

European Health Emergency Preparedness and Response Authority (HERA) - Roadmap -

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Preparedness is essential to prevent any future crises. Planning and having fit-for-purpose policies and procedures in place will help to ensure that the EU Member States can respond to any upcoming crisis and save lives when emergencies occur. This includes coordination with the EU Member States in sharing information, assessing the needs and ensuring a coherent EU-wide response. This COVID-19 crisis demonstrated once again that “WE ARE NOT PREPARED, UNLESS WE ARE ALL PREPARED”.

Overall, the EU and its Member States have contributed with billions of Euros to fight against COVID-19, but equipment and training for the frontline health professionals involved in managing people with COVID-19 was not consistent, and in some cases totally lacking, despite the fact that according to the EU policy strategies, healthcare professionals are required to be equipped with the right material and to have received adequate and appropriate training, confirmed by the Health Council on the 1st December 2014.

It is also clear that sufficient and appropriate resources were not made available and that the capacity to have an appropriate number of professionals available, as well as the needed protection measures, are important factors that contributes to the safety of healthcare professionals and patients. This is especially important for the nurses and the nursing profession knowing that most of the caring activities for a patient with an IDHC are carried out by nurses. Therefore, it is crucial that the EU institutions, EU national governments, health industry and other health stakeholders, develop health and workforce policies based on the lessons learned from COVID-19:

- Eliminate the bureaucracy of the public procurements procedures while ensuring that the right equipment (e.g., FFP2 masks, mechanical respirators) is accessible to the frontline nurses.
- Allocate the necessary funds to support frontline nurses. The EU population health is dependent on highly qualified and motivated nurses in compliance with Directive 2013/55/EU.

Ensure appropriate mechanisms for psychological care of nurses who are experiencing extreme anxiety and stress during the crisis in addition to protecting against potential post-traumatic stress disorder. There are many ways to address this, including through adequate education and prevention.

- Collect Data! Quantitative and qualitative data is crucial to better understand and address the needs of the frontline staff dealing with an IDHC. Therefore, having the systems in place in advance of any such new crisis for the central collection and monitoring of data such as

exposure of healthcare workers will ensure a more proactive and timely evidence base to support responsive EU policy. Mechanisms to provide governments the ability to communicate continuously with each other, to collect information/data in a standardised format to share and translate into best practice to inform policy is essential. It is critical for all European countries to have the best available evidence to combat the infection control measures and save nurses and patients' lives.

- Work with the nurses. They are the frontline experts: Co-creating and co-designing with frontline nurses ensures fit-for-purpose political decision-making processes and policies for IDHC preparedness. It is vital to invest and consider the valuable expertise and experience of the nursing profession on how to plan and implement for this preparedness.

It is time to move from “patchwork” approach to “EU coordination”. It is vital to go beyond “sharing best practices”, to providing focussed and tangible support to frontline nurses. Transposition to support the COVID-19 crisis response is key to save lives: citizens and healthcare professionals.

For more information:

- [EFN Report on Lessons Learned with Ebola and COVID-19](#)