

European Health Emergency Preparedness and Response Authority

DG Health and Food Safety (Unit C3: Health security and vaccination)

EU Consultation on Legislative Proposal

11 May 2021

BEDA submission to the European Commission's consultation for the proposal on the European Health Emergency Preparedness and Response Authority

The Bureau of European Design Associations, (BEDA) with 50 organisation members in 26 countries of Europe, welcomes and supports the creation of the Health Emergency Preparedness and Response Authority (HERA) with the aim to *'address all future serious cross-borders threats to health...as no country can effectively prevent or tackle a cross-border public-health crisis on its own'*. BEDA supports the ambitious goal to establish HERA as an authority that covers the whole value chain from basic research, to deployment to patient.

Through this consultation, BEDA welcomes the opportunity to highlight the following points to the European Commission:

Public Health and Societal Impact

Public health is as much driven by the complex value chain leading from petri dish to patient as it is by every single European citizen and their individual and collective behaviour towards a severe health threat such as COVID-19; H1N1, AMR or indeed the broader climate crisis.

The behaviour and willingness to support European decisions and to support and follow medical or authoritative regulations by free will are essential for all efforts to countermeasure any future pandemics.

An example of how all efforts of a HERA could be negated is vaccination hesitancy. In a survey conducted by Janssens et al. in 2021 before and after the introduction of vaccines against COVID-19 in Germany, it was shown that 10% of nurses declined the vaccination and over 15% were insecure about taking it. A survey in Israel showed a vaccination hesitancy of up to 30% in Health Care Workers and yet we know that in order to achieve herd immunity, 75% of the European population has to be vaccinated. Hesitancy is a significant problem.

A further example is Antimicrobial Resistance (AMR). Without the rational use of antibiotics, the increasing threat of AMR is going to counter every scientific success of developing new or likely all alternative Antibiotic-Substances. This race between bacteria and science can only be slowed down by the rational use of Antibiotics by all prescribers and non-prescribers.

And last but not least, it needs emphasised - as it is a dimension of design - climate change and the evolving health threats through zoonotic diseases and pollution are influenced by human behavior.

BEDA believes that design offers a crucial integrating methodology to tackling complex and multi-layered, cross-border, cross-society challenges such as those outlined in the initiative. In all three examples above, the need to create the possibility of societal and behavior change is clear. Persuasive-, service-, behavior-, product-, and communication design integrated within a planet-centred design approach, can effectively support the possibility to foster and embed the change that is so needed.

BEDA is grateful to have the opportunity to highlight to the European Commission the following points in response to the consultation:

The problem the initiative (HERA) aims to tackle

- **Fragmentation of efforts in the EU**

BEDA agrees with the aspects of fragmentation that are referred to. Additionally, the aspect of cultural fragmentation and its implications for public health activities should be included.

- **Weak anticipatory threat and risk assessments, modelling and needs monitoring, suboptimal intervention instruments & public-private ecosystems**

Fhir, HL7 and Snomed have created pan-European standards to allow for comparable and statistically relevant datasets. Risk assessments, modelling and needs-monitoring depend on usable datasets and structures. It is well understood that alongside quantity-driven data sets, complementary quality-driven data sets are critical in order to create insights that go beyond the fact and offer insight into WHY a fact is a given.

For this, BEDA recommends the inclusion of design with the ability to develop, conduct, observe, systemize, visualise and analyse narrative interviews targeted at gaining relevant insights that can trigger and drive meaningful and innovative solutions, which take different cultural background into account.

- **Objectives and Policy options**

The mission to strengthen the EU's preparedness and response in terms of medical countermeasures are supported by BEDA. The responses to the problem 1-3 need to align with the latest research results from service and user-experience design to create a workflow and system that fulfils the required aspects.

In addition to the responses to problems 1 – 4, BEDA suggests further aspects:

7) Policy Design – to ensure effective and targeted policy development of an EU Standard BEDA suggests the integration of user-centred Policy Design methodologies to support Feasibility and Efficacy.

8) Communication and Public Health Acceptance – BEDA supports the development of a European narrative that can resonate with citizens across Europe. In developing this, BEDA further supports the inclusion of communication-, service and behavior designers in the process, in order to improve the chances of achieving the increased acceptance by the population.

9) Prevention and Network – there are several Projects within the EU, including the Commission President's recently established New European Bauhaus, which focus strongly on tackling the climate crisis. One of the negative impacts of the climate crisis and the current pandemic is enhanced transmission via air resulting in the increased occurrence and likelihood of airborne viral and zoonotic diseases.

This correlates with pollution, the densification of the living space and the ever-closer habitat of animals and humans. This in turn leads, as the current Sars-Cov2 / COVID-19 pandemic highlights, to an increase of zoonotic diseases which break the human / animal barrier. A designed approach that views these EU projects holistically and which seeks to interweave the programmes and their benefits, might lead to innovative and more feasible measures of prevention which are better understood and more broadly accepted and adopted by a greater number of people.

10) Machine/Human Interfaces - Deep learning and AI will be excellent drivers of risk assessment, alarm systems and according measures. Yet, to create measures for the Emergency Preparedness and Response Authority, the machine/human interaction has to be easy and in the best case, tied to a positive experience.

The powerful impact of positive experience in nudging behaviour cannot be underestimated. Design can help to shape and create such positive experiences, in a planet-centred design

approach, in order to align energy and resources from European Member States in achieving effective Health Emergency Preparedness and Response.

This consultation response was developed by Deutscher Designtag, the umbrella organization of 15 professional and trade associations and institutions of design in Germany in cooperation with BEDA, the Bureau of European Design Associations.



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End
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