

# RFAS

Revue française des affaires sociales

Multidisciplinary call for papers on:

**Health security and reactions to Covid-19**

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and

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This call for contributions is intended for researchers in public health, sociology, economics, management, philosophy, demography, geography, political science, information and communication sciences, and anthropology, as well as actors in the fields of health and medical social work.

**The deadline for submission is Monday, 2 November 2020.**

Public health has been put sorely to the test by the Covid-19 epidemic. Health security was first structured in the 1990s in response to a series of health crises – many of which were major, for instance the contaminated blood tragedy, the “mad cow” crisis, and the 2003 heat wave. It has since become a crucial aspect of health policies and is now defined as “the protection of human health against risks induced by the functioning of society, be they related to food, the environment or health *per se*” (Tabuteau, 2004). Over the years, its status has gradually been strengthened, and many dedicated agencies have been created to contribute scientific expertise in health policy or other specialized technical skills (Tabuteau, 2004; Benamouzig, Bensaçon, 2005; Alam, 2010). These authorities have compensated for the State’s customarily inadequate capability in public health, while at the same time establishing “a certain collective belief in this capability” (Borraz, Gimbert, Torny, 2007: 64). At the same time, health surveillance has been strengthened on a global scale, especially with the WHO’s International Health Regulations (IHR), in the context of proliferating international exchanges and the risks associated with them, whether these risks are still emerging or already fully apparent in the Covid-19 pandemic. This pandemic provides acute insight into certain issues and challenges now facing the field of health security. These issues can be framed within the broader context of public health, or of the health system as a whole, and even in relation to environmental issues and related risks (climatic events, emerging infectious risks, etc.).

This issue of RFAS explores three themes pertaining to the test that the Covid-19 pandemic represents for the French health security system, its stakeholders and the borders and territories of health security<sup>1</sup>. These themes are intended to be largely open-ended and can be considered from many angles, including in connection with broader issues, depending on each author’s focus.

## 1) Health security put to the test of Covid-19

- **The origins and place of health security in health policy.** How did health security become a public policy issue? Has it enabled public health policies to be reformulated or original modes of action to emerge? How has it been articulated to other public policies?
- **Crises and the relevance of the organization of health security.** What were the health security system’s capacities for action when Covid-19 appeared? What does the epidemic reveal about this system, its ability to anticipate an event and its connections with the broader healthcare system? How do government administrations monitor agencies? Does the current organization not foster fragmentation or administrative burdens in terms of health security?
- **New understandings and changes in health crisis management.** What lessons have been learned from previous crises? Are these lessons useful in other crisis situations? Does post-crisis accountability not risk making the root and systemic causes of crises invisible” (Bergeron *et al.*, 2020)?
- **Emerging issues and new challenges in health security.** What are the emerging challenges facing the health security system in a context defined by the emergence of “new” issues? With regard to the management of the most basic risks (e.g. related to the health system, food, etc.) and emerging risks alike, is it capable of maintaining a broad coverage and a high level of health security in France? How is the health security system preparing for the future?

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<sup>1</sup> RFAS has already devoted two of its issues to health security (RFAS, 1997; 1999).

- **Health safety, production of norms and public liberties.** How does health security lead to normative trends that encroach on individual freedoms? How and to what extent do health emergency laws modify existing normative principles? How is the normative balance established between health security, emergency and freedoms, between voluntary and compulsory approaches, and between individual and collective interests, especially in the context of epidemics?

## 2/ Stakeholders in health security

- **Scientific expertise and health security.** What scientific or technical knowledge is mobilized to inform public decisions? Is “expert knowledge” evolving in the field of health safety? What is the role of epidemiology (Buton, 2006)? How do experts interact with policy makers and administrative officials? What constraints do experts have to deal with when providing expertise (Gilbert, 2002)?
- **The role of health professionals (ambulatory or hospital care) in the health security system.** How are health professionals involved in health security policies? How do they position themselves in relation to health security issues and public health issues in general? What organizational innovations have there been and what lessons can be learned?
- **The population’s compliance with and contributions to health security.** How do public health policies generate resistance in the population? How is such resistance taken into account by public authorities? How can citizens contribute to health security (Casillo, 2020) through their participation in building up expertise, in data production, or through direct mobilization? The role of alerts and whistle-blowers also warrants attention.
- **Social inequalities in the face of health risks.** How do social inequalities (in housing, health, work, transport, etc.) aggravate health risks (Gilbert, 2020)? How are certain groups particularly exposed, or how do they benefit from specific measures? How do inequalities in terms of age, gender, state of health, or forms of care – and particularly collective care, such as retirement homes, social and medico-social institutions, prisons, etc. – affect the situations of the people they target?
- **The role of information, social networks and media.** What roles do traditional and digital media play in times of health crisis? To what extent has the Covid-19 epidemic introduced an “infodemic” (Jaubert, Dolbeau-Bandin, 2020)? How has it influenced public debate and responses to or new understandings following the epidemic?

## 3/ Boundaries, territories and perspectives

- **The shift in boundaries between health, security and society.** How has the Covid-19 health crisis contributed to redefining the boundaries between the spheres of health, security and the broader realms of the economy and society? How have local non-profit organizations, companies, or government actors from outside the field of health positioned themselves with regard to health safety? How have issues in the fields of medical care in schools or occupational health been affected by the epidemic?

- **Territories at grips with health security.** How is the health security system implemented on a regional scale? What roles have the regional health agencies (*Agences Régionales de Santé – ARS*), *préfectures*, local authorities and local actors in healthcare played? How has the management of the epidemic been structured at regional level (monitoring, clusters, territorial particularities, etc.), and what innovations or new understandings have been observed at that level?
- **Structural articulations at the European and global level.** How does the French health security system fit in at European level (links between agencies, between Member States, coordination, etc.)? How is it articulated to foreign and international bodies, especially the WHO and other States (Ursula, 2017)? How do sovereignty issues relate to health security issues? What is the role of other international players, particularly private actors (foundations, market players, etc.)?
- **Comparative perspectives: history and international comparisons.** To what extent is the epidemic context unprecedented or comparable to other events? How has the health crisis been dealt with elsewhere in Europe or in the world? How does the epidemic signal differences in the EU or the OECD? How have developing countries been hit by the epidemic? What forms of international solidarity and cooperation, or what absences thereof, have been found? What cooperative dynamics could be considered from a strategic foresight perspective?

### Indicative bibliography

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**before Monday 2 November 2020**