

Health crises: *prevention, preparedness and coordination*

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Is France ready to deal with new exceptional health crises? The EESC is calling for lessons to be learnt from the COVID-19 pandemic and how it was managed. But its objectives are broader and look to the future. What urgent measures are needed to strengthen prevention? And what priorities should be set to ensure a better-prepared and more confident society?

A proven risk of crisis and aggravating factors

France will inevitably face new crises: it must prepare for them. The dangers are well identified: zoonoses, vector-borne diseases, antibiotic resistance... Their frequency and intensity are linked to climate change, natural, technological, economic and geopolitical risks, and globalisation.

The Covid-19 crisis was initially a health crisis with a considerable human cost. It highlighted the lack of recognition for care and support professions and revealed worrying vulnerabilities and dependencies regarding protective equipment, medicines and medical devices. The crisis has also had major social and economic consequences, necessitating unprecedented support measures. Its repercussions are numerous, and its effects on inequality, mental health and educational pathways are long-lasting.

France is strengthening its surveillance and early warning systems. The WHO and the EU are currently adopting pandemic response plans, but their effectiveness and speed of implementation depend on the preparedness and the capacity for mobilisation and adaptation of all stakeholders across all regions. This requires forward-planning, coordination and evaluation. We must prepare now to move towards a society that is better informed, aware of the risks and even more receptive to prevention policies.

Prioritising prevention and anticipation for better governance

The EESC is calling today for better structuring of public policies and greater cross-sectoral coordination to ensure effective collaboration between stakeholders (public authorities, scientists, healthcare professionals, elected representatives, etc.). The EESC's recommendations are structured around two key areas:

1. Strengthening the capacity to deal with future crises by building on six structural and operational prerequisites for a better-prepared society.
2. Improving the governance of public health emergencies, by learning from Covid-19 and previous crises, based on [seven principles](#).

COVID-19
68,000 additional deaths
attributable
to the pandemic in 2020
(National Institute for
Demographic Studies)
Over 2 million people with
long COVID as of early
April 2022
(Public Health France)
+6.5%: the rise in public
spending in 2020, 86% of
which was crisis-related
spending
(Court of Auditors)

6 prerequisites

both structural and operational

1- Finally put the One Health approach into practice in public policy

- Adopt a multi-year, inter-ministerial health and environment strategy, with quantified targets and monitoring indicators, enshrined in a framework law (Recommendation 1)
- Ensure the interoperability of environmental and health data networks in an ethical, confidential and secure manner, in compliance with the General Data Protection Regulation (GDPR) (Recommendation 2)

2- Prevent the amplifying effects of crises on vulnerable populations. It is essential to involve them in the definition, implementation and evaluation of public policies to combat poverty and inequality

3- Increase research funding to at least 3% of GDP, and make healthcare self-sufficiency and security of supply priorities, in particular by making them criteria for public procurement

4- Without waiting for another crisis to arise, equip ourselves with the means to meet healthcare and support needs: assess the implementation of the Ségur de la Santé, organise the contribution of professionals from the health, social and medico-social sectors to crisis management, ensure the continuity of social dialogue, and restructure healthcare funding in line with needs on a multi-year, cross-sectoral basis

5- Take action to promote and embed a culture of prevention among all members of society

- Develop communication campaigns tailored to local circumstances, implementing initiatives based on the principle of 'reaching out' and diversifying communication channels to better target different population groups (Recommendation 10)
- Strengthen, from school age onwards, education on prevention in line with the One Health principles and on personal protective measures (Recommendation 10)
- Recognise prevention as an investment and provide it with a substantial budget and a multi-year operational programme (Recommendation 10)
- Consolidate the role of prevention in the initial and continuing training of healthcare professionals and social and medico-social support staff (Recommendation 11)

6- Restore the conditions for trust by strengthening the teaching of the scientific method and critical thinking in school curricula and by introducing training on these concepts for public officials and elected representatives

7 principles

for improving the management of public health emergencies

- 1- Respect fundamental rights and freedoms by fostering a culture of managing uncertainty and risk, so that exceptional measures are only resorted to in situations of high-intensity crisis**
- 2- Consolidate expertise and clarify its role: a contingency plan is needed to ensure the continued functioning of agencies and their coordination, but also to guarantee their independence and the transparency of their work, which are essential for trust**
- 3- Give greater prominence to the social sciences, ethical issues, experiential knowledge, gender issues and the specific characteristics of the Overseas Territories**
- 4- Ensure, through protocols agreed in advance with the relevant authorities, the continuity of democratic governance in healthcare and the participation of those affected during a crisis**
- 5- Tailor responses to the realities of the territories and ensure their ownership by local stakeholders by improving their understanding of the health status of the population and, during a crisis, by providing them with clear, accessible and actionable recommendations**
 - Organise in advance, within the territories, a comprehensive and coherent medical and social response to crisis situations by systematically including a ‘health crises’ component in health plans, schemes and contracts (regional, departmental, local) to ensure their integration with emergency mechanisms (ORSAN, white plans, blue plans) and to organise the continuity and coordination of medical, social and medico-social care (Recommendation 18)
- 6- Develop a robust crisis communication strategy to ensure that information is reliable, accessible and transparent, clearly distinguishing between what is scientifically established and what remains uncertain, and draw on local contacts (professionals, associations, local stakeholders) to ensure that information is better tailored**
- 7- Systematise lessons learnt (RETEX) and involve, after each crisis, all stakeholders who contributed to crisis management, focusing on three objectives:**
 - to encourage the sharing of experiences and perspectives;
 - to identify, at a regional level, which actions worked well or poorly, and which should be continued or discontinued;
 - to organise the transfer of knowledge in a fully transparent manner.

THE RAPPORTEURS

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The EESC's Commission for Social Affairs and Health is responsible for matters relating to demography, the family, social protection, global health, healthcare provision, poverty, social exclusion, prevention, loss of independence, solidarity and social action.