SESSION GHEC SURVEY: THE ROLE OF NATIONAL PUBLIC HEALTH INSTITUTES IN HEALTH EMERGENCIES – ROUND TABLE DISCUSSIONS

Round Table Discussions on connected leadership in an all-hazard emergency and regional collaboration to address cross border threats

The session ended with a roundtable discussion in small groups. Each groups chose one of these discussion questions:

I.   What does connected leadership look like in an all-hazards health emergency and what is the role of NPHIs? Or

II.   How can NPHIs foster regional collaboration to address cross border threats?

The discussions highlighted that in some countries leadership in national health emergency system frameworks is generally well defined. At the same time there might be a lack of clarity around roles and responsibilities within the system. This ambiguity can lead to inefficiencies and disorganization during emergency responses. Strengthening governance structures, especially around coordination and accountability, was seen as a vital area for improvement.

To address these challenges, participants suggested that NPHIs could take the lead in advocating for joint planning and institutional strengthening. Many emphasized that such efforts should be informed by lessons learned and supported through regional mechanisms already in place. These mechanisms were seen as useful for promoting information exchange, encouraging open data practices, and facilitating requests for both technical and financial support, particularly in low- and middle-income countries.

Participants also underscored the importance of multi-agency collaboration. In some countries, all emergency responses fall under the Office of the President, which provides a unifying structure for all ministries and agencies, including the Ministry of Health and NPHIs. In such setups, while the Ministry of Health typically leads during a health emergency, the NPHI serves a technical advisory role, offering surveillance, laboratory research, and evidence-based recommendations. However, the actual lead agency may change depending on the nature of the emergency.

Challenges with cross-border collaboration and integration of workforces were also discussed. For countries experiencing armed conflicts, delivering aid and coordinating health responses becomes significantly more complex. Nevertheless, these countries still benefit from leveraging regional agreements and cross-border partnerships. Participants noted the importance of existing agreements such as the EU Health Task Force and emphasized the need for countries to engage both domestically and internationally to foster trust and ensure effective collaboration.

Discussions also evolved around the significance of informal networks and relationships built during peacetime among neighboring countries' NPHIs, as

these have often proven more agile and responsive during real-world crises than formal mechanisms alone. NPHIs shared examples from the COVID-19 pandemic and hurricanes, where informal contacts enabled faster information exchange and more coordinated responses.

Community engagement was another recurring theme. Engaging with local leaders and communities not only builds trust but also ensures that emergency responses are culturally appropriate and supported by the public. The role of regional organizations like WHO, PAHO and Africa CDC, as well as others, was seen as critical in supporting such community-level work and facilitating broader coordination across borders. The North American Preparedness for Animal and Human Pandemics Initiative demonstrated how coordinated regional leadership can be structured and maintained through formal agreements, regular communication, and joint exercises. Similarly, Africa CDC operates through regional hubs and supports coordination among member states.

Challenges with coordination across levels of government, political engagement, and the importance of data sharing were widely acknowledged. Such challenges could be avoided by: first, establishing clear vertical and horizontal coordination; second, ensuring broad stakeholder engagement; and third, defining roles and responsibilities with mechanisms for accountability and knowledge sharing.

The discussion groups also emphasized the varying governance models across countries—some centralized, others federal or decentralized—and how these models influence emergency leadership. While the principles of connected leadership remain similar, the implementation strategies must be adapted to local governance realities. Some countries may place the Ministry of Interior in charge rather than Health, depending on the type of emergency.

Additionally, the need for regular simulation exercises was widely supported. These exercises allow countries and regions to test their systems and ensure coordination mechanisms function effectively under pressure. However, due to their high cost, many participants advocated for integrating regular after-action reviews and debriefs, which serve as more sustainable learning tools. NPHIs were seen as well-positioned to lead these efforts and drive ongoing improvement. It was also noted that while the military regularly conducts joint preparedness exercises and receives political prioritization, health security is often treated as an afterthought. There was a strong call for elevating health security to the same level of political attention as other sectors, recognizing that public health emergencies have equally profound consequences.

A participant with expertise in forensic pathology reminded that disaster preparedness must include planning for both survivors and victims. Often, the deceased are overlooked in preparedness plans, despite the fact that they can present biological, chemical, or radiological hazards, and must be handled with both care and scientific rigor. Identifying victims and returning them to their families is also a crucial element of response and recovery, especially in mass

casualty events, therefore the need for dedicated protocols and resources for victim identification was underscored.

The session ended with an overview of the upcoming Pandemic Fund third call for proposals. Phase two of the third call will among others focus on investments in strengthening two cross-cutting enablers, NPHIs (or other institutions) and regional or global networks, organizations or hubs. Phase one of the call closed in March 2025, while the second phase is expected to open in June with proposal submissions due by mid-September.

The session closed with encouragement for participants to stay engaged with upcoming proposal opportunities and continue advancing the principles of connected leadership through their institutions and networks.