

Exercising Scientific Independence during the COVID-19 Pandemic

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Setting the scene...

The national context – Austria

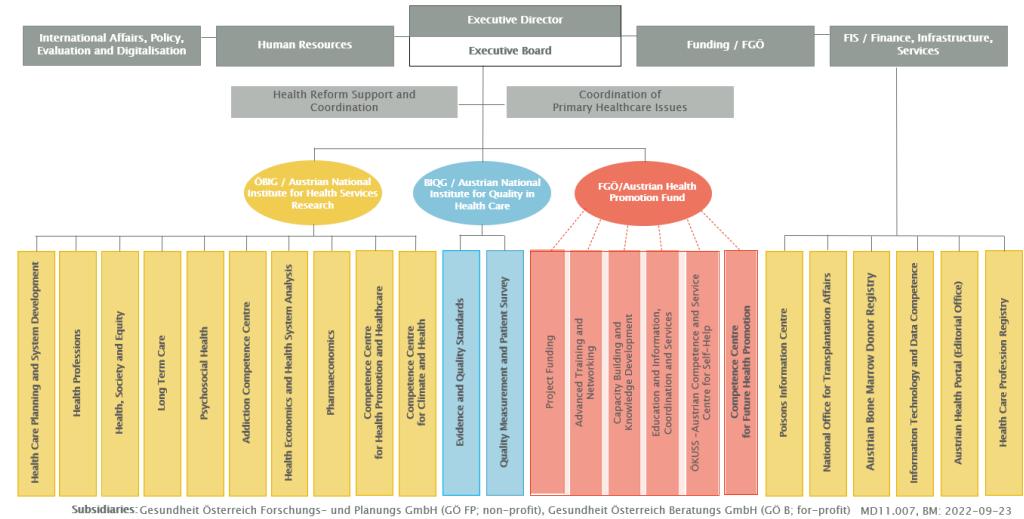
- » Austria
 - » Small (landlocked) country in Central Europe
 - » 9 million inhabitants, 84.000 square kilometres
 - » Federal state
 - » 8 neighbouring countries (with different administrative capacities and approaches to pandemic management)
 - » GER, CZE, SVK, HUN, SVN, ITA, CHE, LIE
- » Conservative/green government since 01/2020
 - » 3 chancellors (head of governments)
 - » Sebastian Kurz (01/2020–10/2021)
 - » Alexander Schallenberg (10/2021–12/2021)
 - » Karl Nehammer (since 12/2021)
 - » 3 ministers of health
 - » Rudolf Anschober (01/2020–04/2021)
 - » Wolfgang Mückstein (04/2021–03/2022)
 - » Johannes Rauch (since 03/2022)



Setting the scene...

The national Austrian public health scene

- » 2 institutions sharing responsibilities
 - » AGES (Agency for Health and Food Security)
 - common institute linked to the ministry of agriculture and ministry of health
 - » In charge of pandemic surveillance and operation of (reference) laboratories
 - » GÖG (Austrian National Public Health institute)
 - institute linked to the ministry of health
 - » In charge of public health research and planning as well es health promotion
 - » GÖG (Austrian National Public Health institute)
 - » Founded in 1973 as an independent foundation (within the federal republic)
 - » Re-organised in 2006 into a non-profit private limited company
 - » Still independent in scientific terms
 - » Owned by the Austrian federal republic, represented by the minister of health
 - » Currently approx. 250 FTE
 - » € 35 Mio annual budget
 - » Including various (ear-marked) funding for administrating health promotion and public health projects (RRF)
 - » Federal republic is the main source of funding (approx. 85% percent)

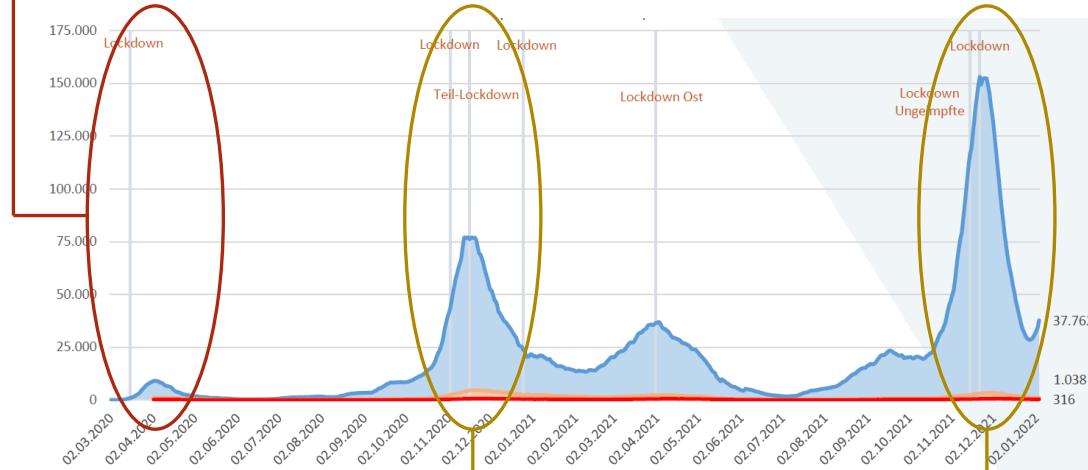


Setting the scene... The pandemic in Austria

» COVID-19 in Austria 2020/21

First wave of the pandemic (LD: 03-05/2020)

- Hospital operations were reduced to medically essential and urgent cases.
- The "lockdown" in hospitals essentially took place between until the end of 04/2020, after which regular operations were gradually resumed.



Second/third wave (LD: 11/2020–02/2021; 11/2021–01/2022)

- Regular care was restricted depending on occupancy rates, but no general "lockdown" in hospitals.
(Even though significantly higher hospitalization rates for COVID-19 were recorded and intensive care units reached or exceeded maximum occupancy).

» Institutions and committees at national level

» COVID-19 taskforce (03/2020–04/2021)

- Taskforce established in the MoH
- Mainly scientific advise
- No formal mandate

» Corona Commission (since 09/2020)

- Commission established in the MoH
- Formal mandate for risk assessment
- Linked to "Corona traffic light system"
- Stipulated by law to comment on new proposals for COVID legislation
 - 5 members of federal ministries (3 MoH), 5 experts, 9 members appointed by regional governments

» GECKO (since 12/2021)

- Commission established in the chancellors office
- Scientists and representatives of (various) ministries, regional governments and social partners
- Headed by CMO (MoH) and General Chief of Staff (MoD)

» FutureOperations (Clearing) Board

- Voluntary self-organised board of scientists with open membership
- Coordinated by the President's office (and until 06/2022 advisory unit of the chancellors office)

Setting the scene... The national Austrian public health scene

- » Evolution of the interplay between politics and science
 - » First wave
 - » Predominantly politicians addressing the public (Chancellor, vice-chancellor, minister of health, minister of internal affairs)
 - » Second wave (beginning)
 - » Politicians and scientists addressing the public (Chancellor, minister of health, 2 experts)
 - » Second wave (end → prior to Alpha-wave, 12/2020 onwards)
 - » Scientists addressing/informing the public first, politicians seek advice afterwards and address the public with the decisions taken
 - » Third wave
 - » Predominantly politicians addressing the public, after (illustrated) advice



→ A →



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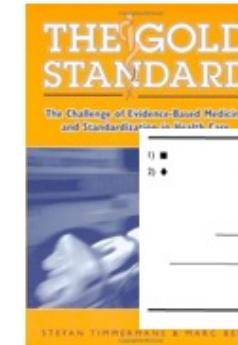


Questions

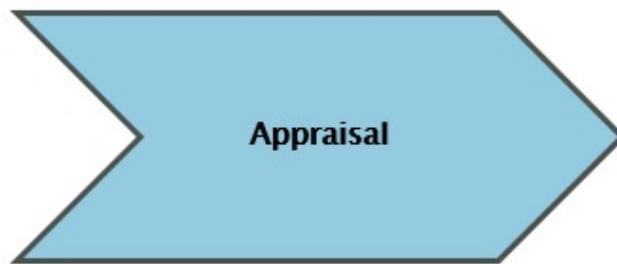
- » Q1:
Can NPHIs ensure robust independent knowledge production and dissemination without political influence?

- » Q2:
How can NPHIs work with stakeholders, including policymakers, the media and health services, to advocate effectively for the collective benefit of independent scientific advice? And how can NPHIs organize themselves most effectively to do this?

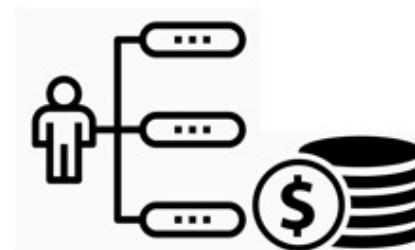
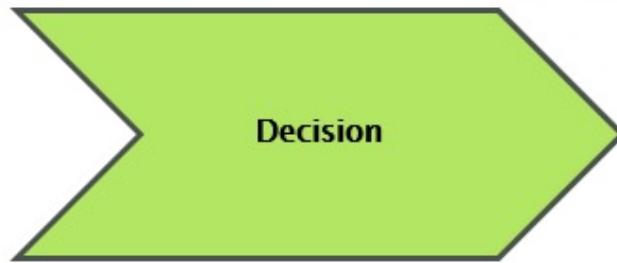
Challenges in decision-making Pandemic management as an HTA-exercise



„standardised“



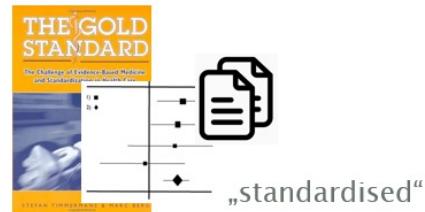
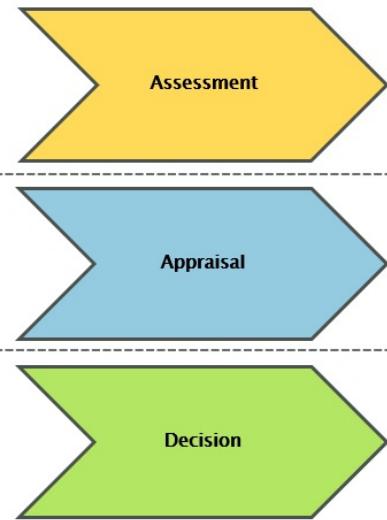
interdisciplinary,
contextual



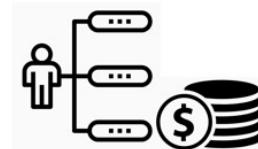
Decision
between
(multiple)
alternatives

Challenges in decision-making

Pandemic management as an HTA-exercise



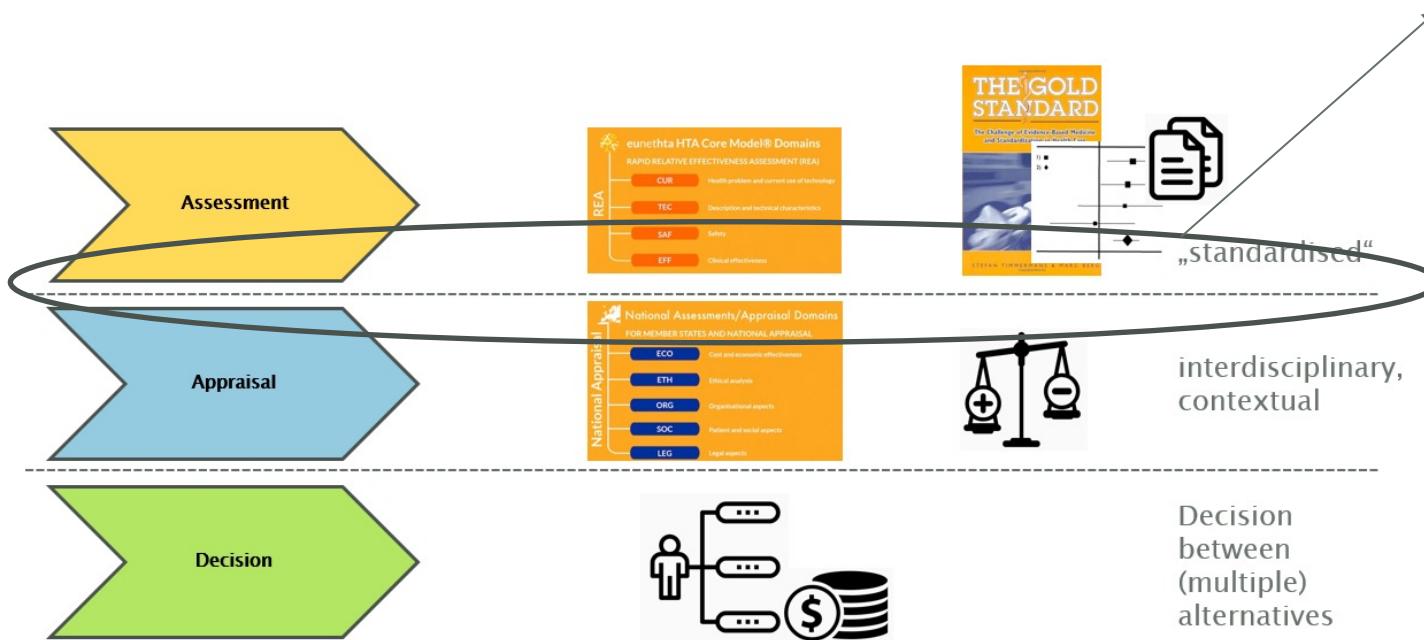
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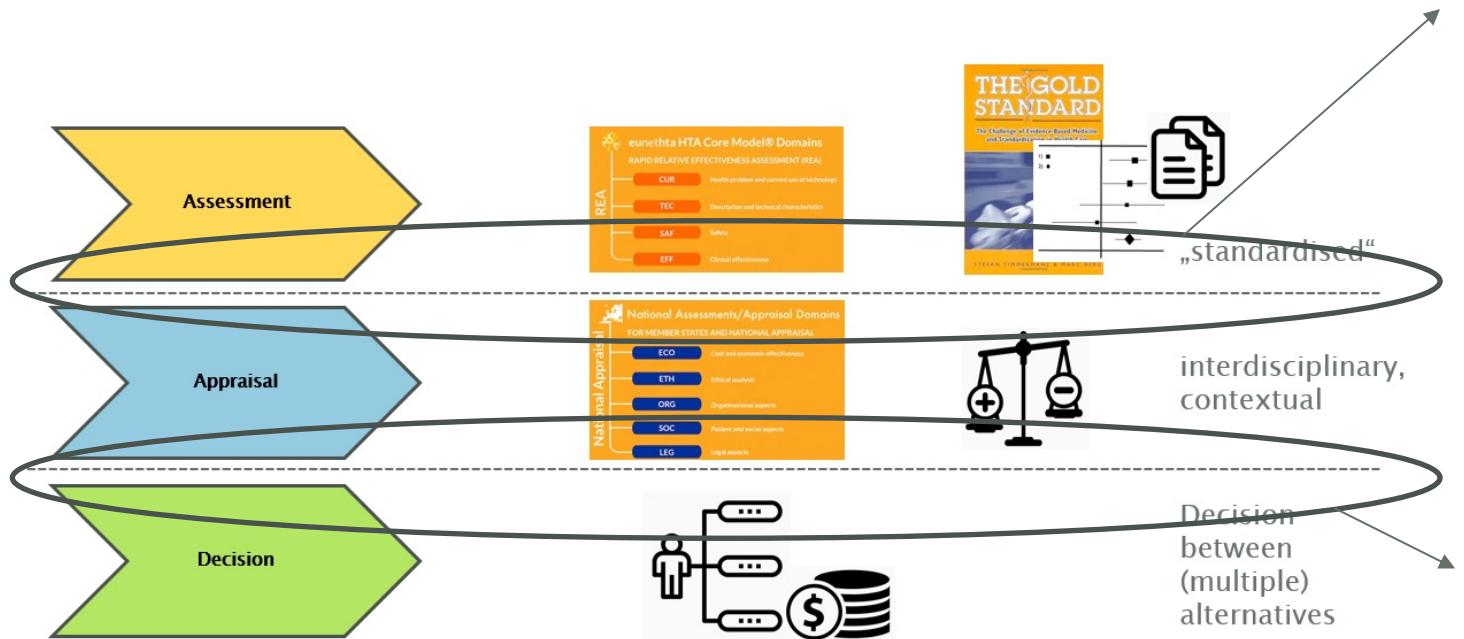
Challenges in decision-making

Pandemic management as an HTA-exercise



- » **Challenge I**
 - » Limited evidence
 - » No formalised mechanism for (scientific/interdisciplinary) consensus-building
 - » Schools, mask-wearing, ...
 - » Lacking integration of public health expertise

Challenges in decision-making Pandemic management as an HTA-exercise



» Challenge I

- » Limited evidence
- » No formalised mechanism for (scientific/interdisciplinary) consensus-building
 - » Schools, mask-wearing, ...
- » Lacking integration of public health expertise

» Challenge II

- » Scientific advice mistaken as decision-making (from both sides)
- » Lacking respect for political trade-offs

Thank you for your attention!