



**2022 IANPHI EUROPE MEETING**  
**Session 4: Preparing for Future Crises**  
**May 20, 2022**

The session was moderated by Dr. Quentin Sandifer and Dr. Trygve Ottersen. The objective of this session was to consider the transformative ways in which national public health institutes (NPHIs) might need to change to be more effective responders to crises, and look at the roles they should and could perform.

The first presentation reviewed the actions of the NPHIs with regard to crisis management and stressed the importance of investment in health to avoid double costs for governments in the future. The second presentation highlighted how central health and equity are to the global economy. The presentation that followed discussed the independence and openness of NPHIs in informing political decisions and society. Finally, the panel discussions questioned the feasibility of the principle of independence of NPHIs from a legal perspective and methods to push health equity in the political agenda.

A summary of previous sessions: in the future, there will be more crises, even more severe with the global climate change crisis. During the meeting, several speakers underlined some important issues, recommendations and solutions for NPHIs. To mention a few: 1) the effects of crises may be long-term and even intergenerational, 2) community resilience can protect population during crises.

Looking beyond the two current crises – the COVID-19 pandemic and the war in Ukraine, questions remain: what roles should and could NPHIs perform? Some of the answers point to NPHIs as agents for a better sharing of information and resources, since one of their main tasks is to provide synthesis of evidence and rapid reviews and to disseminate them through their networks.

However, looking at the bigger picture, NPHIs have challenges in their approach and contribution to crisis management, due to their status within the government. Other views see public health agencies having the capacity 'to step in the space' to answer populations' needs where other actors cannot or are not willing to.

Evaluating long-term impacts and building resilience in leadership are necessary duties of NPHIs. Public health agencies must also continue to provide trusted, rigorous and science-based evidence to guide decisions and actions.

**Preparing for Future Crises**

*Dr. Andrea Ammon, Director, European Centre for Disease Prevention and Control (ECDC)*

The COVID-19 pandemic provided many valuable lessons, from which everyone should learn, in order to be better prepared for the future crises. Reviewing the actions during the past crises is crucial to learn what

was successful, what needs to be improved and what did not work well. Without an honest and unbiased assessment, there cannot be improvements. At the same time, openness and transparency are needed in communicating the evaluation process to all stakeholders.

Investing in public health systems is another important point, as often public health institutes are faced with funding issues. This requires certain advocacy and pro-activeness to convince governments about the economic costs of health in the long term. The main argument for decision-makers is that investing in public health in the present will reduce the costs of managing future crises. In terms of improving the governance of the response, the position of NPHIs should be clear vis-à-vis the politics, with clear red line and limits, based on scientific evidence.

A considerable weakness for some NPHIs was enhancing community engagement during the COVID-19 pandemic. Risk communication and better interaction should be part of the contingency plans for crises. Nevertheless, the ethical dilemma between measures, public health necessities and individual rights across national and international levels will remain.

Finally, embracing collaboration is necessary. Experience with the recent pandemic showed the need for better collaboration across the globe, within countries, across borders and between the main international health agencies.

### **Protecting and Promoting Public Health Amid Crises**

*Prof. Amanda Shriwise, Consultant, WHO Office for Investment for Health and Development*

To prepare the public health community to move forward after crises, there are some important considerations. According to the [WHO European Health Equity Status Report](#), the factors contributing to poor health outcomes are unequal access to health services, income security and social protection, living conditions, social and human capital, and employment and working conditions. Although the health sector is critical, addressing the population's wellbeing and health equity through collaboration with other socio-economic sectors is important.

COVID-19 has exacerbated pre-existing health inequities and created new vulnerabilities. Therefore, responding to it revealed that health is a global policy issue and that public health leaders and authorities must advocate for a recovery that promotes peace and security, as well as resilient people and economies. Ultimately, the overarching message is that, equity should be at the heart of the recovery and renewal process. Focusing only on the economy, without treating the mental health problems and unaffordable care, the levels of human capital and family resilience to participate in the economic life will be very low.

There are number of ways that NPHIs can contribute to build healthy and prosperous societies: through basic readiness, gathering data evidence, policy tracking tools, capacity building and knowledge exchange, promoting dialogue across sectors, protecting and promoting public health goods, etc. It needs to be underlined that NPHIs are particularly well-suited to examine these issues across government portfolios.

## **Perspectives on the Role of National Public Health Institutes in Preparation for Future Crises**

*Dr. Camilla Stoltenberg, Director, Norwegian Institute of Public Health, Norway*

From the perspective of the Norwegian Institute of Public Health, in preparing for future crises, the independence of the public health institutes is very important. The recent crises – COVID-19 and war in Ukraine – illustrated the urgency to look into ways to regulate and create a culture for this independence. Except for the cases when NPHIs are already independent, it is even more difficult to tackle relationships between decision-makers and scientific advisors.

During crises, the response should come from political authorities and NPHIs should not carry the decision-making responsibility. At the same time, public health institutes should have the independence to inform the authorities. Otherwise, they can be devalued or mistreated – e.g., replaced by other structures as it happened in some countries during COVID-19. In addition, the culture of communicating uncertainty, risks and sometimes disagreement should be developed by NPHIs.

Throughout the whole process, the difference in opinions between scientific advice and political decision should be transparent for the public in order to create trust and acceptance in society. There is no better alternative than independence and openness, but possible risks should be dealt with. At the end of the day, the question of how this culture of independence and openness can be nurtured and secured through legal regulation, is still to be answered.

## **Facilitated Panel Discussion**

*Prof. Duncan Selbie, President, IANPHI*

*Dr. Trygve Ottersen, Chair, IANPHI Europe Network*

*Anders Tegnell, Director, Public Health Agency of Sweden*

*Prof. Hans Brug, Director, National Institute for Public Health and the Environment, The Netherlands*

*Tracy Cooper, Director, Public Health Wales*

*Claudia Hahl, Director, Austrian National Public Health Institute*

*Dr. Camilla Stoltenberg, Director, Norwegian Institute of Public Health*

*Prof. Amanda Shriwise, Consultant, World Health Organization, Venice Office for Investment for Health and Development*

*Dr. Andrea Ammon, Director, European Centre for Disease Prevention and Control*

All participants – online and in person – answered a live mini-survey aimed to collect views on several questions, including on the independence of NPHIs during crises and health equity. Opinions diverged, with more participants in the conference room supporting independence and less online participants. In order to be open and transparent, NPHIs should be very careful in communicating any message not to confuse the public or be inconsistent. Another opinion pointed to the fact that public health functions are inseparable from politics, so the independence of science and expertise, including the uncertainty, should be protected.

Other participants voiced concerns about inconsistent communication, how evidence might be changing with time and become inconsistent with previous information. How NPHIs guarantee, protect or promote

their independence is an important issue. In some countries like the Netherlands, NPHI status and functions are provided by law, which safeguards the independence of the institutes.

The live survey showed that, despite the importance of equity, the participants expressed less enthusiasm about its applicability. Inequities should be looked at in a new way, from a systemic perspective rather than individual indicators. Everyone needs to understand the scope and the scale of inequity and its impact, and the case should be advocated to decision-makers. It is part of NPHIs' duties to bring forward evidence on health inequalities and inequities. NPHIs should take the leadership in promoting equity and in the process, e.g., data sharing or making an economic case for investment in health, in order to support policymaking. Further, it was discussed whether during big emergencies, public health authorities should be granted the power to take public health measures. For participants the answer was yes. There may be such times – as it happened in Norway – when the mandate was given for a short period of time with a specified mission. However, this is not the case with other countries. For example, in Austria it is very difficult to implement due to its federal governance system and the need to modify the statutory level of the NPHI through a complex approval system. Another aspect to consider is the political choice, as public health authorities may not make the decisions, but they play a critical role in how they present this information to those who do.

### **Closing remarks**

*Prof. Duncan Selbie, President, IANPHI*

*Dr. Trygve Ottersen, Chair, IANPHI Europe Network*

*Dr. Annika Weimer, Director, Public Health Institute (TAI), Estonia*

The value of IANPHI lies in the network of the public health institutes and gatherings such as the European meeting, which has proven to be of particular value, as well as the work that preceded this hybrid event. A special thanks was extended to the host institute. Appreciation of TAI's work will be expressed by IANPHI to the Ministry of Health and Labor of Estonia. Duncan Selbie also thanked the chair of IANPHI Europe as well as the Secretariat for the excellent meeting.

Learning together is essential, and the network stands together especially in a time of multiple crises: COVID-19, child hepatitis, monkey pox, and war in Ukraine. Duncan Selbie highlighted the attempt to develop joint support to Ukraine and its Public Health Centre, with the view of contributing further to its rebuilding process. Advocacy for a continued investment in health is needed and could be framed as a health security issue, with the perspective to be further tracked as an economic issue with governments.

Three main reasons were mentioned for the success of the event:

- All the topics discussed were directly relevant to the European member institutes' work.
- It is also directly applicable and discussions can be used in ongoing processes.
- As such, most of the European national public health institutes are still responding to the pandemic, the Ukraine war, and preparing for future crises. Some of the issues discussed like independence, communication or handling uncertainties will inform future work. Another important aspect was how to work better together. Other issues like the long-term and indirect health impacts of crises were not fully addressed.

There were also suggestions on how the work can be improved within the IANPHI network when it comes to lessons learned.

The organizing staff of TAI, the IANPHI Secretariat and all the participants were thanked for their participation and work.

**Written by Almira Manapbaeva, IANPHI Secretariat**