This session was moderated by Ms. Annika Veimer, director of the National Institute for Health Development of Estonia (TAI). The objective of the session was to discuss challenges faced by NPHIs as part of the consequences of the war in Ukraine. The first presentation from Dr. Jarno Habicht, head of the WHO Country Office in Ukraine, highlighted priorities of NPHIs during conflict. During the second presentation, Dr. Grzegorz Juszczyk, director of the National Institute of Public Health of Poland, described the different steps Poland took in the refugee reception process. For the third presentation, Dr. Fu-Meng Khaw, director of Health Protection and Screening at Public Health Wales, shared early reflections regarding the IANPHI mission to Poland. The fourth presentation, by Dr. Bjorn Iversen, senior medical officer at the Norwegian Institute of Public Health, tackled challenges and presented solutions on how NPHIs can support each other in time of conflicts. The last presentation, by George Leahy, deputy director for Europe and the European Centre for Disease Prevention and Control at the United Kingdom Health Security Agency (UKHSA), highlighted the importance of assessing and considering all potential hazards and strengthening collaboration between NPHIs in times of crises.

What Are the Urgent Tasks and Needs of a NPHI During War and Conflict?

Dr. Jarno Habicht, WHO Head of Country Office in Ukraine

Since February 24, 2022, and the escalation of the war in Ukraine, public health work has become much more complex for WHO and for colleagues from Ukraine. Challenges are different in the West and the East of Ukraine. One of the main issues is to restore basic public health services in previously occupied areas, like water availability and outbreak surveillance. Another challenge is to answer the need to invest more in the health workforce that will be on the spot. Moreover, population’s needs are changing and issues like mental health have to be addressed by finding a way to link public health institutions and health services. This change in needs affects the possibility to rapidly respond to it. Ukrainian also need help outside of Ukraine, from neighboring and welcoming countries. Key support includes the continuity of care and having available risk communications materials in Ukrainian. The difference in the humanitarian response in other parts of the world is that the Ukrainian health system is functioning. Therefore, actors need to work with Ukraine to fill gaps rather than replace the Ukrainian system.
What is the Role of an NPHI When a Country Receives Very Many Refugees?
Dr. Grzegorz Juszczyk, Director, National Institute of Public Health, Poland

Poland did not expect the war in Ukraine. The country was not prepared and had no protocol in place to welcome thousands of refugees with immediate needs. Therefore, Poland had to develop a strategy in three stages.

The first stage – the preparation – took place in the first days of the conflict, with activities such as collecting disease data, modeling demand of healthcare and modeling partners. This first phase focused on logistics, but infectious disease prevention should have been prioritized. The second phase – the early response – corresponded to the first two weeks of the conflict with activities like mobilizing international cooperation, and analyzing data on refugees and cases of infectious diseases. For the third stage, for a medium and long-term perspective, Poland now has to analyze if refugees will stay in the country and evaluate the cost of healthcare. So far 3.4 million of Ukrainian citizens have stayed in Poland since the beginning of the war. This experience enlightened the lack of preparedness and information due to the unforeseen nature of the conflict.

Early Reflections on the IANPHI Mission to Poland
Dr. Fu-Meng Khaw, National Director, Health Protection and Screening, Public Health Wales

The war in Ukraine had a significant impact on Poland and neighboring countries as it resulted in one of the largest refugee movements in recent years. IANPHI’s mission to Poland comprised representatives from the United Kingdom Health Security Agency (UKHSA) – Prof. Andrew Lee, the Norwegian Institute for Public Health – Anja Lindman, and Public Health Wales – Dr. Fu-Meng Khaw. Dr. Grzegorz Juszczyk, director of the National Institute of Public Health in Poland, hosted the mission. The IANPHI mission aimed at visiting refugee centers and accommodation sites in Korczowa, a village at the border with Ukraine, and Krakow on May 12 and 13, 2022. The objective was to understand the role and challenges of Poland’s NPHI and how IANPHI’s network could support the work in Poland and in neighboring countries, with the view of strengthening the coordination between NPHIs and supporting countries. The mission noted the diversity of refugees and their needs, that are subject to evolution. Many refugees are children and women, facing psychological threat and disease risk. The mission noted the great concern regarding gender-based violence and human trafficking. Because of the lack of refugee registration, needs cannot be all reported. Different actors are participating to the crisis response: institutions, NGOs and civil society, inducing coordination difficulties. The needs of refugees are diverse and have to be dynamically assessed. They should be at the heart of the response, making sure that actions will feel their needs. For the mission participants, there is an opportunity for IANPHI members to coordinate and collaborate in response to this crisis.
How Can NPHIs Best Support Each Other and International Partners During Crises?
Dr. Bjorn Iversen, Senior Medical Officer, Norwegian Institute of Public Health, Norway

Contrary to other crises like outbreaks, NPHIs are not prepared to deal with a war situation. Through discussions on the IANPHI framework on how to address the consequences of the conflict at the national level, some dilemmas have emerged. Indeed, while NPHIs are mostly part of governmental structures, they channeled their support through bilaterally collaboration, especially with the Public Health Center in Ukraine. Others have been in close contact with international organizations. Many NPHIs are eager to support Ukraine and neighboring countries, but they have to find ways to support without overwhelming existing structures. With those issues in mind, some possible answers have emerged. In the acute phase, NPHIs can share information, answer requests for ad hoc support, do evidence synthesis on the information that exists, and assess requests for support from Ukraine on public health-related measures. In the longer term, NPHIs can be a support to prepare for the strengthening of the Public Health Center in Ukraine. One of the challenges will be to coordinate with different stakeholders operating in the field. From now on, IANPHI will engage with PHCU and start preparing for the restoration and the rebuilding phase.

How Can NPHI Be Best Prepared for Conflicts?
Mr. George Leahy, Deputy Director for Europe & ECDC, United Kingdom Health Security Agency, United Kingdom

The war in Ukraine demonstrates, as did COVID-19, that for NPHIs it is almost impossible to be fully prepared for any and every event. The unprecedented changes to the system prove that even well-resourced NPHIs will be challenged by larger-scale threats and often found wanting. The question on how to be prepared cannot have one answer; it will depend on the scale of the crisis and conflict. The lessons identified from COVID-19 demonstrate that we need a more active process of assessing and considering all potential hazards to health and assessing our level of preparedness. We have seen from the collaboration of Ukraine’s neighboring NPHIs that the willingness to work between countries and partners across NPHIs is critically important. NPHIs need to foster and build partnership between NPHIs, which is a core principle of IANPHI.

Written by Liza Thadani, IANPHI Secretariat
This session was moderated by Dr. Anne-Catherine Viso, Secretary General, IANPHI

The Future of Health Threats Preparedness

Dr. Stefan Schreck, Head of unit, Health and Food Safety (DG SANTE), European Commission, Belgium There is a need to build a stronger European Health Union and a more comprehensive health security framework. This can be reached, among others, through a proposal for a regulation on serious cross-border threats to health and a high-performing epidemiological surveillance system at the European Union level, as well as an easy notification system on urgent needs or shortage of medical countermeasures requests. With regards to the response to COVID-19, mechanisms such as the Health Security Committee, joint procurement, joint actions and Integrated Political Crisis Response (IPCR) were key in the management of the crisis. The Health Emergency Preparedness and Response Authority (HERA) was created to anticipate threats and potential health crises, through intelligence gathering and building the necessary response capacities. It is a new European Commission service ensuring national authorities and European Parliament are closely associated and which provides recommendations and guidelines.

Written by Juliette Fugier, IANPHI Secretariat