



ANNUAL MEETING

APRIL 20-21, 2023 | LISBOA, PORTUGAL

HOSTED BY



Instituto Nacional de Saúde
Doutor Ricardo Jorge

Session 4. Ever new crises amidst fatigue, and how can NPHIs keep improving?

On April 21, the 2023 IANPHI Europe Meeting in Lisbon started its second day with a session addressing *how National Public Health Institutes (NPHIs) can keep improving in a context of continued crisis and rising fatigue*, moderated by Prof. Theoklis Zaoutis, President of the National Public Health Organization (EODY) of Greece.

Global state of pandemic preparedness and response

By Ms. Helen Clark, Former Prime Minister of New Zealand and former Co-Chair of The Independent Panel for Pandemic Preparedness and Response (Virtual)

The last three years of COVID-19 are a tough experience that no one would want to repeat. Despite years of warning that such a pandemic could occur, the speed, scale and severity of the spread caught many off guard. Acknowledging the toll taken on human health, well-being as well as on societies and economies at large, *Ms. H. Clark* briefed the audience on the Independent Panel for Pandemic Preparedness and Response's main report recommendations requested by the May 2020 World Health Assembly (WHA). First on the need to enhance political leadership, coordination and accountability around pandemic preparedness response, countries could agree to more effective processes around reporting, transparency, investigation and issuing early global warnings. Second, low-income countries need to access the solidarity funding to pandemic preparedness and response. The Panel estimates the cost to 10 billion per year and then up to 100 billion for emergency response if a pandemic threat materializes. Available funds such as the 300-million from the Pandemic Fund seem therefore out of step with reality. The Panel recommends a global public investment model in which countries' contributions would be income-based and regional development entities would play a role. Third, current efforts to change the international legal instruments to support faster and more effective action include overhauling the international health regulations, and negotiating a global pandemic accord on pandemic prevention, preparedness and response to be voted at the World Health Assembly 2024. Fourth, it is necessary to establish an equitable end-to-end system for accessing pandemic countermeasures including diagnostics, therapeutics and vaccines. Equity would start with investment, research and development to tackle inequalities in the capacity to manufacture countermeasures. For WHO's interim working platform to be an equitable and inclusive countermeasures' ecosystem, it should be based on openness, collaboration and a global common good approach. Fifth, WHO has to become stronger and more independent to work in a coordinated multi-sectoral system with sensible rules around reporting, investigating and early stopping outbreaks. Eventually, from September's 78th session of the UN General Assembly, the Panel recommends a concise and action-oriented political declaration encompassing its recommendations.

Pandemics and Health Security

By Prof. Dame Jenny Harries, Chief Executive, United Kingdom Health Security Agency (UKSHA)

Stating that the world is now on a post-pandemic phase is neither right nor appropriate after hearing from the last presentation why National Public Health Institutes (NPHIs) need to stay very active. For this purpose, *Dame J. Harries* introduced the UK Health Security Agency as an entity "born in a pandemic to fight pandemics" focusing on health security and pandemic preparedness. The UKHSA has been building the flexibility to adapt at pace, preparing for health threats, and working in partnership with stakeholders including industry and academia. *Dame J. Harries* introduced UKHSA's "prepare, respond, build" framework for driving forward the new agency, noted that the

organisation deals with 10,000 incidents per year both nationally and internationally, and has a role in not just infectious disease but the whole range of external hazards including environmental, chemical, nuclear, and biological. Introducing the UK's national risk register, *Dame J. Harries* commented on the need to maintain the public's focus including the need for innovation in encouraging the general public to engage in health protective behaviours.

ECDC's role within the new EU Health Security framework

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

As part of building a European Health Union, ECDC's mandate was extended beyond infectious diseases to prevention and social determinants, based on the lessons learned from the COVID-19 pandemic. These include the need to review actions and identify what worked and what didn't, to invest in public health systems, to improve surveillance and preparedness, to enhance community engagement through behavioral science, and to embrace multi-sector collaboration between countries. The proposal is to reinforce ECDC's mandate by improving epidemiological surveillance through digitalized solutions for instance. Its foresight, modelling and research priority-setting role is being addressed by the European Covid-19 Scenario Hub, a place to discuss, compare and predict to better influence the future. For better preparedness and response, the strategy is more monitoring. In fact, a survey will be conducted every three years so to identify priorities of improvement and how ECDC can support countries, as well as to benchmark future assessments. A new element is the creation of the EU Health Task Force composed of experts from ECDC and member states ready to be deployed for outbreak and crisis support, but also for preparedness strengthening. Moreover, this new remit includes strengthening health systems capacity through agreed indicator for diagnosis, prevention and treatment and expanding its scope outside the European Union. From ECDC's perspective, the EU Health Security Framework means renewed cooperation with the European Commission, through DG Santé and DG HERA, and the European Medicines Agency (EMA), and therefore coordination through working arrangements to avoid duplication.

Epidemiological Security in the Context of the War

By Dr. Oleksandr Matskov, Deputy Director, Public Health Centre of Ukraine (PHCU)

This last fourteen months of war in Ukraine reshuffled Ukraine's public health system main priorities during the COVID-19 pandemic. As a country under martial law, the areas of focus became conflict-related traumas, maternal and newborn health, food security and nutrition, risk of spreading infectious diseases, treatment of chronic diseases, environmental health risks, mental health and psychosocial well-being and human risks. The main risks for the public health system being a rapid deterioration of the sanitary-epidemic situation, use of combat poisonous substances and nuclear damage, limited access or lack of medical services, rapid spread of vaccine-preventable diseases and disinformation during war, *Dr. O. Matskov* presented a couple of measures contributing to mitigate the crisis. Among these, rapid surveillance groups for radiation, chemical and epidemiological monitoring and control were established, as well as a daily analysis report from the Emergency Operations Center. One of the priorities is to ensure the minimum sanitary requirements and epidemiological well-being needs for internally displaced persons. Soon after the beginning of the war, normative and legal acts started regulating the handling of dead bodies. Moreover, efforts to ensure the stable operation of the blood service supply seem sufficient to address the demand. Ukrainian authorities continue the overall vaccination program where possible, including COVID-19 immunization to not overload health services, and keep potassium reserves checked and updated in case of nuclear incidence. Sharing digital information is also a key priority as it is an effective countermeasure to disinformation, but also to help coordination of public health sectors and humanitarian aid.