

IANPHI

# ANNUAL MEETING

NOVEMBER 30 - DECEMBER 2, 2022 | HYBRID

HOSTED BY



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN

Pandemics, Conflicts, Climate Change: New  
Roles and Challenges for National Public  
Health Institutes

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## Session 3

Pandemics, Conflicts, Climate Change: What  
Have We Learned from the Past Three Years?

December 1, 13h30-15h00

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Dr. Karin Tegmark Wisell,  
Director of the Public Health  
Agency of Sweden

Thursday, December 1

# Introductory Speech

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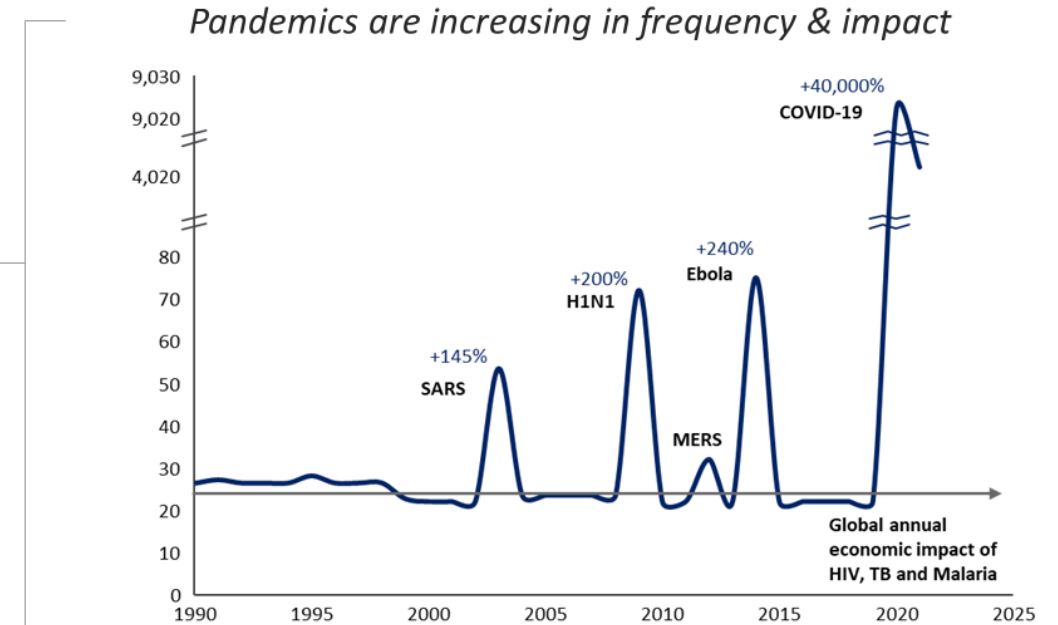
Scott Pendergast  
Director, Strategic Planning and  
Partnerships,  
World Health Organization

Thursday, December 1

# Strengthening The Global Architecture For Health Emergency Preparedness, Response & Resilience (HEPR)

# Learning from the devastating effect of COVID-19 & other emergencies

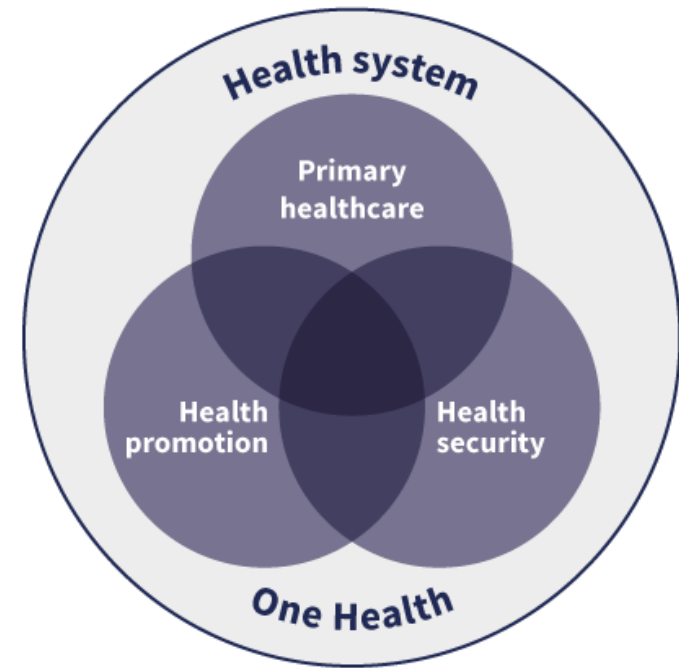
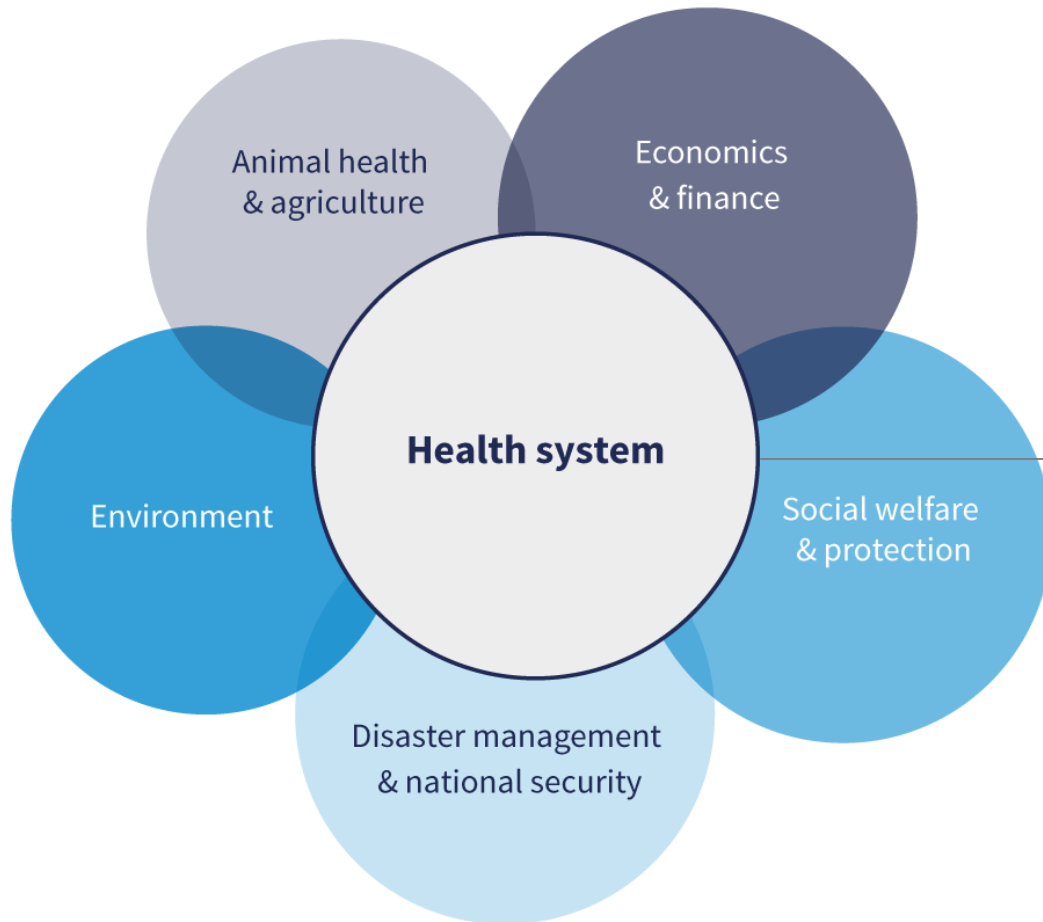
Health		+8M	estimated deaths <sup>1</sup>
Economy		\$16T	estimated revenue losses in international sectors <sup>2</sup>
Education		1.6B	students out of school <sup>3</sup>
Climate		-30%	investment in clean energy transition <sup>4</sup>
Poverty		+135M	people pushed into poverty by 2030 <sup>5</sup>



*In addition, **+300 million people** in need of humanitarian assistance as a result of climate disasters & geo-political crisis*

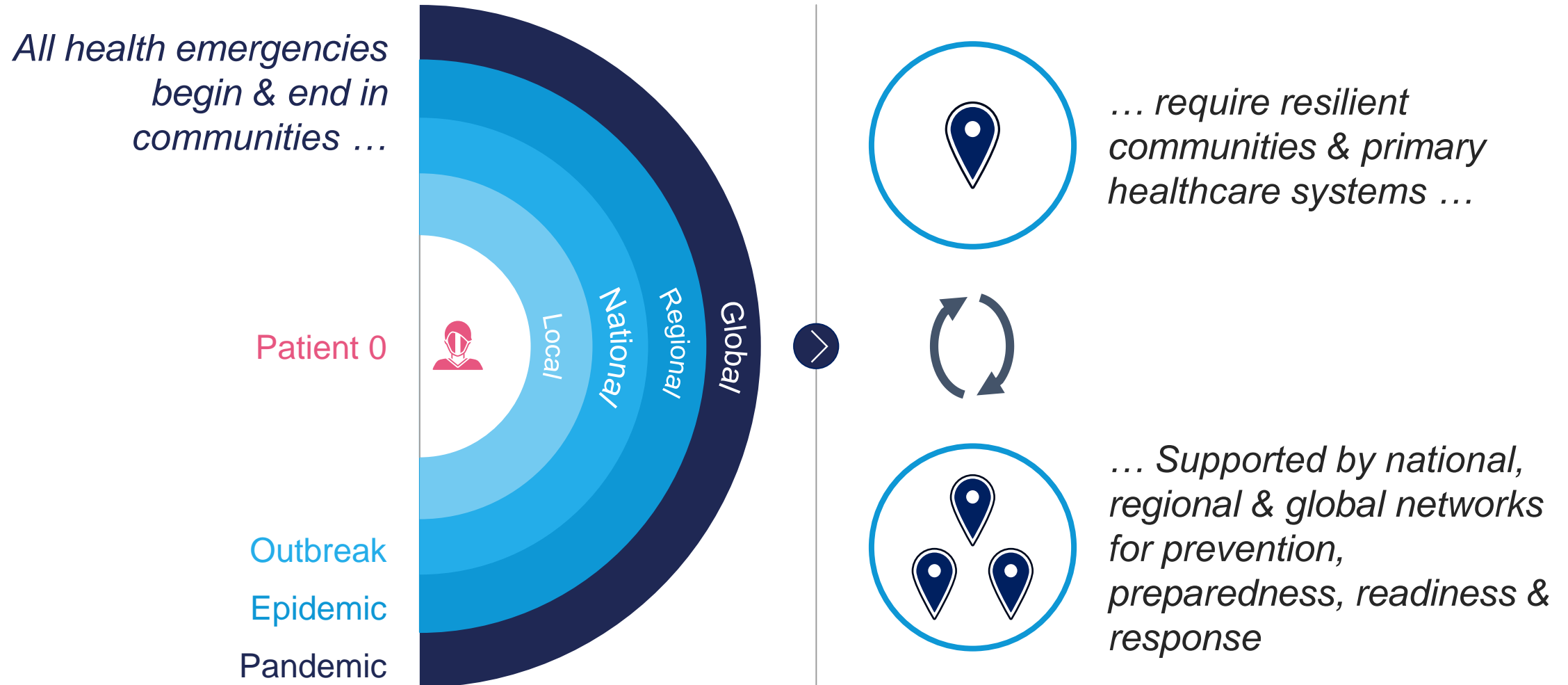


# Engaging all of society & embedded in strengthened health systems



*Science & Innovation*

# Grounded in resilient communities & primary healthcare



# 10 proposals to build a safer world together

*Based on independent reviews,  
synthesising **+300 recommendations***

...

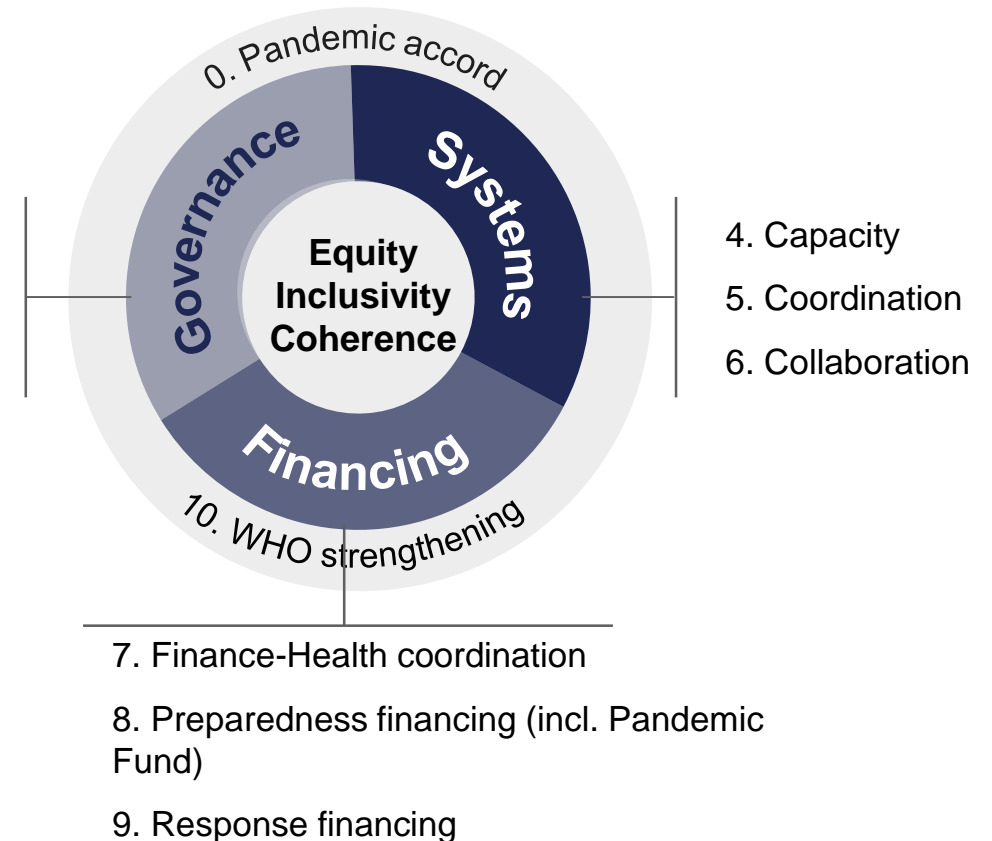


*... **developed in consultation** with  
Member States & partners, presented  
at the World Health Assembly May  
2022*

## Strengthening the Global Architecture for Health Emergency Preparedness, Response & Resilience (HEPR)



1. Leadership
2. Regulation (IHR)
3. Accountability



# Inter-connected systems & networks of capacities & capabilities



- Integrated disease, threat & vulnerability surveillance
- Laboratories & diagnostics
- Collaborative intelligence & analytics

- Fast tracked research & development
- Scalable manufacturing
- Coordinated supply chains & equitable access

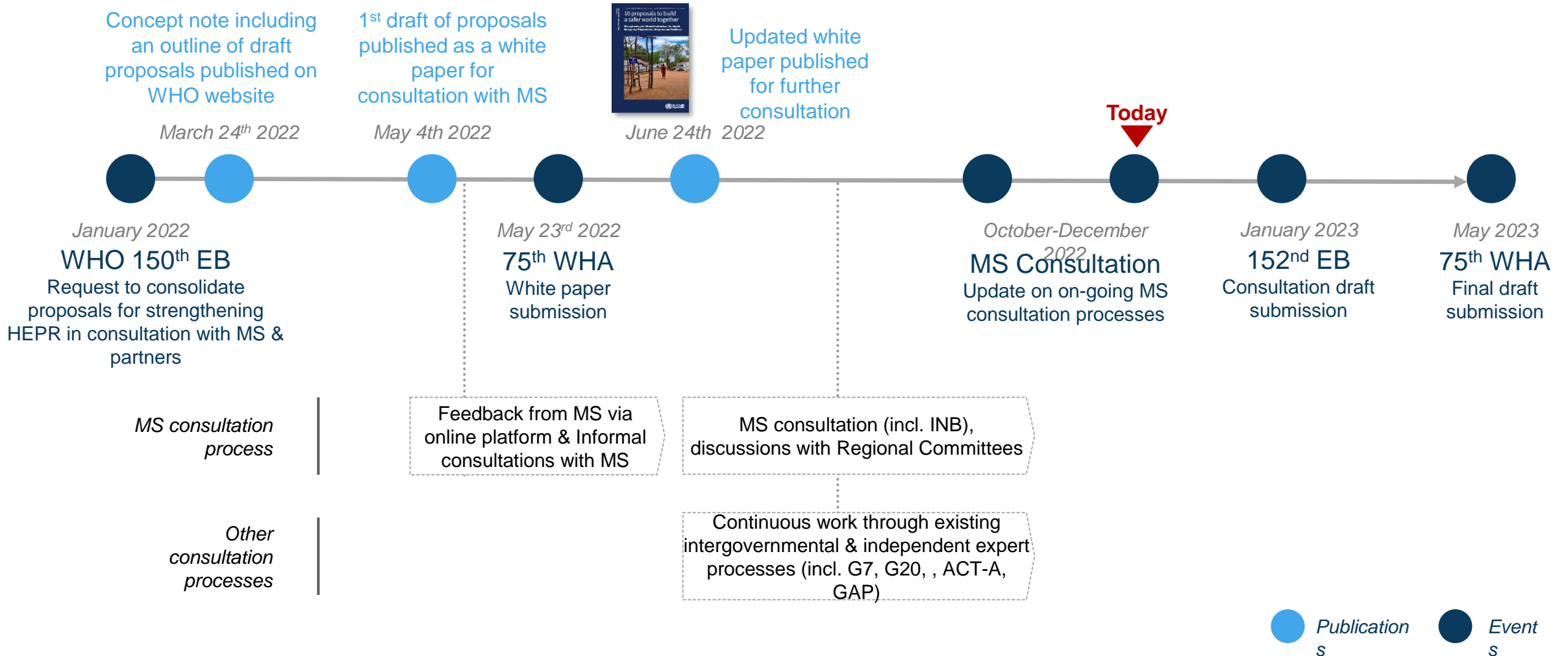


- Risk communication & infodemic management
- Environmental & population interventions
- Social welfare & economic protection

- Emergency clinical care
- Health workers & patient protection
- Maintained essential health services

- Health emergency workforce
- National action plans for prevention, preparedness & readiness
- Rapid alert & response coordination

# Consultation process for proposals to strengthen global architecture for HEPR



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Annika Veimer,  
Director,  
National Institute for Health  
Development of Estonia

Thursday, December 1

# Report on the IANPHI Europe Meeting 2022:

“Preparing for and Responding to  
Crises: What role for National  
Public Health Institutes?”



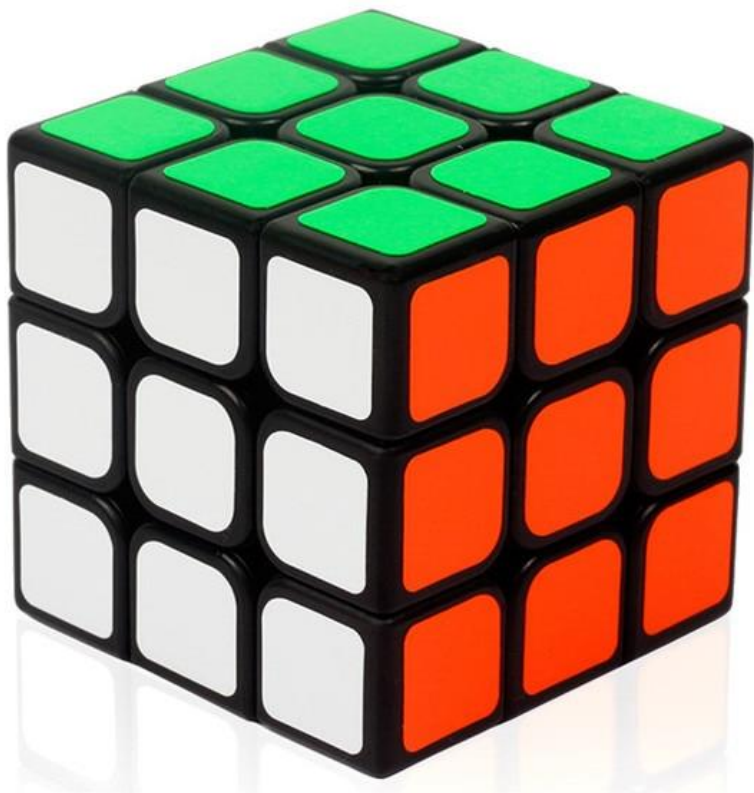
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IANPHI Europe Meeting  
Tallinn, May 2022

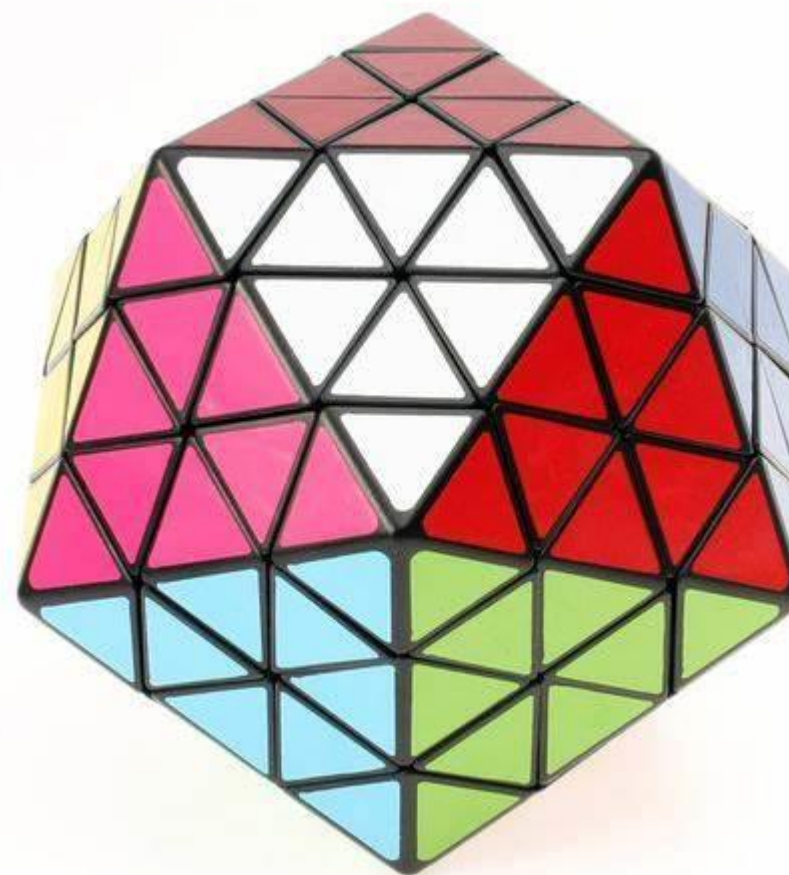


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1974:



Today:





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Themes in Tallinn meeting:

- War in Ukraine and its impacts
- What has covid taught NPHIs and preparing for future crisis



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Prof. Mark Bellis

Director, WHO Collaborating  
Center on Investment for Health  
and Well-being,  
Public Health Wales

Health implications on collective  
violence





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Dr. Igor Kuzin  
Ukraine's Deputy Minister of  
Health

Devastating impact of war  
on health of Ukrainians and  
on national health system,  
infrastructure and workforce



## COVID-19

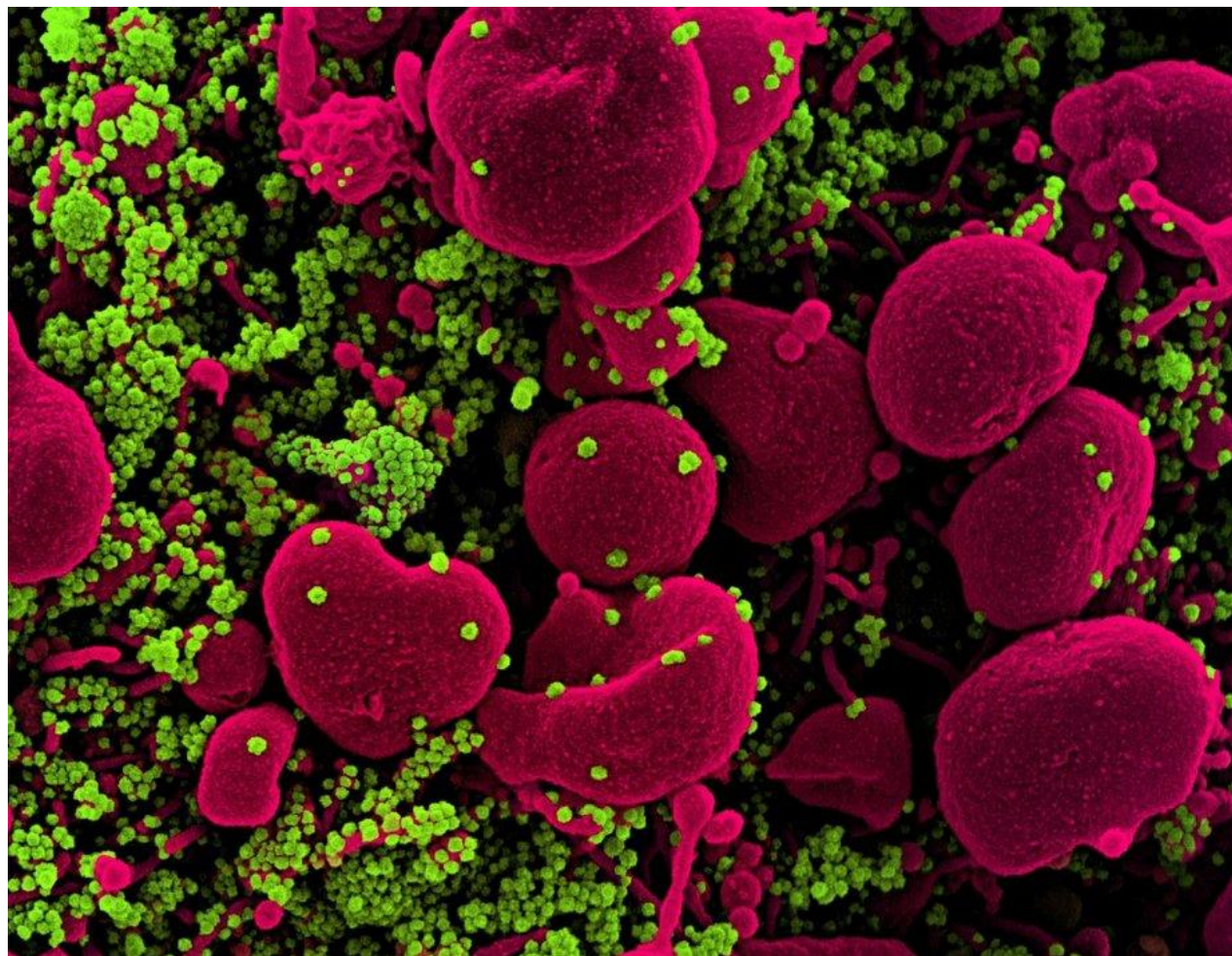


Photo: forte.delfi.ee



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Prof. Duncan Selbie,  
President of IANPHI in Tallinn  
meeting:

We also need to feel good  
about what we do



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Prof Hien Hervé  
Director general of NPHI  
of Burkina Faso

Thursday, December 1

# Case Study :

INSP's contribution to the  
management of the Covid-19  
pandemic in Burkina Faso

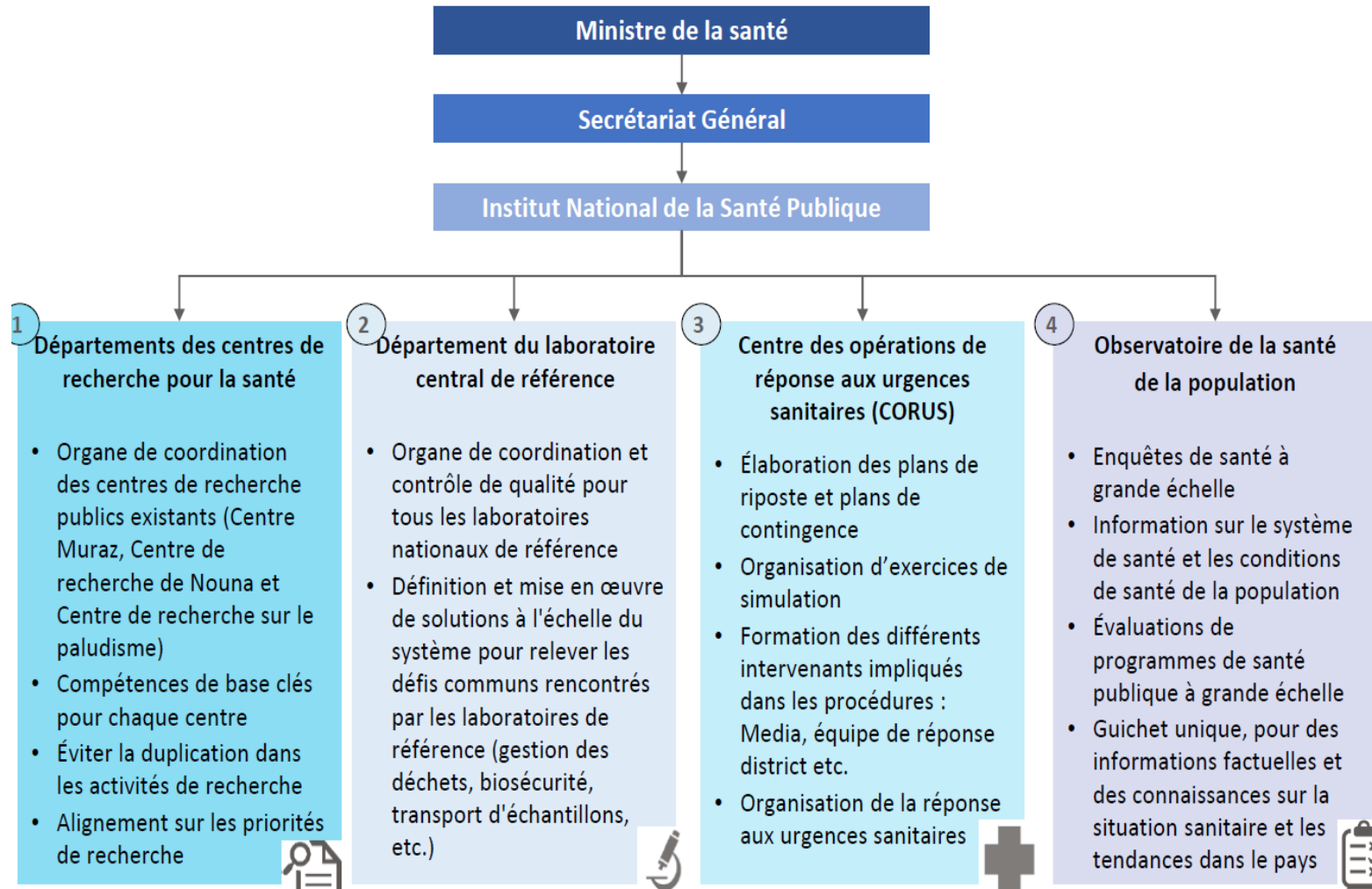
## Presentation outline

- Burkina Faso's INSP model
- INSP/BF's responses to COVID-19
- Current epidemiological situation
- Best practices and challenges

# ANNUAL MEETING

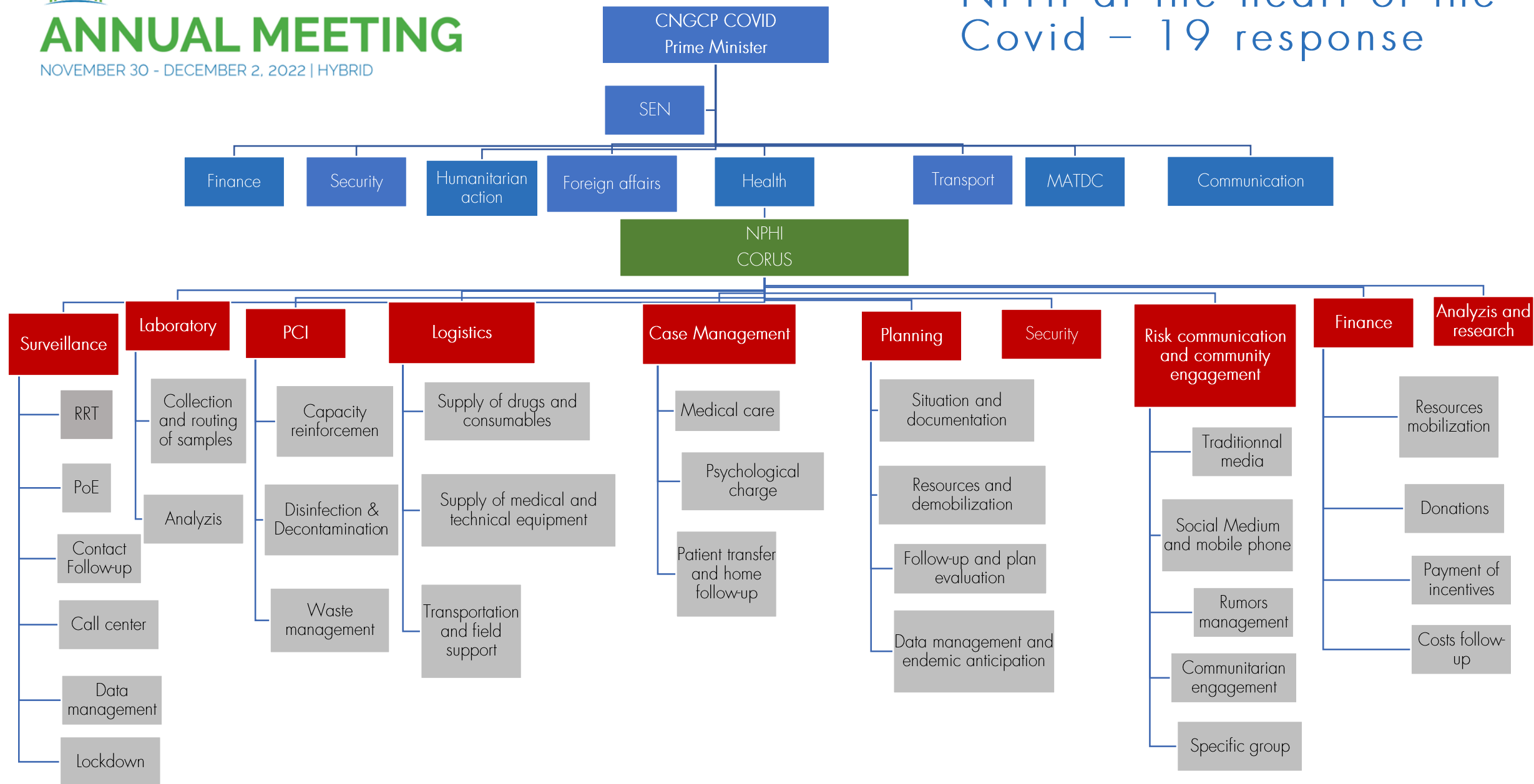
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## What do NPHIs do ?



**PLAN  
STRATEGIQUE  
2020-2024**





## NOVEMBER 30 - DECEMBER 2, 2022 | HYBRID



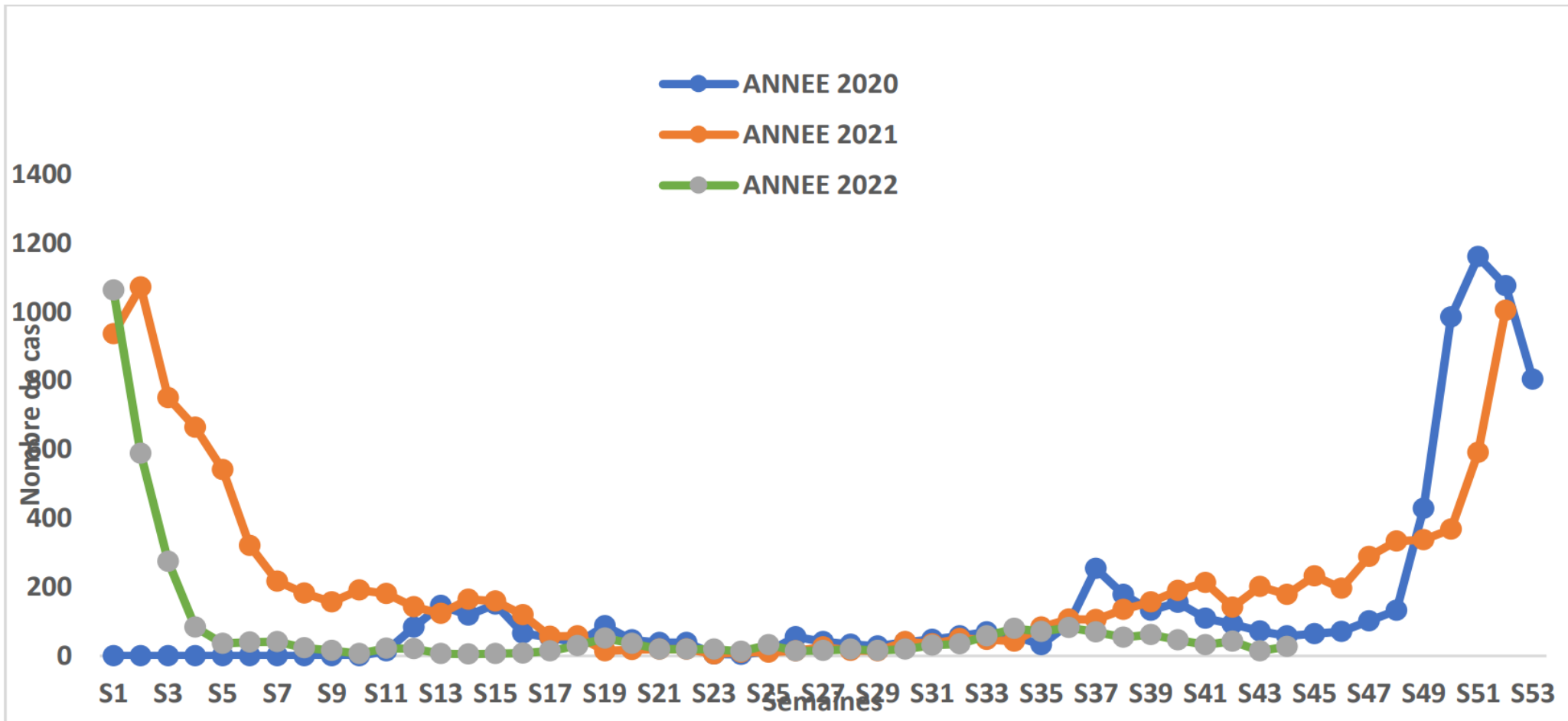
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Graphic 3 : weekly evolution of Covid-19 cases in Burkina Faso in 2020, 2021, 2022.

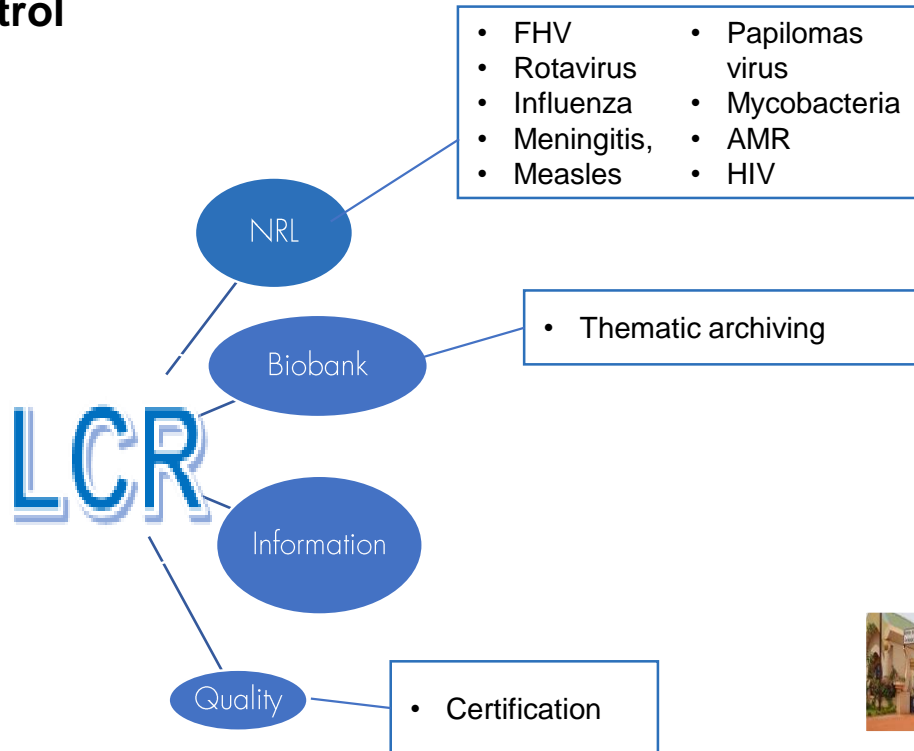


## Immunization coverage by region as of September 30, 2022

Sanitarian Region	Total population 2022	People vaccinated with one dose	% of people vaccinated with one dose	People with complete vaccination	% of people with complete vaccination
<b>BOUCLE DU MOUHOUN</b>	<b>2 032 464</b>	433 273	21,3	350 148	17,2
<b>CASCADES</b>	<b>882 482</b>	156 823	17,8	109 186	12,4
<b>CENTRE</b>	<b>3 340 720</b>	350 174	10,5	277 721	8,3
<b>CENTRE-EST</b>	<b>1 700 143</b>	239 305	14,1	151 935	8,9
<b>CENTRE-NORD</b>	<b>2 040 743</b>	266 447	13,1	195 898	9,6
<b>CENTRE-OUEST</b>	<b>1 786 200</b>	454 011	25,4	338 926	19,0
<b>CENTRE-SUD</b>	<b>836 859</b>	142 964	17,1	93 554	11,2
<b>EST</b>	<b>2 121 102</b>	281 681	13,3	181 227	8,5
<b>HAUTS BASSINS</b>	<b>2 432 240</b>	525 546	21,6	357 825	14,7
<b>NORD</b>	<b>1 860 352</b>	233 965	12,6	158 099	8,5
<b>PLATEAU CENTRAL</b>	<b>1 053 429</b>	175 348	16,6	129 031	12,2
<b>SAHEL</b>	<b>1 154 991</b>	127 272	11,0	104 976	9,1
<b>SUD-OUEST</b>	<b>942 727</b>	209 640	22,2	152 818	16,2
<b>BFA</b>	<b>22 184 452</b>	<b>3 596 449</b>	<b>16,2</b>	<b>2 601 344</b>	<b>11,7</b>

# Best practices

## Screening and surveillance of variants for COVID control



## Incident Management System



## An instrument for decision-making



## Research more aligned with priorities: seroprevalence



CMURAZ

- Infectious diseases
- Diseases with epidemic potential
- Sexual and reproductive health



CRSN

- Chronic diseases, climate change and the environment
- Information system



CNRFP

- Parasites and vectors, Plants and innovations

## Best practices

- Mobilization of the health reserve
- Devolution of Covid -19 management in the routine system
- Establishment of a mechanism to fight rumors
- A call center for signal detection and advice



## Challenges

- The need for the INSP to act as an essential public health operator in the field of public health through the continuous production of innovative interventions: data to action
- The need to strengthen the integration of the One Health strategy in epidemic management
- Strengthening of global operational capacities (infrastructure, digital, etc.)
- The development and use by the health system of integrated instruments for monitoring public health events taking into account IDPs, populations facing security and climate challenges,
- Strengthening genomic surveillance with a key role for the Biobank and NRLs

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Website link : [www.insp.gov.bf](http://www.insp.gov.bf)



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Dr. Oleksandr Mastkov,  
Deputy Director,  
Public Health Center of Ukraine

Thursday, December 1

# Case Study :

Public health system in Ukraine in  
wartime. New challenges and new  
lessons learned

# Full-scale invasion



**24.02.2022**







## Challenges due to the full-scale invasion of the Russian federation in Ukraine

- Active hostilities on a large territory of Ukraine.
- Mass displacement of the population (including medical workers).
- Interruption of logistics for delivery of vaccines and medical devices.
- Limited understanding of population size per age group



## Challenges due to the full-scale invasion of the Russian federation in Ukraine

- Shelling and occupation. Access to the medical care of the population.
- Restriction of laboratory examination of the population.
- Crowding of people in places of temporary stay.
- Rapid increase of NCDs
- Understaffing.
- Data collection.





# Destruction of infrastructure

Since the beginning of a large-scale war, the enemy purposefully has been destroying the medical system of Ukraine, **1153** medical facilities have already been damaged within 9 months of war.

**29** civilian doctors were killed and more than **100** injured.

During the same time, **98** medical facilities have been completely restored, **204** - partially.



# RUINED AND DAMAGED HEALTHCARE FACILITIES\*



Region

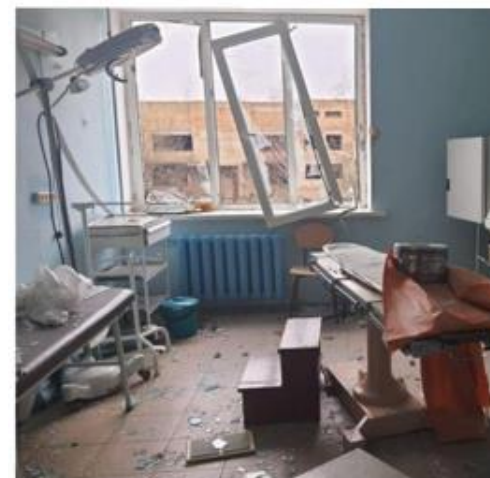
154	Donetsk	»	14.09 billion
30	Zaporizhzhia	»	2.49 billion
11	Kyiv	»	1 billion
20	Luhansk	»	3.55 billion
18	Sumy	»	0.28 billion
14	Kharkiv	»	7.04 billion
61	Chernihiv	»	2.58 billion
24	Zhytomyr	»	1.95 billion
80	Mykolaiv	»	0.95 billion
51	Kherson	»	0.29 billion

118 HF – UAH 15.3 billion

RUINED

640 HF – UAH 19.7 billion

DAMAGED



\* As of  
02.06.2022

# Ukraine: Public Health Situation Analysis

(Public Health Situation Analysis (PHSA) – Long-form, WHO Health Cluster Ukraine)

	Public health risk		Public health risk		Public health risk
	<i>Mental health and psychosocial support</i>		<i>HIV</i>		<i>Pneumococcal disease</i>
	<i>Injury/trauma and sequelae (wound infections, antimicrobial resistance)</i>		<i>Cardiovascular disease (CVD)</i>		<i>Rabies, Leptospirosis</i>
	<i>Radio-nuclear hazards</i>		<i>Chronic noninfectious respiratory diseases</i>		<i>Hepatitis A and Hepatitis E</i>
	<i>COVID-19</i>		<i>Cancer</i>		<i>Typhoid</i>
	<i>Measles</i>		<i>Influenza and other acute infectious respiratory diseases</i>		<i>Vector-borne diseases (CCHF, WNF, epidemic typhus)</i>
	<i>Diphtheria</i>		<i>Poliomyelitis, Tetanus, Rabies</i>		<i>HBV and HCV, STIs</i>
	<i>Cholera</i>		<i>Mumps, Pertussis, Rubella,</i>		<i>Maternal and neonatal health</i>
	<i>TB</i>		<i>Varicella,</i>		<i>Malnutrition</i>

**Red:** Very high risk. Could result in high levels of excess mortality/morbidity.

**Orange:** High risk. Could result in considerable levels of excess mortality/morbidity.

**Yellow:** Moderate risk. Could make a minor contribution to excess mortality/morbidity



# Response

- Mobile clinics
- Mobile vaccination teams
- New logistics routes and transportation procedures
- Hotlines and chat bots

**Help NOW** ua

ДОПОМОГА УКРАЇНЦЯМ ЗА КОРДОНОМ  
З ОТРИМАННЯ ДОСТУПУ ДО ЛІКУВАННЯ  
ВІЛ, ТБ, ГЕПАТИТУ ПО ВСЬОМУ СВІТУ:

- АРТ, ПТБ, ЗПТ
- координація отримання лікарських  
призначень за кодом
- психологічна підтримка

Звертайтеся:

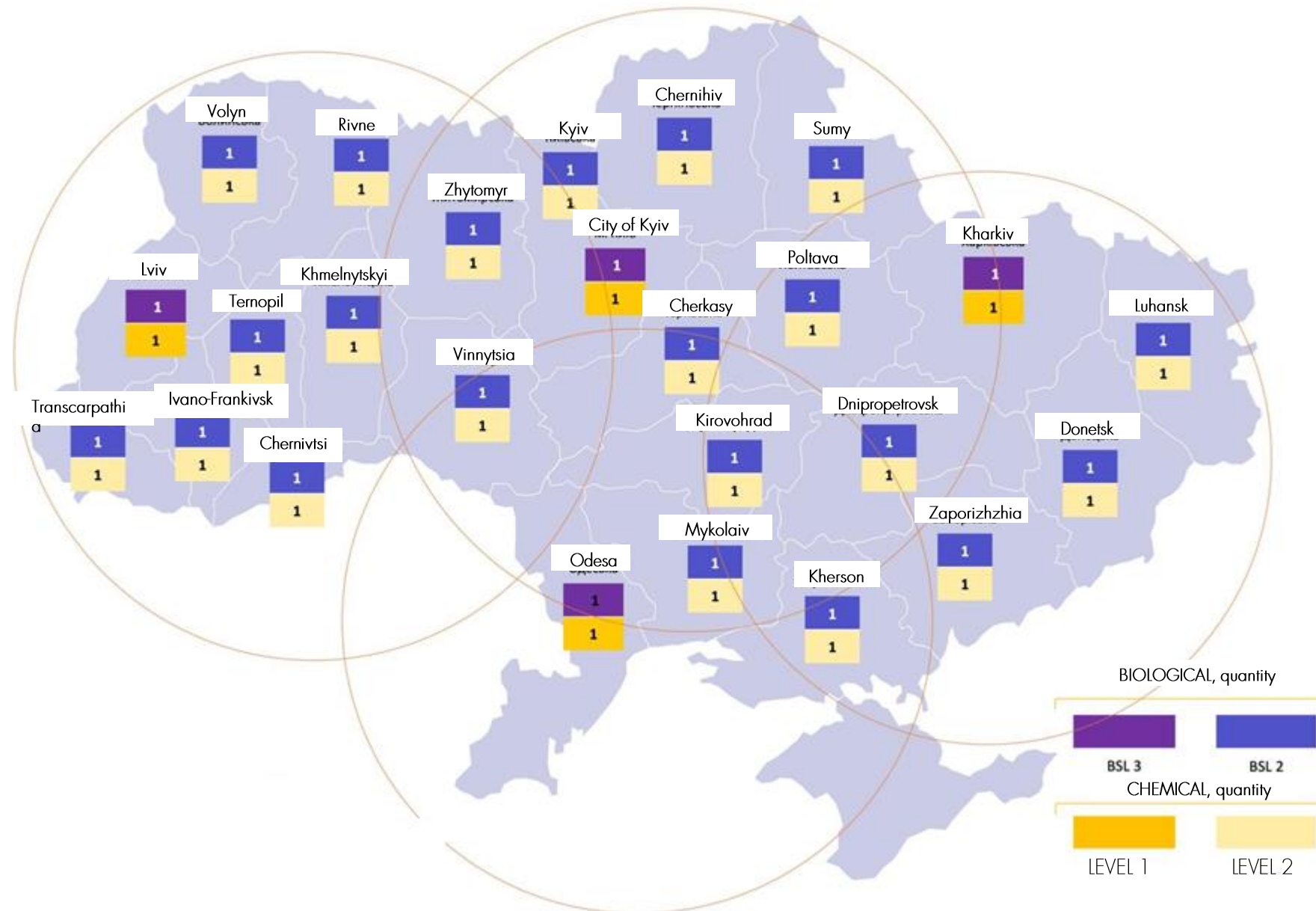
- ✉ [helpnowua@gmail.com](mailto:helpnowua@gmail.com)
- 💬 [/helpnowbot](#)
- 📱 google-форма (через qr-код)





# Network of disease prevention and control centers

*Regional CDCs  
And Laboratories*



# LAW OF UKRAINE NO. 2573 ON PUBLIC HEALTH



## CMU

10 REQUIRE REVISION

14 NEW DOCUMENTS



## MoH

22 REQUIRE REVISION

39 NEW DOCUMENTS

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War is:

painfull and suffering...

people lose their  
homes...

destroyed infrastructure...



# Priority areas of the recovery plan

Recovery and development needs – **EUR 14.674 billion**



Strengthening  
policies and  
institutes



Health services  
resulting from the war  
EUR 265 million



Public health and  
response  
diness



Medical care  
financial  
stability  
EUR 17.2  
billion  
for 2023-2024



Human resource  
development  
EUR 700 million



Health quality and  
expertise  
management  
EUR 423 million



Transformation of  
a healthcare  
facility network  
EUR 12.6 billion



E-health services  
EUR 209 million



Pharmaceutical sector  
and access to  
medicines  
EUR 11.6 million



## Priority areas of activity as of today

### Overcoming the challenges of war in the context of public health

Providing medical care and public health services

Prevention of the infectious diseases spreading

Ensuring the sustainability of the entire health care system

Improvement preparedness and response component

### European integration

The need for technical and expert support on preparing implementation documents

Providing example of implementation documents from another countries

### Staff training

Different types of training and topics (trainings, lectures, simulation exercises)

Involvement of specialists at the regional level

Cascade training activities



# Recovery stages

2022

## Provision of medical care in wartime

- Urgent aid
- Renewal of medical care services at de-occupied territories
- Assessment of damaged infrastructure
- Regional hospital plans
- Maintaining human resources – decent salaries
- Sending patients abroad

2023 -  
2025

## Public health system recovery

- Development of hospitals of a capable network
- Investments into the network
- Affordable services on rehabilitation and mental health
- Harmonization of legislation with the EU legislation
- Quality assurance agency
- National provider of pharmaceuticals
- De-papering and new electronic services for patients

2026 –  
2023

## Expanding the human resource capital, raising the quality of medical care, technology development

- A capable network of hospitals is developed
- The network of university hospitals and the new quality of education
- Psychological rehabilitation centres
- Effective network of Disease Prevention and Control Centres
- The network of blood collection centres is operational
- Medical tourism development
- IT-innovations and artificial intelligence in medicine
- National pharmaceutical sector is the leader of the Ukrainian economy

## QUANTITATIVE INDICATORS OF RESULTS

Reduction of the share of people's expenses in total public health expenses up to 30%

The new capable network of hospitals:

- 215 general hospitals (per 50,000 – 80,000 people)
- 165 cluster hospitals (per 150,000 – 200,000 people)
- 52 supra-cluster hospitals (multidisciplinary regional hospitals)

National network of public health laboratories:

4 laboratories of BSL-3 and the 1<sup>st</sup> level of chemical safety; 21 laboratories of BSL-2 and the 2<sup>nd</sup> level of chemical safety

10 university hospitals

Biocluster 'Biological Safety and Development of Biological Technologies'

The country has a 6-month stock of pharmaceuticals.

Localized production of pharmaceuticals, transfer

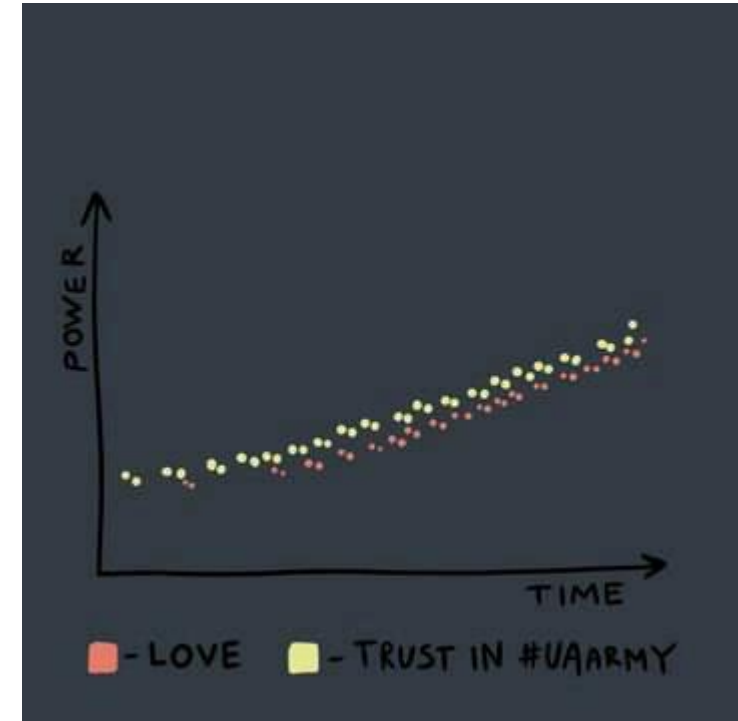
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PUBLIC  
HEALTH  
CENTER



## STAND WITH UKRAINE!

Public Health Center of the MOH of  
Ukraine

**+380 44 425 43 54**

[info@phc.org.ua](mailto:info@phc.org.ua)

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Dr. Abdifatah Ahmed,  
Director,  
National Institute of Health of Somalia

Thursday, December 1

# Case Study :

## Impact of COVID-19 and Climate Change and Conflict in Somalia

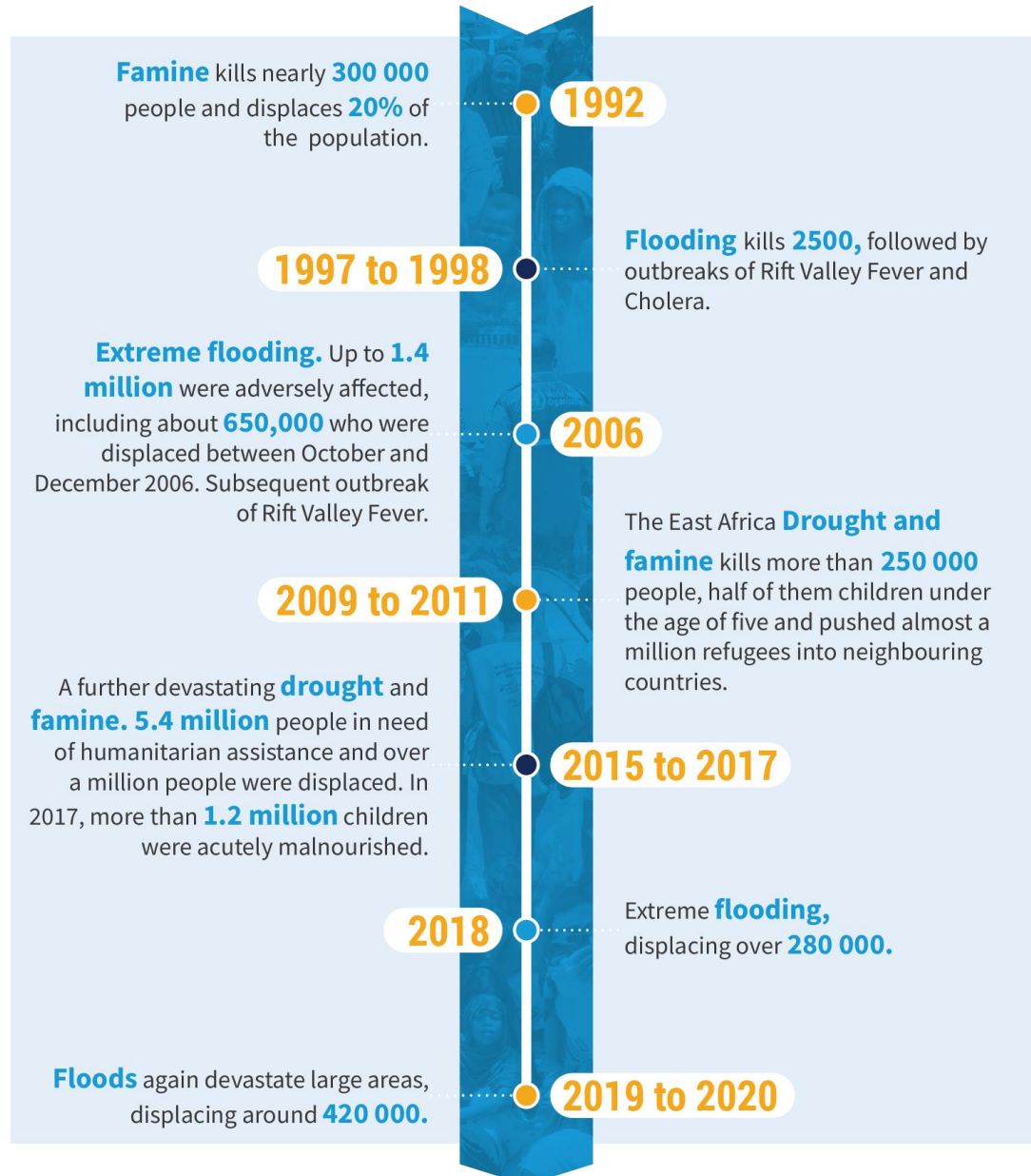
# The numbers....

- In 2020, flooding caused 919,000 displaced, devastated 144,000 hectares of farmland
- At the same time, Somalia also saw the largest Desert Locust invasion in 25 years.
- 7.8 million ( > 50%) people affected by the current drought
- 1 million people displaced (84% women, children and elderly people)
- 300,000 people face the risk of famine between Oct – Dec 2022 (catastrophic food insecurity)
- 1.8 million children acutely malnourished (513,000 severely malnourished)
- 2.4 million people live in hard-to-reach areas





# Timeline and trends



Somalia's famine of 2010–2012 was the worst in its crisis-ridden history. Nearly 260 000 people died. The international community's failure to respond to warning signs exacerbated the tragic death toll.



The next famine, in 2017, was handled better, with a successful emergency mobilization of support and money. However, investments to build resilience were neglected. So, now, in 2022, we are facing the same risk.



The IPC analysis conducted by the Somalia IPC Technical Working Group and reviewed by the IPC Famine Review Committee shows concrete indications that famine may occur in two areas in the Bay region (Baidoa and Burhakaba districts) in South-Central Somalia between October and December 2022.

# COVID-19 pandemic in Somalia



Confronting a once in a century public health disaster

Risk of reversal of health gains in one of the most fragile and vulnerable settings

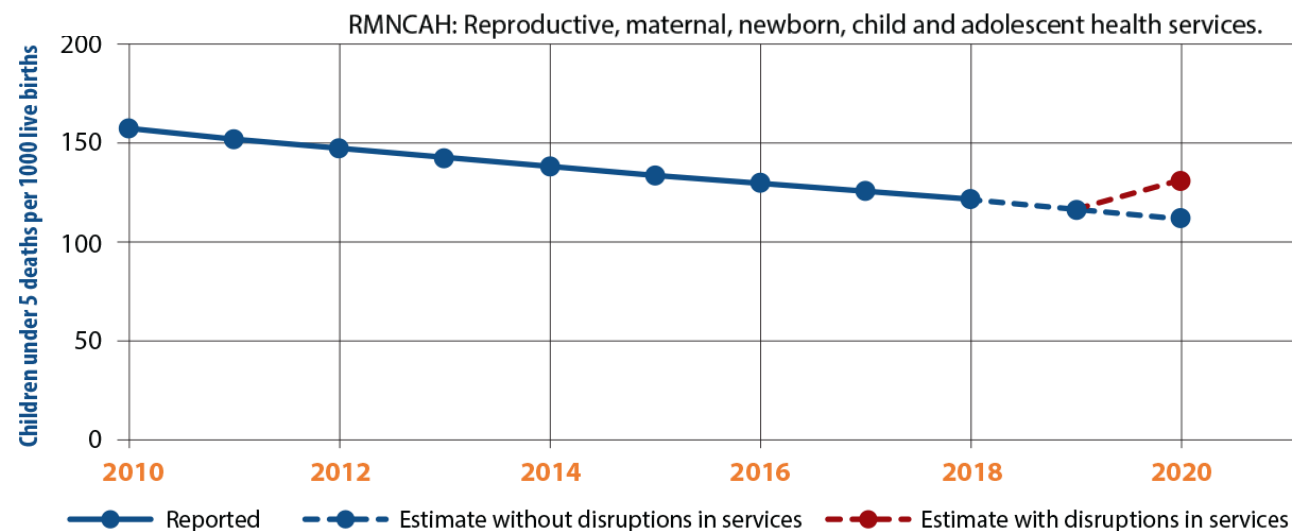
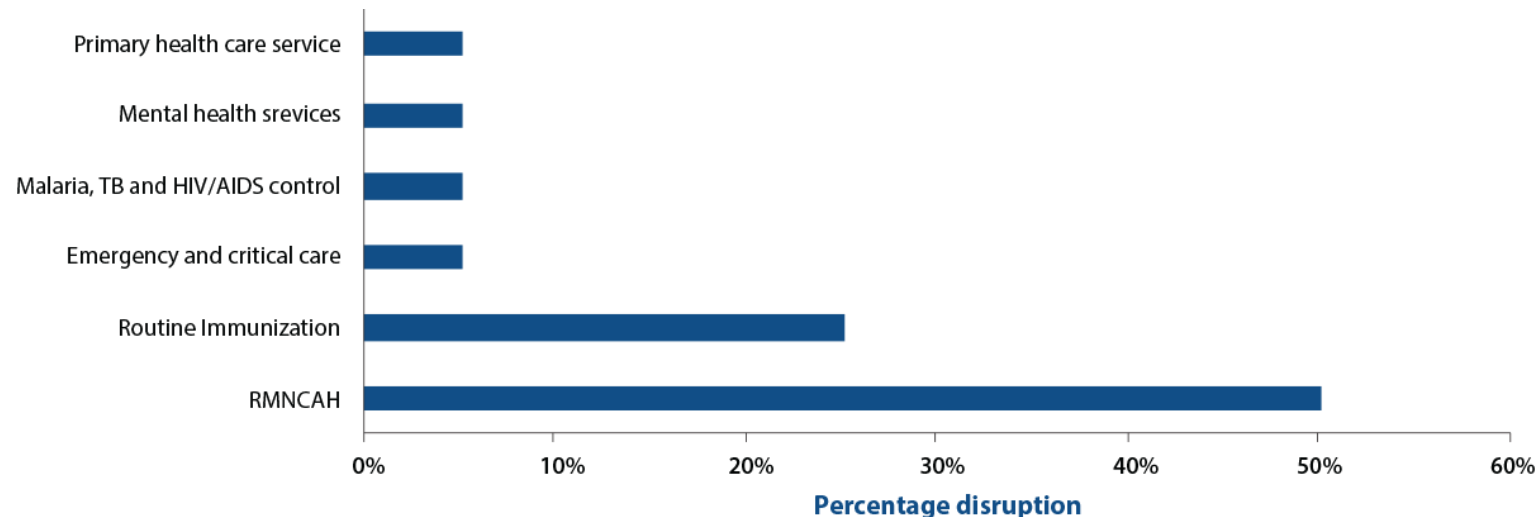
# COVID-19 and disruption of essential health services

20% reduction in life-saving vaccination coverage

4% reduction in facility-based health care delivery

13% increase in childhood mortality

Source: World Health Organization



# Response to COVID-19

- Despite the pandemic overwhelming an already weak health system in Somalia, the Ministry of Health, together with its partners, has been able to respond.

## Strengthening Laboratory Capacity

- Supply of essential laboratory equipment and medicines (e.g, genome sequencing machines, PCR machines, and other supplies)
- Training laboratory technicians

## Provision of Medicines

- Covid-19 medicines distributed across the country.
- PPEs, WASH and IPC supplies
- Interagency Emergency Health kits

## Live-saving Equipment

- Supply of PSA oxygen plants
- Thermal scanners at main points of entries.





Technical team undertaking training on genome sequencing at the National Public Health Lab in Hargeisa



Technical staff undertaking sample testing for COVID-19 by PT-PCR at National Public Health Reference Lab



Technical team undertaking training and sample checking on genome sequencing at the National Public Health Lab in Garowe



Offloading of IEHK kits to WHO Warehouse, Mogadishu





PSA oxygen plants at a main Covid-19 center in Mogadishu



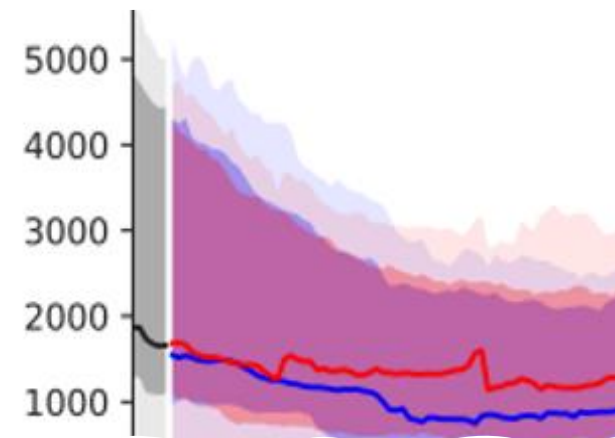
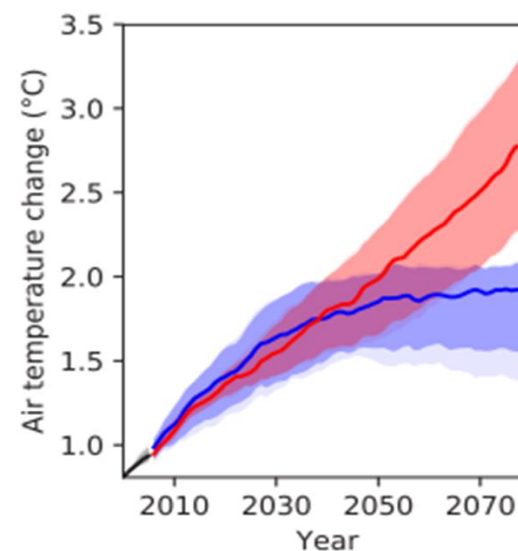
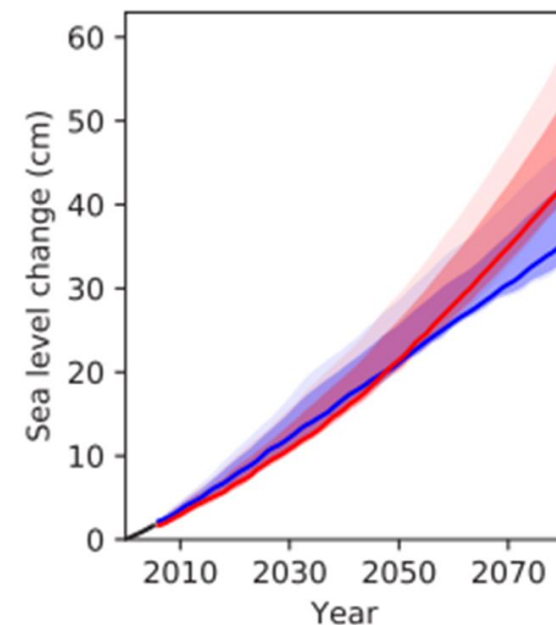
PSA oxygen plants at a regional hospital, Galmudug state



PSA oxygen plants at a regional hospital, Jubbaland, Somalia

# Climate projections for Somalia

- Threefold increase in climatic events since 1990
- 3 major droughts since 2010
- Locust swarms
- Air temperature over Somalia is **very likely** to rise by 1.4 to 3.4°C by 2080.
- The sea level at the Somalian coasts is projected to rise with **high certainty**. Between 36 and 42cm by 2080.
- Per capita water availability for Somalia can be expected to **decline by half by 2080**
- Four consecutive failed rainfall seasons, facing the possibility of a fifth
- Over 1.6 million internally displaced people (IDPs) who need humanitarian aid continue to experience physical and mental health issues as a result





# Some of the main projections for climate shock in Somalia

- More frequent and intense weather events
- Increased wetter years (floods) AND drier years (droughts)
- Higher temperatures, increased heat-related deaths (human and livestock)
- Resurgence of diseases and climate-attributed deaths and disability
- Agricultural crop loss, livestock loss
- Internal displacements
- Extreme food hunger and malnutrition
- Climate security implications



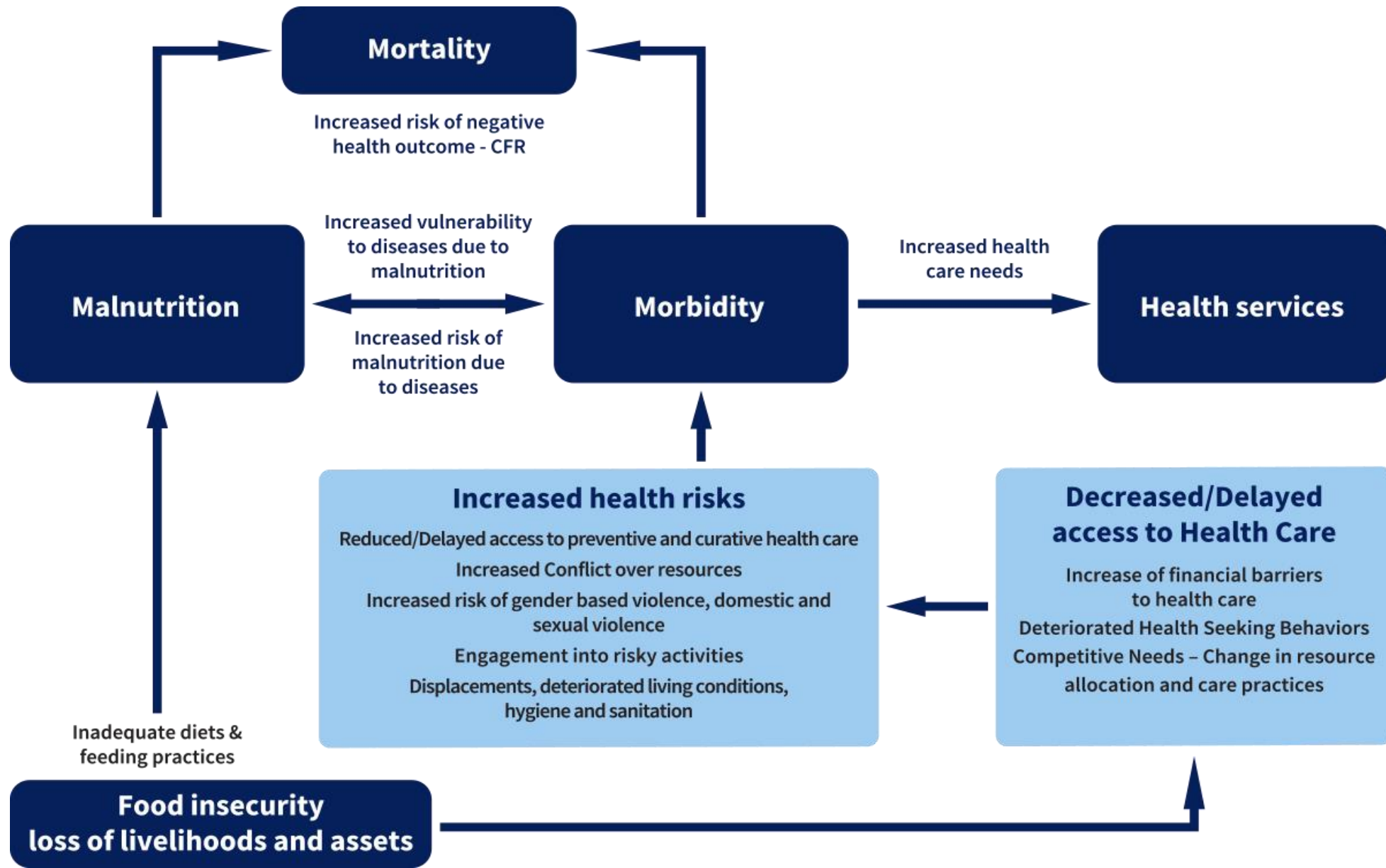
# SDG goals and Somalia: currently off track

- **No poverty:** 69% of the people live below the poverty line
- **Zero hunger:** 79% of the population experiences either moderate or severe food insecurity
- **Good health and well-being:** Universal health services coverage is 27 out of 100
- **Clean water and sanitation:** 32% of the people using safely managed sanitation services; 52% of the people using safely managed drinking water
- **Climate action:** People facing the extreme climatic shock





# Health systems suffer if food systems are not working for health



# Impact of Drought

- 4-5 fold increase in childhood diseases like measles, cholera and pneumonia
- 2-fold increase in severe acute malnutrition
- Extreme hunger, water shortage severe food insecurity and malnutrition
- Slowing down of economic growth by estimated 0.4 %
- Below optimal performance of productive sectors
- Exponential increase of conflicts and internal displacements leading to people living in extreme poverty (Approx. 7 in every 10 Somalis live below \$1.90 a day)
- Increased vulnerability for marginalized women and youth with informal roles within food systems e.g., the fish value chain

# Food Security & Nutrition: Essential Ingredients to Build Back Better

- Intensify **multi-sectoral efforts** to combat the effects of climate change
- Support scaling up of **social protection** programs
- **Build health system resilience** and make health and nutrition is an integral part of inclusive economic recovery
- **Promote durable solutions** that benefit populations in displacement settings by strengthening resilience and avoiding negative impacts on critical livelihood and access to land and natural resources
- **Stimulate markets and provide livelihood** opportunities for rural people
- Advocate for the **inclusion of women and youth** as food systems actors

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NOVEMBER 30 - DECEMBER 2, 2022 | HYBRID





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HOSTED BY



Mariken Leurs PhD  
Head of Behavioral Unit,  
Director Health & Society,  
Dutch Institute for Public Health and  
the Environment (RIVM)

Thursday, December 1

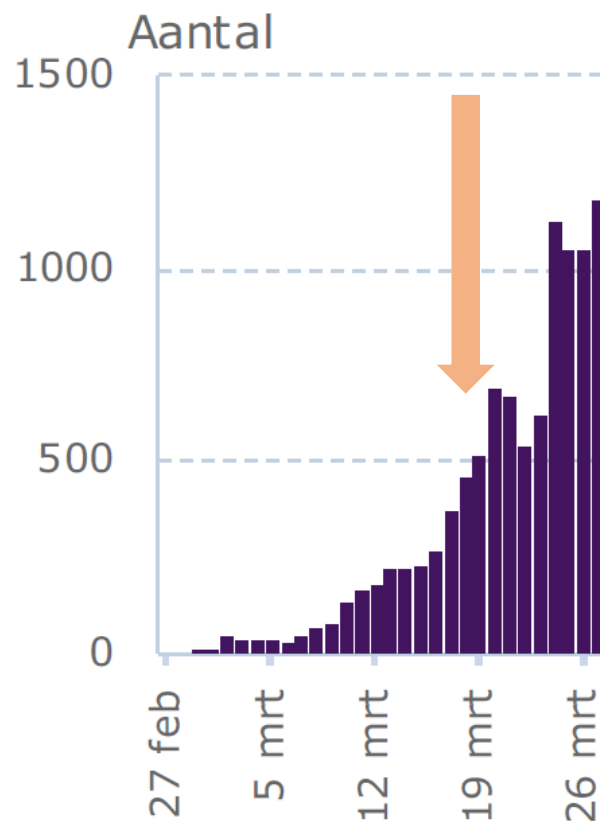
# Case Study:

## The added value of Behavioural Sciences

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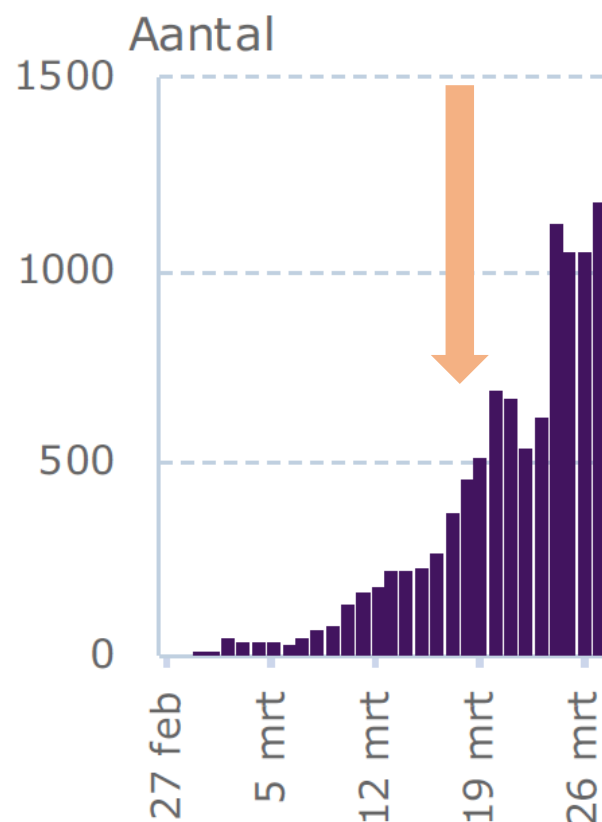
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## The Netherlands in March 2020

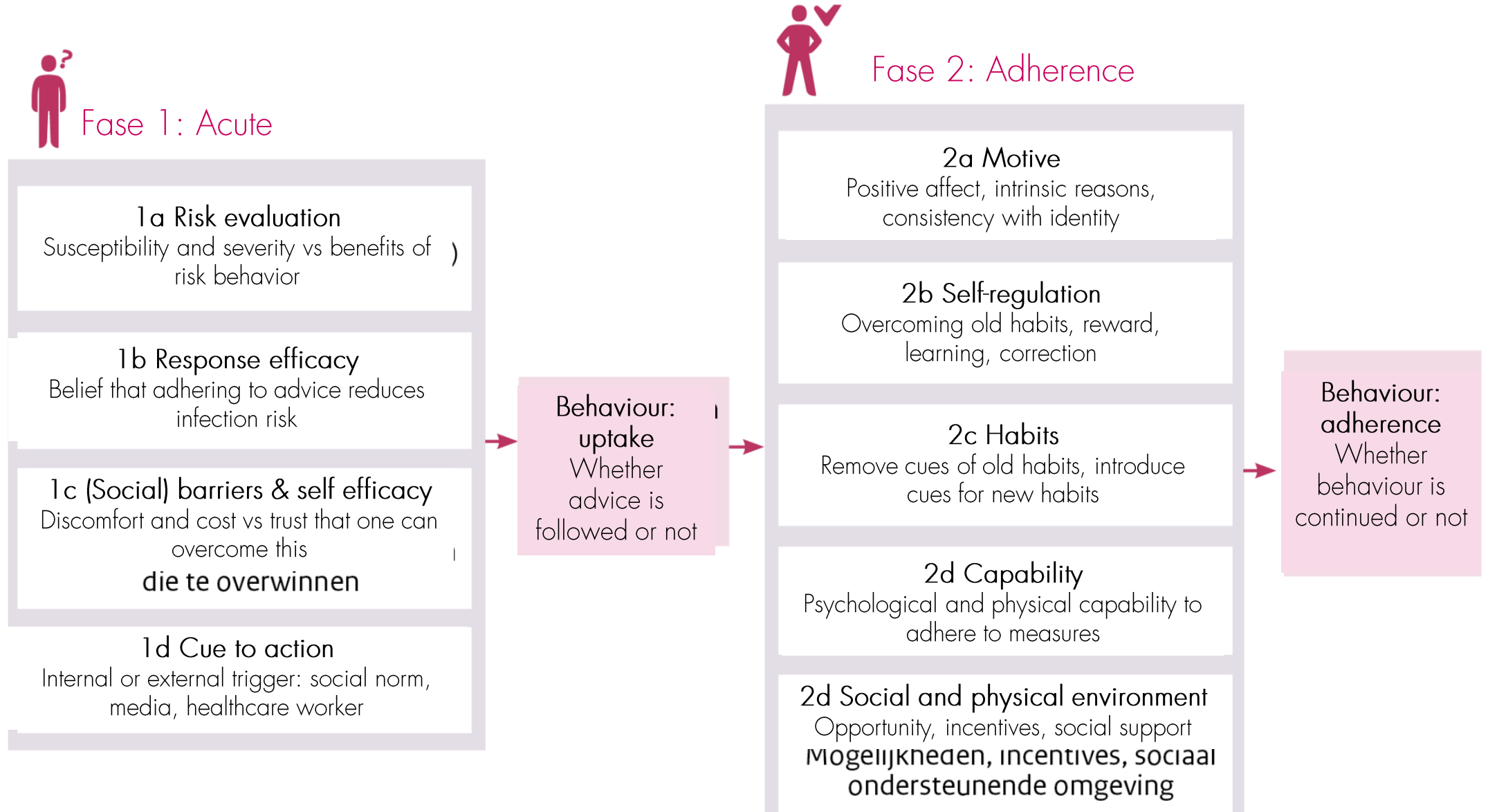


# THE ADDED VALUE OF BEHAVIOURAL SCIENCES

## The Netherlands in March 2020



# Theoretical framework





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Independent scientific  
advisory board & expert  
teams

- Review all our work
- Rapid expert consensus

Collaboration with all  
regional public health  
services (ggd)

- First 90.000 respondents, 2/3  
joins cohort, 1/3 interviews

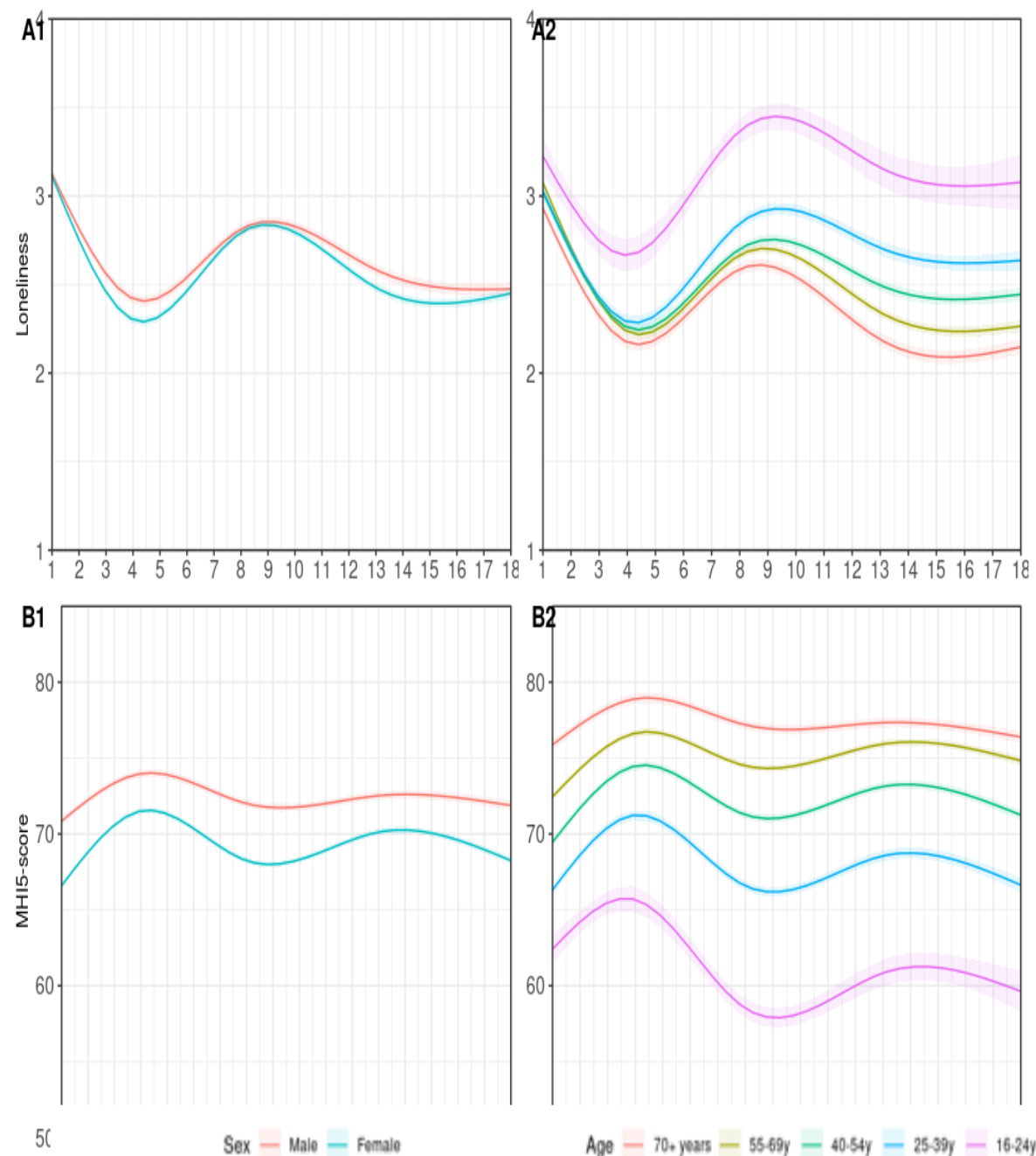


## What research have we done?

- Routine mixed-method data collection

Monitoring a cohort across 20 rounds &  
(representative, cross-sectional)

1. Behaviour, beliefs, affect
2. Well-being

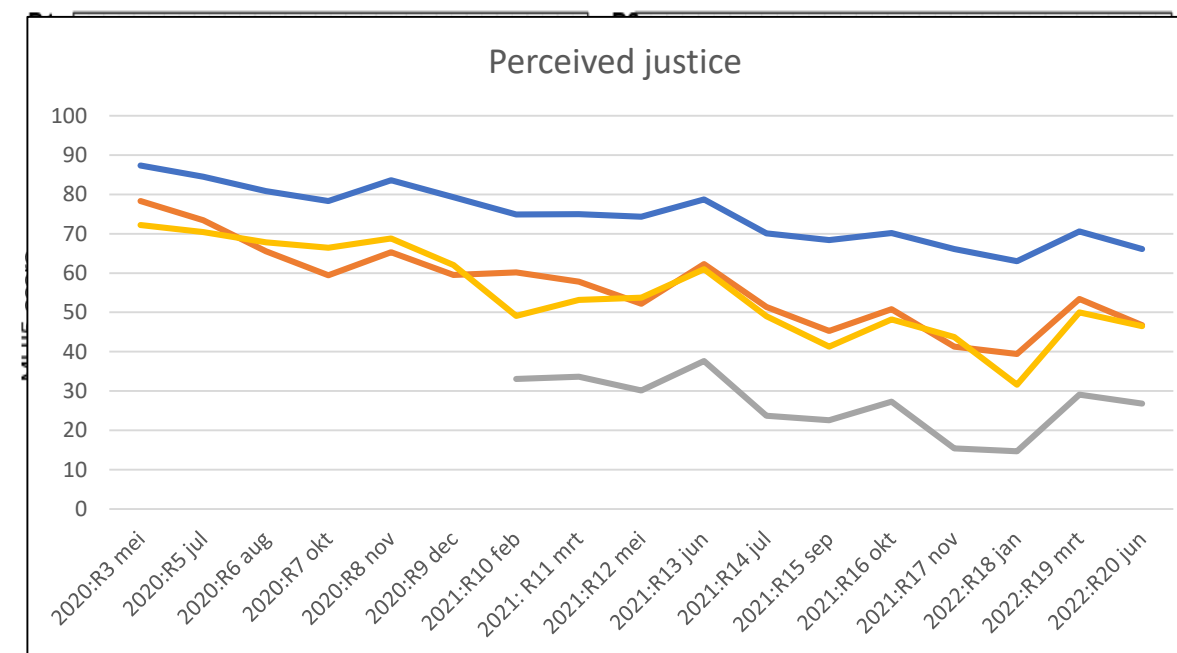
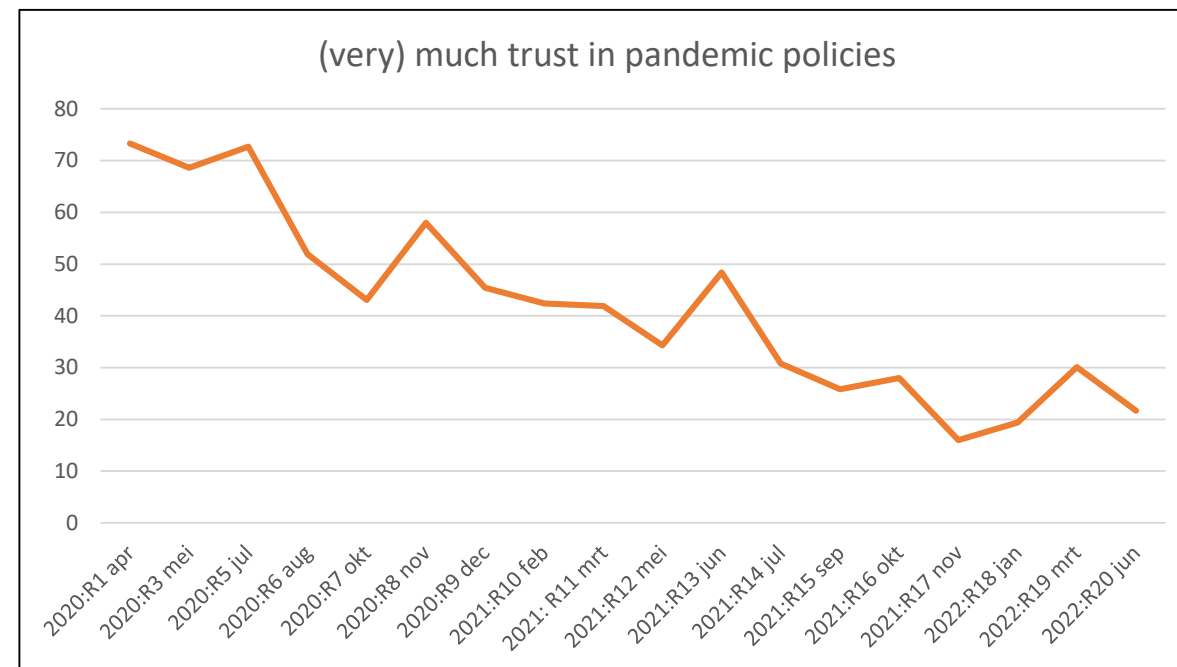


## What research have we done?

Routine mixed-method data collection

Monitoring a cohort across 20 rounds & (representative, cross-sectional)

1. Behaviour, beliefs, affect
2. Well-being
3. Trust, procedural justice



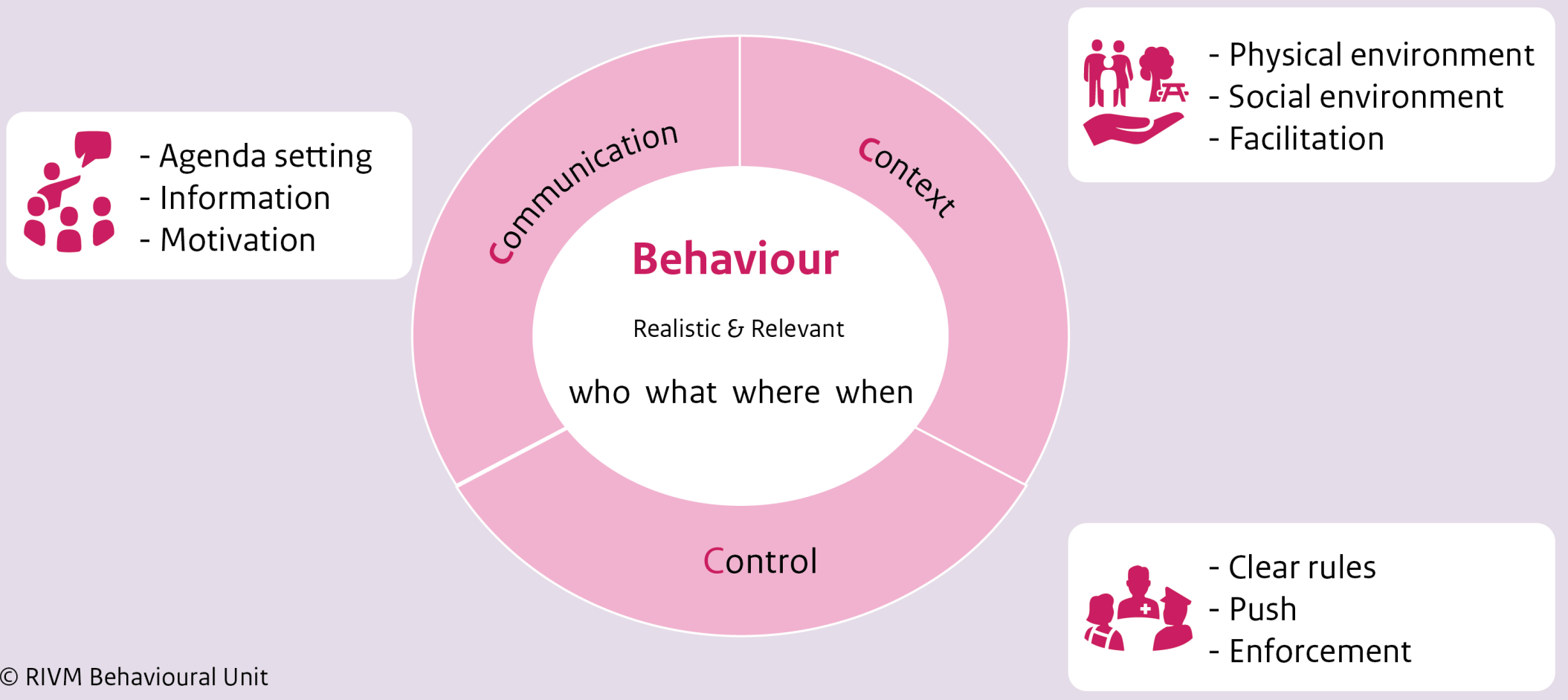
## What research have we done?

- Routine qualitative data types
  1. Interview cohort (20 months), focus groups and ad-hoc on specific topics
  2. Open text coding from surveys
- Non-routine data collection
  1. Intervention research
  2. Narratives (35, 90 interviews) and 3 focus groups
  3. Scenario studies – peoples preferences





## Behavioural strategy: 3C intervention model



## Lessons learned

- Give voice to the 'silent majority'
- Team-up with the civil society
- Formulate behavioral insights accessibly and practically.
- Involve scientific experts, national collaboration and outsourcing of research.
- Flexibility to respond quickly to a changing situation
- With a strong foundation consensus can be reached rapidly (deadlines 6-48 hours)
- Strong foundation requires: frequent data collection, using models, research, updating literature.



# To close

Behaviour is key to the spread of infections.

If we measure & understand behaviour, knowledge Integration generates relevant insights for policy and communication.

These inform (behavioural) interventions and reduce number of infections (now and in future).

And can do so much more

**On 13 September 2022, the Member States of the Region adopted a resolution on behavioural and cultural insights, setting the course for this work during 2022-27.**



# Thank you!

## Contact & information



Visit our website



[www.rivm.nl/en/coronavirus-covid-19/research/behaviour](https://www.rivm.nl/en/coronavirus-covid-19/research/behaviour)



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Q&A Session



Thursday, December 1

Session 3:

Pandemics, Conflicts,  
Climate Change: What  
Have We Learned from the  
Past Three Years?