as experts of their own lives and wellbeing and should be given the opportunity to inform policymakers about tools and strategies that work for them.
- It is important to have specific communication strategies for different groups including those with lower educational levels, those who do not speak the language, and those who do not have access to digital tools, in order to prevent misinformation from spreading.
- Policymakers need to include and make use of research results in their plans and more effort needs to be put in science communication.

- Good rapport with civil society organisations, experts and other actors needs to be established prior to a crisis so that when a crisis hits, these relationships can be used to disseminate crucial information and to gather quick information on what is needed particularly from vulnerable groups. This will enable decision makers to react faster to the needs of residents and could help prevent the spread of misinformation.

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- Governments should conduct effective and democratic discussion and reflection of the role of scientific, social, economic, political, legal, and ethical responsibilities in their pandemic governance.
- Authorities should involve civil society organisations at various levels of pandemic response, benefiting from their networks and also building links and trust in the public.

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Coordinated by: Vrije Universiteit Amsterdam
Scientific coordinator: Prof. Marit Sijbrandij

COVINFORM

Coordinated by: SYNYO GmbH
Scientific coordinators: Dr Viktoria Adler and Dr Neda Deneva

PERISCOPE

Coordinated by: Università degli Studi di Pavia
Scientific coordinator: Prof. Paolo Giudici

RESISTIRÉ

Coordinated by: Fondation Européenne de la Science
Scientific coordinator: Prof. Sofia Strid

SHARE-COVID19

Coordinated by: Max-Planck-Gesellschaft zur Förderung der Wissenschaften
Scientific coordinator: Prof. Axel Börsch-Supan

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These projects have received funding from the European Union's Horizon 2020 research and innovation programme Societal Challenges under the following Grant Agreements: 101016127, 101016247, 101016233, 101015990, and 101015924.