



2022 IANPHI EUROPE MEETING
Session 1: Opening Session
May 19, 2022

This session was moderated by Dr. Annika Veimer, director of the National Institute for Health Development, Estonia.

Welcome Words from the Host Institute Director

Dr. Annika Veimer, Director, National Institute for Health Development, Estonia

The world today can be compared to the Rubik's Cube, a puzzle with multiple colors that needs to be arranged. Simple as it seems, aligning the right colors in a quickest possible time is the key. However, the world puzzle today looks quite complex, as various crises, climate change and environmental concerns, population health and war in Ukraine, demonstrate no logical pattern. It takes a trained eye to see the opportunities and fix the problems. To reestablish the order in the puzzle, there are certain moves and mathematical formulas, which need to be learned. There is a need to know where to look for answers and find solutions. Recently, all countries and national public health institutes (NPHIs) have faced unprecedented challenges of a magnitude beyond their capacities. Adapting and changing to respond to the evolving needs is crucial. However, implementing changes takes time and resources. It is important to have the ability and strength to concentrate on core issues, cooperate internally and externally between NPHIs and countries on the global level. Despite all of these difficulties, the solidarity, the reason, the cooperation, and the willpower will lead to the solutions and will strengthen the institutions. A. Veimer wished a warm welcome to all participants in person and online on behalf of the Estonian Institute for health, as well as interesting discussions, optimism and collaboration.

Welcome from Minister of Health and Labor of Estonia

Mr. Tanel Kiik, Minister of Health and Labor, Estonia

An action plan for the possible next wave of the COVID-19 pandemic in the autumn and winter is being presented to the Cabinet of the Estonian government. The main objective is to keep society open during a possible new outbreak without overloading the health system. Although general awareness about infection prevention has increased during the pandemic, experts foresee a high level of pandemic fatigue. There are three main scenarios of Estonia's action plan: mild, more severe and new pandemic situations. Two of these scenarios will require cross-societal restrictions, including mandatory mask wearing, teleworking, and quarantine. The COVID-19 crisis has shown the importance of investing in a health system for all. Investing in public health helps increase people's wellbeing, the economy, competitiveness and productivity. Particular attention should be paid to the health professionals, which proved irreplaceable before, during

and after the pandemic. Better cooperation and integration of social and health systems is needed. Strong cooperation and solidarity are also required in the actual Ukraine war crisis. Nearly 40,000 Ukrainian refugees, representing 3% of the Estonian population have arrived in the country. Different services are provided to them: health checks to identify medical care, testing for COVID-19, general examinations when requested, infection control, vaccinations and prescriptions. A lot of attention is given to mental health and psychosocial support, and services are available at the refugees' temporary accommodation. The same social benefit package, healthcare and treatment are provided to both refugees and Estonian citizens. The current situation is very difficult for the health system and the national public health institute, in terms of managing two crises and continuing to provide services for the population. Therefore, successful, innovative cooperation between different health institutes, the public and private sectors is vital both on the national and international levels. This meeting provides an excellent opportunity for sharing experiences, learning from best practices to better prepare for future crises.

Welcome from IANPHI President

Prof. Duncan Selbie, President, IANPHI

Reflecting on the pandemic, which is still continuing for many countries, there is a need for a focus on what hasn't gone right, what are the lessons learned from this experience, what should be strengthened and prepared for the consequences. It is also possible to be proud of what has been done and recognize remarkable contributions of the national public health institutes in Europe and in the world. Yet, no institution is at the end of the pandemic and there will be changes and adaptations to undertake. It has been made clear how critical are the essential public health functions when looking into the future.

Published yesterday, the Roadmap for Building the Public Health and Emergency Workforce, developed by WHO, IANPHI, ASPHER and partners, will mark a beginning of the intervention, on the classification of the broad range of contributions to public health, parity in terms of conditions, basis of the training and education on a balance between practical experience and academia. It is helpful to define and understand, what should a country be capable of in terms of protecting, promoting and improving the health of its people and crucially being consent with equity.

All this informed the IANPHI Strategy 2021-2025, which reset the bar, where the vision is of a network of peers, leaders and capable NPHIs. The objective is also to have more impact, visibility and the voices of NPHIs to be heard. IANPHI's work focuses on five areas, with the most obvious progress made on climate change and public health. The resource investment and the budget will be crucial in the implementation of the strategy. Other areas of work concern: the strengthening of the essential public health functions, the importance of the emergency preparedness and response, and the work on equity.

D. Selbie thanked the institutes for their work, and stressed the importance of acknowledging their accomplishments. It is also important to recognize the strength of the network, the joint work and support, as well as the possibility of building a positive future for the public health.

IANPHI Europe Update

Dr. Trygve Ottersen, Chair, IANPHI Europe Network, Norwegian Institute of Public Health, Norway

Welcome on behalf of the IANPHI European Network to all participants. Since the last meeting, events like the COVID-19 pandemic and the war in Ukraine have not only affected national public health institutes, but also served as a premise of our program for this meeting.

One of the main topics is about shaping the future of NPHIs. Looking back, looking forward, there are many challenges but also many opportunities. Beside the lessons learned, the experiences across different countries with the pandemic and the war in Ukraine are somewhat the same. We will look at what has been the contribution of NPHIs so far and what it means for similar crises and ways to move forward.

Some of the questions to be addressed are directly related to real situations and needs, such as the Norwegian Institute of Public Health and the issue of precautionary principle, how it should be tackled or how to deal with uncertainty. What is the role of NPHIs in giving recommendations to follow strict interventions and the implications that will follow and affect all socio-economic sectors, like education and welfare benefits? Also, there are issues related to power, that the institutes should have in terms of coordinating different actors.

The independence of NPHIs is another main issue, which poses a question of independence from or rather collaboration with political position. What to do, when the institutes disagree, especially when direct communication with the public is involved? Should the opposing view (which is based on scientific findings) to the government be made clear? These questions and following discussions will help determine the way forward for some of the participating public health institutes.

Keynote from WHO Europe

Dr. Gerald Rockenschaub, Regional Emergency Director, WHO Regional Office for Europe

The Ukrainian crisis is one of the biggest humanitarian crises for the WHO Regional Office in Europe since World War II. The existing contingency plan allowed WHO Euro to tap into pre-positioned supplies that were located across Ukraine. These included life-saving supplies, medicines, surgical supplies, which helped to support early response. However, the biggest challenge was to relocate and evacuate our staff on the ground. More than 120 WHO staff members were relocated, with international staff evacuated abroad and the national staff relocated to the safer areas. The next step was building operations from a temporary office in Lviv, putting the required security measures in place, like secured infrastructure and vehicles.

The immediate priority interventions focused on addressing life-saving interventions and building a pipeline of sustainable life-saving trauma and surgical supplies, medicines and equipment. So far, 400 metric tons of supplies were mobilized, with more than half distributed to the regions, facing logistics and security challenges. Currently, the operations are expanding beyond Lviv to Kiev, and new operational bases are open in Dnipro, Odessa and other places close to Mariupol.

Particular attention is paid to the strengthening of the surveillance system to address evolving communicable disease threats. Before the war, the overall vaccination rate for COVID-19 in Ukraine was modest at 36% of the population. There is an increased risk of measles outbreak and some polio cases were

registered. Other communicable disease risks should be considered, as the WASH infrastructure is destroyed.

Additional priority areas of work include health information management, public health safety analysis and providing the credible health information for international partners. A close cooperation with the Ukrainian authorities is in place to address public health priorities, like strengthening non-communicable disease treatment, support maternal and child health services, and mental health. A significant priority is placed on protection, considering the context – prevention measures for sexual exploitation and abuse are in place. As for the support to neighboring countries receiving large amounts of refugees, an operational hub to mobilize technical expertise has been set up, which coordinates with partners, including UNHCR, UNICEF, ECDC and others.

On the collaboration with the IANPHI network of partners, WHO appreciates the active technical support from NPHIs and IANPHI. Close cooperation is established with ECDC, RKI, UKHSA and other institutes, using primarily the Global Outbreak, Alert and Response Network, and the emergency medical teams. WHO recently launched a new appeal to raise funds and is coordinating about 100 national and international partners through the Health Cluster Coordination Mechanism under the emergency coordinator and the UN OCHA to address the health needs of Ukraine and neighboring countries.

Address from the Representative for Ukraine

Dr. Ihor Kuzin, Deputy Minister of Health, Ukraine

The war has caused considerable damage and losses to the economic and social spheres in the country, with numerous social, medical and educational infrastructure destroyed. More than 7 million people are internally displaced in Ukraine while about 5 million (at least half are children) left the country. We are very thankful to neighboring countries: Poland, Hungary, the Czech Republic, Slovakia, Romania and Moldova and their national public health institutes for receiving Ukrainians and supporting the Ukrainian Public health center.

The war took a heavy toll on the Ukrainian health care system. More than 570 health facilities were damaged, more than 100 of them were destroyed. At least 11 health workers were killed and 46 were injured. The war can be protracted, unpredictable as the hospitals are under the risk of the missile attacks. The issue of the vaccination, including against COVID-19, is very important. Considering that, in the regions where active hostilities are taking place, the population stays in cold, humid and unsanitary shelters, the risk of spreading various infectious diseases is extremely high. Despite the admiring work of health professionals, the physical and mental exhaustion will soon be inevitable. Particular attention should be paid to the assistance to the internally displaced persons, in need of special treatment, like antiretroviral, insulin, L-thyroxine therapies.

Post-traumatic stress disorder (PTSD), experienced before February 24, 2022 mostly by war veterans involved in military operations since 2014, today is threatening the entire population of Ukraine. Along with doctors, nurses, social workers, volunteers and the military, there is a critical need to treat children, who witnessed hostilities. The long-term consequences of PTSD can be catastrophic.

There is a need for staff, medicines, medical supplies, equipment, especially equipment that can be used in the field and in laboratories of disease control and prevention. Today, these centers work across Ukraine,

focusing on epidemic intelligence, emergency response, population risk assessment, morbidity analysis, etc. It is also necessary to develop protocols or algorithms for the work under the current emergency conditions. The support and assistance provided by the international community: governments, organizations, NGOs and individuals are highly appreciated. From the first days of the war, the assistance and continued cooperation have been in place with many international agencies like WHO, UNICEF, OSCE, MSF, and ICRC etc. The Ukraine Public Health Center acknowledges the discussion during the last IANPHI Executive Board meeting in April 2022 on the short and long-term assistance to Ukraine. It is impossible to overestimate the relevance of the IANPHI Europe Meeting's main topics, related to the role of NPHIs during large-scale crises, their management and increasing their efficiency.

Dr. Oleksandr Matskov, Deputy Director, Public Health Center, Ukraine

On behalf of the Public Health Center under the Ministry of Health of Ukraine (PHCU), Dr. Matskov thanked IANPHI Europe for the possibility to participate in this meeting and for all the support provided by IANPHI members during the war in Ukraine. The war produced many new challenges for PHCU, with the biggest one related to the war and the COVID-19 pandemic management, experienced by all. An additional public health challenge is the need to quickly refocus the institute to address new threats like bad sanitary and emergency conditions, especially where active military combats are taking place. Other new challenges since the military offensive in 2014 include routine vaccination and the difficulty to manage large numbers of IDPs and identifying their health needs. Very large needs exist in the technical support from specialists with similar experiences. PHCU actively participates in different activities and meetings with international partners to learn from them. With Ukraine's adhesion to the European Union in process, the PHCU membership with IANPHI and additional support from all expert organizations is highly valued. The meeting discussions, proposals and maybe decisions will be useful to PHCU to solve current problems.

Public Health Implications of Collective Violence – Setting the Context for the Meeting

Prof. Mark Bellis, Director of Policy and International Health, Public Health Wales, United Kingdom

There are different levels to understand collective violence from a public health perspective. In the long-term, often the consequences are not well measured. Understanding how to respond to the challenges is even more difficult, particularly as an NPHI. Furthermore, thinking proactively does not always happen and actions to prevent the conflict in the first place remain an enormous challenge.

In this discussion, it is important to mention some of the health consequences of an armed conflict. These include catastrophic civilian, military and humanitarian fatalities and casualties. The health consequences vary and depend on many things, and some of those cannot be moderated through public health before the conflict breaks out, like resilience and resources of the communities.

The health issues following a conflict are important in the immediate, long-term and cross-generational terms. In war-affected countries, multiple aspects of public health are to be considered in phases – during, after the conflict and in the long term. These aspects are healthcare, the environment, health, education, employment, economy, social, trauma and violence and produce mostly negative effects, that if not addressed in time, can create a vicious cycle.

Considerable public health issues are involved in assisting refugees, asylum seekers and internally displaced persons¹, in transit or settled elsewhere. From the healthcare, socio-economic and trauma and other perspectives, the consequences are heavy for society: lack of health services, poverty and inequality, national spending, unemployment, addiction, exploitation, hate and radicalization are only few among many effects. As mentioned by Ukrainian speakers, the issue of mental health and trauma is common when people are exposed to collective violence. PTSD, anxiety disorder and major depression can persist for decades. War affects several generations with nutritional, infectious, socio-economic and epigenetic issues.

According to joint research conducted recently by Public Health Wales and the WHO on the Adverse Childhood Experiences (ACE), the trauma experienced in childhood leads to increased risks of poor outcomes in adults. ACE can create high probability of extreme consequences like depression, drug use, alcohol and drug dependence, becoming perpetrator or victim of abuse, and suicidal behaviors. When applied to refugee and asylum seekers, the risks of ACE and more violence multiply by a few times.

Some practical examples from Wales in addressing the issues of trauma among refugees and asylum seekers include engaging assistance on different levels: society, volunteers, care providers, and specialists. The approaches include trauma awareness, trauma skilled, trauma enhanced and specialist interventions and providing open communication about the process. The public health institutes applying frameworks focus mostly on adapting resources on mental health, ACE and trauma through building resilience, providing regular status (visa) removing language barriers and collaborating with the third sector.

To conclude, NPHIs and other stakeholders can address the consequences of violence better if their approach is comprehensive. There should be a common understanding of the global transitions into and out of war and peace. The impact of violence on sustainable development is immense. Sustainable development is not possible without peace, and peace in turn cannot happen without sustainable development.

Written by Almira Manapbaeva, IANPHI Secretariat

¹ About 26,6 mln. refugees in 2021 and around 4 in 10 of them are minors. See the full presentation of Mark Bellis in the Conference documents.