



EUROPEAN POLICYBRIEF

NO-FEAR



BRINGING PUBLIC HEALTH AND CRISIS MANAGEMENT CLOSER

COVID-19 demonstrated the need to create common grounds for health experts and crisis managers during an emergency

May 2023

INTRODUCTION

The NO-FEAR project conducted extensive processes of collecting and evaluating lessons from the response to the COVID-19 outbreak. During these processes the difficulties in effectively integrating public health experts into crisis management structures became evident. In subsequent consultations, the potential reasons for this challenge were identified along with the possible steps to remedy the issue.

EVIDENCE AND ANALYSIS

Discussions with crisis managers and public health experts who took part in COVID-19 crisis rooms pointed to difficulties with the smooth integration of health experts into crisis structures. The classic crisis management thinking on "health" involves dealing with trauma casualties, while public health emergencies were considered as an issue that will be dealt by the public health authorities. COVID-19 required the activation of crisis management structures, and the integration of public health experts into those structures.

Important differences quickly emerged. Public health decision making is a consensus process that strives to be evidence based, and sometimes takes time as needed to collect information. Public health experts evaluate different scenarios based on probabilities and possible impacts and understand that there is a time gap between the decision and the expected impact (considering that in the time elapsed things might get worst, and that sometimes the likely result is "nothing happened"). Crisis Management is usually a very top-down, hierarchical structure, with clear deadlines, where experts are expected to come to the table with recommendations which are approved or rejected. Public opinion and public pressure are key factors, and changes are commonplace (without always understanding the need for time to see the impact of a health related decision).

In health care system where many experts have a military background, these management structures are familiar, and they are well experienced at working in such an environment. In other structures, learning to effectively work together was more challenging, with a steeper learning curve. As this learning is personal, a risk exists that by the next time this experience is needed, new people will have to go through the same learning processes, decreasing the effectiveness of decision making at early phases of an emergency situation.

Despite the emergence of these complex global challenges, their varied health consequences are usually not considered and managed under a unified disaster/crisis approach. Studying and managing different types of disasters and crises with a strong focus on health, as requested by the Sendai Framework for Disaster Risk Reduction, will be of paramount importance during the next years. The number of policy makers, managers, practitioners, and research scientists with specific competencies in achieving this goal is currently very limited at the global level.

STANDARDISATION

Project partners will collaborate to further advance the Better Practice Guide initiative within the pre-standardisation space. An entity in its own right, the Better Practice Guide foregrounds the empowerment of practitioners. It is totally independent of standardisation bodies and encourages practitioners to take ownership of their process in a way that best works for them. The initiative ties in with Article 6 of the 2021 *European Commission Action Plan between civil, defense and space industries*, which notes that ‘Promotion and application of common standards across sectors can contribute to cost savings in terms of production runs and cost management, but also improve operational effectiveness, by enhancing interoperability’. The group will continue to collaborate in support of new standards, such as for the use and safety of PPE in emergency medical supports units and beyond.

POLICY IMPLICATIONS AND RECOMMENDATIONS

We should bring crisis management and public health closer, to ensure smooth integration when a major crisis strikes. NO-FEAR recommends:

- The establishment of a unified disaster/crisis approach which takes into consideration the health consequences, the health systems and the health workforce for all types of disaster and health crisis. Health must be included in the disaster risk management processes at any level for any disasters. Ensure that the health consequences of emergencies (beyond trauma) are incorporated into contingency plans, e.g., water-borne diseases in flooding, the need to increase (regular) vaccination if people are displaced etc.
- The development of a new generation of health crisis managers with advanced competencies for performing disaster and global health crisis-related management, research and development
- The introduction of disaster medicine and global health teaching in medical, nursing and health professional school programs worldwide in order to create a future well-trained health workforce
- Cross training of health experts in crisis management and crisis managers in health in emergencies, specifically for those who will have a role in crisis management
- Train together, learn from the joint training and retrain!
- Provide basic crisis management training to public health personnel in their Master-level training, and introduce public health in emergencies content to crisis management training

SUSTAINABILITY AND LEGACY

Project partners will develop and offer training programs in the academic environment, within their respective authorities and to relevant European Commission agencies.

RESEARCH PARAMETERS

The results presented in this paper were obtained and discussed through NO-FEAR webinars and meetings, under the theme of "lessons observed from COVID-19 pandemic – what have we learned?"

PROJECT IDENTITY

PROJECT NAME Network Of practitioners For Emergency medical systems and cRitical care (NO-FEAR)

COORDINATOR Francesco Della Corte, Università del Piemonte Orientale, Novara, Italy,
info@no-fearproject.eu

CONSORTIUM Albert Ludwiga Universitaet Freiburg - Freiburg im Breisgau, Germany

Assistance Publique-Hôpitaux de Paris – Paris, France

Ayuntamiento de Madrid – Madrid, Spain

Health Service Executive HSE – Dublin, Ireland

Magen David Adom in Israel – Or Yehuda, Israel

Ministère de l'Intérieur – Paris, France

Ministerul Afacerilor Interne – Bucharest, Romania

Nederlands Normalisatie Instituut – Delft, Netherlands

Norges Rode Kors – Oslo, Norway

Rinicom Limited – Lancaster, UK

TFC Research and Innovation Limited – Dublin, Ireland

Trilateral Research Ltd – London, UK

Universita Cattolica del Sacro Cuore – Milan, Italy

Università del Piemonte Orientale – CRIMEDIM – Novara, Italy

Universitaet Innsbruck – Innsbruck, Austria

Université Côte d'Azur – Nice, France

Vrije Universiteit Brussel – Brussels, Belgium

Waismed Ltd - Rosh Haayin, Israel

FUNDING SCHEME

European Commission Horizon 2020 Secure Societies Research Programme, 4th call, topic: SEC-21-GM-2016-2017(CSA) Pan European Networks of practitioners and other actors in the field of security

DURATION

June 2018 – May 2023 (60 months).

BUDGET

EU contribution: 3 495 957.50 €.

WEBSITE

<https://no-fearproject.eu>

FOR MORE INFORMATION

Chaim Rafalowski, MDA DM coordinator, haimr@mda.org.il
Luca Ragazzoni, CRIMEDIM Scientific Coordinator, luca.ragazzoni@med.uniupo.it

FURTHER READING

Special edition of the French association of Disaster Medicine -
<https://www.sciencedirect.com/journal/medecine-de-catastrophe-urgences-collectives/vol/6/issue/4>



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 786670.

This policy brief reflects only the author's view and the European Commission/REA is not responsible for any use that may be made of the information it contains.