Behavioural, social and economic impacts of the outbreak response

Proposals should focus on lessons learnt: they should i) address how to mitigate social and economic impacts of the outbreak response related to health systems; ii) identify non-intended consequences of epidemic-control decisions; and iii) provide answers to social, including gendered, dynamics of the outbreak and the related public health response. Proposals should analyse the effects and efficiency of these responses (including resilience factors), democratic governance, multi-level cooperation, the critical gaps and the various exit strategies, their underlying methodologies and regional adaptations. Proposals are expected to develop guidelines and best ‘next practices’, and implement interventions to mitigate impacts and boost wellbeing.

In particular, in their proposals the applicants are encouraged to integrate multiple medical, social sciences and humanities disciplines, including anthropology, psychology, sociology, epidemiology, implementation science, journalism & communication, economics and political sciences, as well as gender studies and intersectional research to address the following inter-related dimensions:

- **Analyse and compare outbreak responses across Europe and impacts on human behaviour and social dynamics** by different regions and countries, taking into account societal and cultural structures, health system preparedness and resilience, population densities, population risk groups, climate, pollution, among other factors. Proposals are encouraged to develop guidance for health behavioural patterns to positively influence adherence to behavioural advice and prevent disinformation about health issues and confinement, isolation and social distancing at societal, community and individual levels. Furthermore, the proposals should study factors contributing to the use of harmful self-medication and in anticipation of possible hesitancy towards vaccines.
Mental health and health inequalities: The proposals should address the immediate and long-term mental health impact in relation to, for example, confinement and social isolation, time spent indoors, repeated media and technology consumption, and disruption of work/school-life balance. They should also address the potential exacerbation of health inequalities affecting a number of vulnerable groups. These could be frontline healthcare workers (a majority of which are women), who might face ethical challenges, suboptimal working conditions and suffer from traumatic stress. In addition, proposals could focus on mental health and health inequalities impacts for elderly and other age groups, people with pre-existing conditions and comorbidities and those with precarious socio-economic conditions (e.g. migrants, the homeless and/or unemployed).

The Commission considers that proposals requesting a contribution from the EU of between EUR 4 and 10 million would allow this specific topic to be addressed appropriately. Of note, a proposal requesting the maximum envisioned contribution must be able to deliver on all the dimensions mentioned above, to include partners from a wide range of disciplines and to deliver results that are representative of the whole EU27 and associated countries. Moreover, in case there is more than one funded project, cooperation, communication, collaboration and coordination across research groups will be strongly encouraged.

To improve the resilience, wellbeing and mental health of the population, frontline workers and, in particular, of the most vulnerable groups and mitigate health inequalities during and after pandemics.
To contribute to a better understanding of the impact, effectiveness, the public health preparedness and responses (control) that have been taken at different governance levels in the context of the ongoing epidemic of COVID-19 in terms of; acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, coverage, sustainability of diagnosis and clinical management of patients and survivors infected by SARS-CoV-2 as well as front line workers and communities.
To prepare holistic assessments of the social, economic and political impacts of the outbreak and its responses, and to propose and deploy evidence-based policy measures (transferable best practices, methodologies) and other initiatives to improve industry’s and society’s adaptation capacity and resilience as well as supporting the availability of critical technologies and tools (during and after a shutdown) that accelerate and enable a fast recovery of the current healthcare emergency.
To contribute to a holistic public health preparedness and response in the context of ongoing and future epidemics.
To provide health authorities with guidance for further public health interventions, and to support implementation of actions to; mitigate or manage consequences of current policies, and to better tailor future pandemic management strategies e.g. on confinement.
To deliver results within 3 - 36 months to end-users at scale.