
Spring 2022 ASPHER Newsletter



The Angel of Peace, Brighton and Hove, April 8th 2022, Credit: John Middleton

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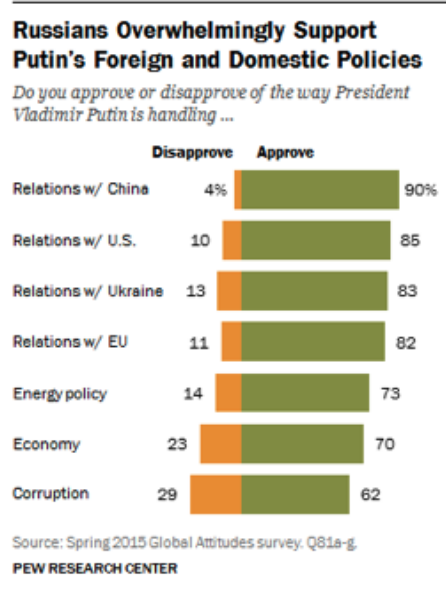
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MESSAGE FROM THE PRESIDENT

President's Spring 2022 message – part 1: War in Europe

Since ASPHER's last newsletter, there has been a seismic shift in the health, economic and social condition of the people of Europe. Russia ceased its posturing and war games and invaded Ukraine without a cause – illegally, immorally, cruelly and brutally. As [United Nations Secretary General Antonio Guterres has said](#) 'war in Ukraine is morally unacceptable, politically indefensible and militarily nonsensical'.

Figure 1.



Early in the conflict it was appropriate just to lay the blame and shame on President Putin. As the atrocities mount higher, Russian civil society opposition has been limited; the majority of the [Russian public support Putin](#) on Ukraine, even though they see the economy is failing (Figure 1).

Some sectors, shamefully, have actively supported the war. The Russian Union of Rectors have, rightly, been condemned for their [support for Putin](#) and so too the [Russian Orthodox Church](#). There are courageous pockets of Russian opposition to the war. They deserve our support and encouragement. Students, teachers, and staff of Moscow State University of Lomonosov have been signing an open letter against the war since March 15th, 2022. It is worthy of repeating [here](#). The statement of the anti-war committee of Russia can be found [here](#).

The role of the public health community in war

The [massacre of Bucha](#) and the continuing [apocalypse of Mariupol](#) show this act of aggression for what it is – a war crime and genocide. It is a medieval war of conquest. There are rarely justifications for war, and this certainly isn't one. [ASPHER's statement](#), 'The Role of Europe's Schools of Public Health in Times of War: ASPHER Statement on the War Against Ukraine' has now endorsed by the Global Network for Academic Public Health and other Public Health organisations. It calls for prevention of war and urges health systems and the public health community to be a bridge for peace. [Health promotion is peace promotion](#). However, when wars happen, it is within the competencies of the public health community to monitor the health and social impacts of conflict, to organise responses in delivery of humanitarian aid and support for civilians under fire, and refugees. Many of our schools, for example, in Poland, Germany, Romania and Moldova are active in the response to refugee physical and mental health and social needs. As in all disasters, there will be a [necessary role for public health](#) in recovery, rehabilitation and reconciliation. Our [ASPHER task force on war](#) will be reporting further on our work programmes on local European and global impacts of this terrible assault on the people of Ukraine.

Global health impacts of the war on Ukraine

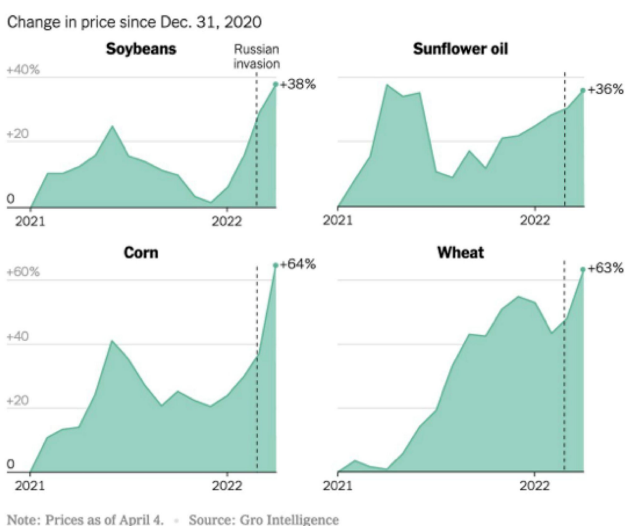
Reliance on Russian fossil fuels

The impacts of the war are global. The obscene reliance on Russian oil and gas supplies has compromised European political positions greatly, silencing any criticism of Russia in the eight years of the war in Ukraine. EU leaders have shown welcome resolve and unity in terminating pipeline construction and taking steps to accelerate reducing use of Russian fossil fuels. However, the reality is very different: as EU countries have provided 1 billion Euro in military aid to Ukraine in the entire conflict, they have paid Russia [1 billion Euro per day for oil, gas and coal](#). There is still manoeuvring around replacing, or using, Russian fossil fuels. Germany is unwilling to stop Russian oil and gas, as it seeks to [keep its car plants moving](#). UK Prime Minister went cap in hand to [get more oil from Saudi Arabia and UAE](#) and failed. The [UK's new energy strategy](#) proposes to build eight more nuclear power stations, no doubt with the expertise of Electricite de France, or the Chinese. There still appears to be very limited vision for the fossil free future which could be there for the taking. The [UN IPCC report this month](#) tells us we are almost at the point of no return from climate breakdown, but encourage us to achieve much more, and quickly. Germany, to its credit, [is expressing more ambition](#) to become 100% reliant on renewables by 2035. There seems to be very little acknowledgement of the need to invest in energy conservation, through measures in housing, built environment, public transport and working practices. Germany and France are piloting incentives for using public transport, to reduce the impact of the [higher cost of living](#) due to energy costs. Working from home and a shorter working week would be good for employers, reduce the pressure on energy costs, reduce congestion and air pollution, and [help us reduce the spread of COVID](#).

Food shortage and price speculation

There is a growing recognition of [likelihood of shortages of wheat](#), sunflower and rapeseed oil from the great Ukraine/Russia breadbaskets of the world. This will impact most heavily on the Middle East and North African countries who rely on food exports from Ukraine and Russia, directly and via the World Food programme. Prices were going up before the war – [through the pandemic and climate change](#) (Figure 2).

Figure 2.

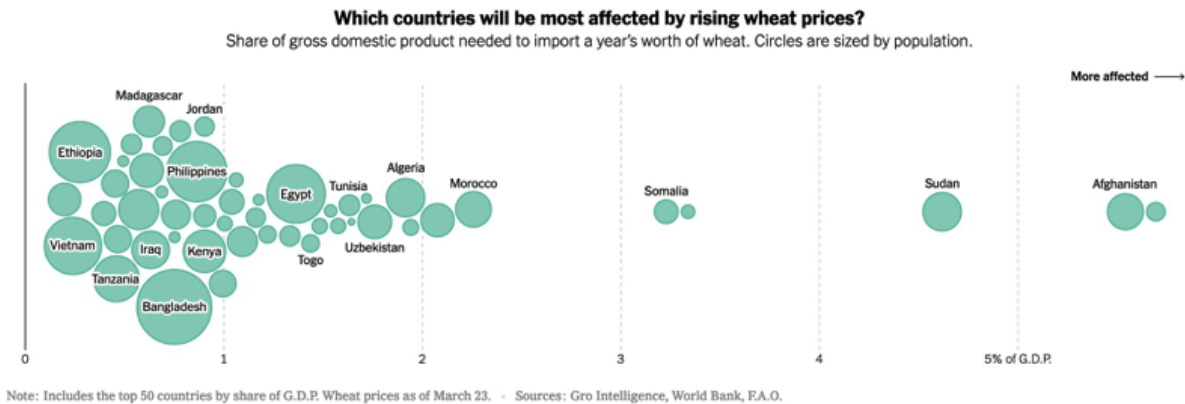


As when any economic shortages occur, we are already witnessing the problems of [speculation on prices](#), which may prove to be the biggest problem. And as with all shortages, the poorest countries and the poorest people within countries will be worst affected (Figure 3).

Confronted with these global challenges of shortages in food and fuel, [we must not waste a crisis](#). We must take the opportunity to reduce our reliance on fossil fuels, and change our food productions and supplies systems. We must stop feeding cars

and livestock with grains and bio-fuels; we must eat the vegetables we might have fattened animals with; we must cease reliance on petro-chemicals to feed crops; and we must stop feeding plants with fishmeal that people could eat. We must develop local food production and delivery systems – creating jobs, improving environments and health, and reducing reliance on oil-hungry transport.

Figure 3.



Truth: the first casualty of war?

Truth, they say, is the first casualty of war. Knowledge will suffer, cooperation, inevitably will wither. The EU has halted [Russian involvement in the Horizon Europe](#) programme.

Figure 4.



Truth was the casualty before this war. Truth was a casualty as President Putin's army of super rich oligarchs networked with the rich and powerful around the world, [but most notably in London](#). They ingratiated themselves into the fabric of money markets, [media outlets](#), opinion forming circles and think tanks. They laundered billions of funds stolen from the Russian people. They bought foreign officials and [compromised decision makers](#) (and see Figure 4).

Sometimes this produced passive support, sometimes, bootlicking, servile requests for business like that from UK Conservative party co-chairman [Ben Elliot's company Quintessentially](#)...

“Quintessentially Russia has nearly 15 years’ experience providing luxury lifestyle management services to Russia's elite and corporate members,”

...just before the war broke out that was...

Truth was a casualty in Putin's [strategic use of disinformation](#). [The Russian bots and troll farms](#) whose activities on an industrial scale, systematically destabilised democratic elections around the world and created disunity and division, between nations, most notably through the Trump election, through the Brexit referendum and the United Kingdom leaving the EU.

In their operations aimed at the unsuspecting individual members of the public, the Russian bots and trolls have seeded doubt, distrust, and distress. People do not know what to believe – in their voting decisions or in their personal behaviours – whether it is e-cigarettes or vaccinations. We have seen Russia wage '[information wars](#)' about vaccines, creating more doubt and a climate of distrust in national health systems and policy makers and in professional health advisers. Ironically, vaccine hesitancy has been [fuelled most disastrously in Russian and Eastern Europe](#), closest to the places where the disinformation has been generated. Ironically also, Russia has sought to buy influence through '[vaccine diplomacy](#)' as we have seen in the COVID-19 pandemic. When it suits, the message is 'vaccines work'.

President Putin has exercised power for its own sake, just to see what he can get away with – in the growing [litany of bio-terror poisonings](#), most recently Russian opposition leader Alexei Navalny. Public health officials have often played a central part in [the emergency response](#). He has exercised that same power against Chechnya, Georgia, in Syria, and in the Ukraine, since 2014. Global leaders have been destabilised, disunited, incapable of a coherent response... until now perhaps.

For me, the Russian destruction of Ukraine presents the most extreme case of an unexplainable act of aggression – one man's grudge against [a country he doesn't think should exist?](#) We cannot allow any individual to be able to hold such power, anywhere in the world. [Lord Acton's famous quote](#) 'power corrupts, and absolutely power corrupts absolutely' is written extreme and large in the suffering of the Ukrainian people. Placing all the engines of the war in the hands of a few people, wielding absolute power will end badly for our world. We need to invest more power in the global organisations we have. We need our national leaders to comply with the rule of law. And we need them to cede authority to international decision-making bodies, when only they can find the solutions to our problems. I have always advocated for strong multidisciplinary well-resourced public health bodies. I have [long suggested our public health community](#) needs to include international lawyers, political scientists, economists, and theologians, if we are to address truly global threats of conflict, political unrest, mass migration, as well as environmental degradation and climate breakdown. We must now set all these in a context of geo-political health. We failed to anticipate the war on Ukraine, and so we have had no instruments by which we could prevent it. We need a stronger understanding of the purely political forces which can lead us to better health, or to destruction. That means arming ourselves with the knowledge and forming the alliances with the experts in geopolitics. One thing is clear from this conflict, no-one has exclusive knowledge of what to do and how to respond. It is in the traditions of public health to seek to best evidence, work in partnerships and apply the best responses. Preventing war is our greatest challenge.

On other issues...

There is no question that war in Europe has taken priority over the pandemic – in our personal and national risk assessments. But the pandemic is still with us, and the threat is still real. I will be saying more about this in [a second blog piece](#).

I will also save my [general comments on ASPHER's recent business for a companion blog](#).

Thank you for reading. Wishing for a speedy end to this conflict and for a peaceful world.

Professor John Middleton

President ASPHER, April 15th 2022.

President's Spring 2022 message – Part 2: The pandemic is not over!



The focus of European governments, and their citizens, has understandably shifted to Russia's unprovoked, unjustifiable, and catastrophic war on Ukraine. But ignoring the SARs-COV-2 virus doesn't mean it isn't there. Many European countries have now been hit with waves of Omicron BA.2 and other members of its family. The pandemic is not over. Western leaders may be underplaying the seriousness of the virus, or asserting, like those in my country, that COVID is over.

United Kingdom experience: 'We came out of the pandemic faster than anybody else'

The UK's disgraced former health secretary, [Matt Hancock](#), [is trying to rewrite history](#), and a new mantra is emerging from government circles that the Prime minister 'got all the

big calls right'. We have now had [190,000 deaths](#) where COVID has been recorded on the death certificate. The current Health Secretary, Sajid Javid, says we will learn to ['live with COVID'](#). Prime Minister Johnson was trying to hide from [questions of his COVID law-breaking](#) on his India tour. He told [Sky News Editor Beth Rigby](#), that 'In Europe, we came out of the pandemic faster than anybody else'. A great Public Health exam question: critique this claim!

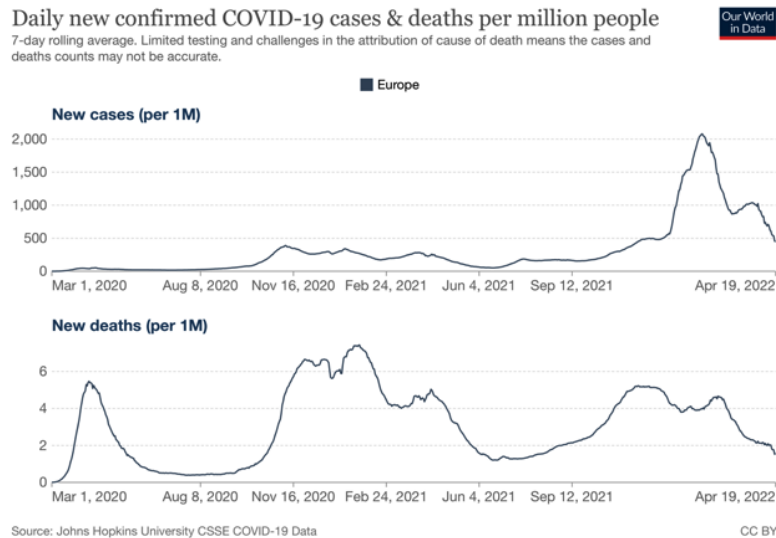


Meanwhile the UK has set new records for daily cases ever in the pandemic and now the highest numbers of weekly deaths since March 2021. Since January's announcement that restrictions would be ended, there have been 19,000 more COVID deaths in the UK. Cases in the UK appear now to have peaked, but we wouldn't really know, because our government has [dismantled basic surveillance reporting](#) and stopped free lateral flow tests... We rely on the most excellent citizen science of the 'ZOE' app for people to report their symptoms, to know how cases are doing. Meanwhile hospitals are still overwhelmed, through cases of Omicron, and through staff absences. Emergency services are on their knees. In the UK, the number of [people waiting for routine NHS medical and surgical procedures](#) has passed 6 million. Calling these procedures 'routine' hides the reality of lives on hold, people racked with pain and preventable disability, and in some cases at risk of dying before their time. Excess mortality remains much higher than expected.

European experience

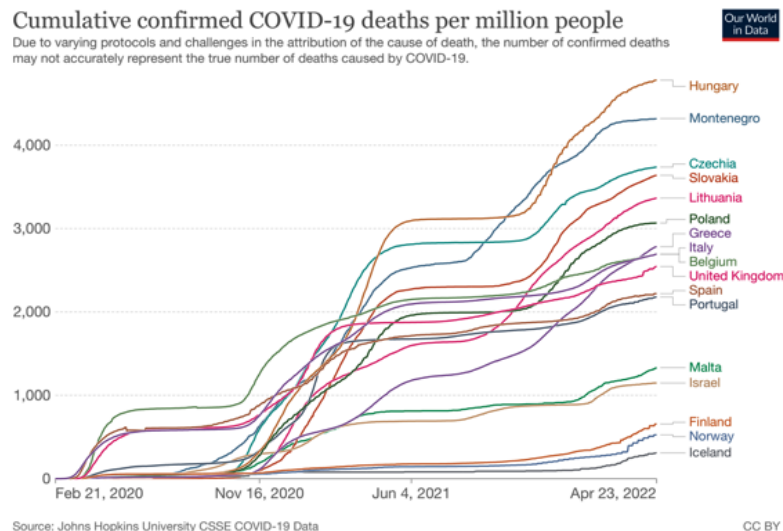
Sadly this empty and dangerous slogan is proving influential with other political leaders across Europe. We have seen another huge wave of COVID-19 sweep through. As for the UK, this seems to be past its peak, in cases and in deaths. It has affected a larger number of people, the case fatality seems to have been less, but the numbers of cases have been so large that number of deaths has been another major disaster across Europe; less than the Alpha and Delta infections in the second wave, but not by much (Figure 1)..

Figure 1. European experience - 3 waves, or 6?



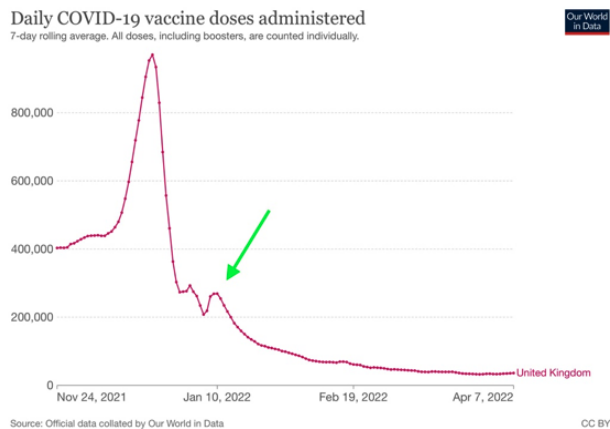
Omicron BA.2 has hit countries like Finland, who have protected themselves previously. Their death rate currently is one of the highest in Europe. However, with Norway, their cumulative death rate remains low. Both countries have been protected from the worst impacts of the disease through vaccination. Greece, Poland and Lithuania have seen high death rates in this third wave of the European pandemic, overtaking former front-runners, Belgium, UK and Italy (Figure 2).

Figure 2.



Other Central and Eastern European, Balkan and Baltic countries have climbed the cumulative mortality rates table since the second wave (Figure 2). Sadly, low vaccine uptake is a clear factor in this [population health disaster](#). There is considerable mistrust of vaccines, and the vaccine policy makers, on the part of Eastern Europeans – [in their own countries](#) and in [their adopted homes](#).

Figure 3. UK vaccine doses administered (arrow at point Government declared mild illness and removed protections – courtesy Dr Dan Goyal)



Pretending COVID-19 has been defeated has had [a huge negative impact on vaccine uptake](#) in the UK (see Figure 3). If the pandemic is over, why do I need to be vaccinated?...

Another lie which has become a habit for UK government ministers is how great we have done on vaccination. After being front-runners, with Israel in the second wave, Portugal, Malta, Ireland, and many more have overtaken their efforts, and seen it through to complete the protocol (Figure 4). On booster doses too, at least seven European countries have done better (Figure 5).

Figure 4.

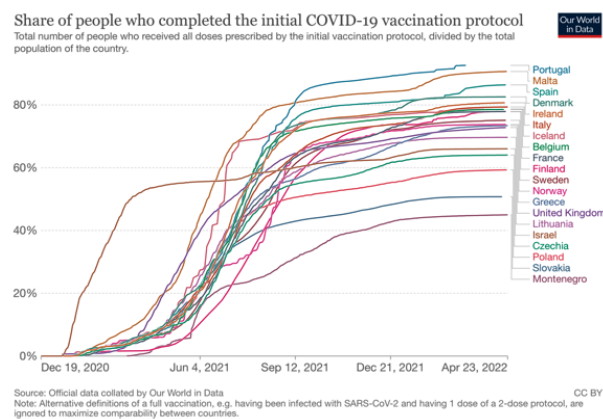
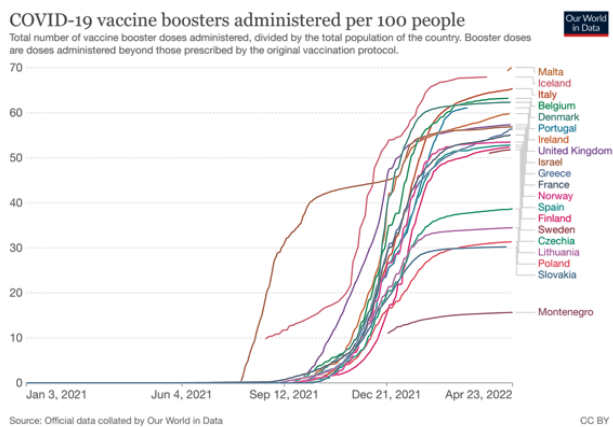


Figure 5.



The UK does not have a great record as a ‘completer-finisher’ in the vaccine stakes. The failure to [maintain a ‘vaccines-plus’ approach](#) has seen continuing suffering and high death rates, fear on the part of vulnerable groups of people, a growing [pool of adults and young people with long Covid](#) and [late manifestations](#) of COVID.

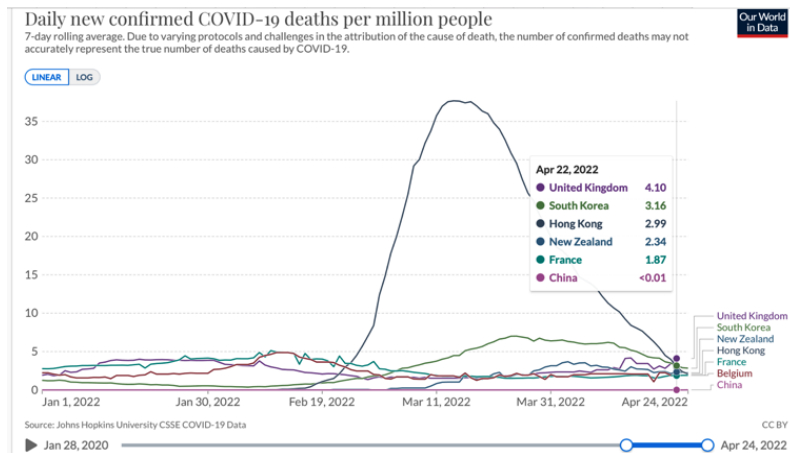
Pretending COVID has been defeated has meant a huge burden on the working population: health and care services, teaching and other sectors of the economy continue to be hit by the spread of Omicron – and its impact on staff sickness absence. Airlines across Europe have been [severely hit by Omicron](#). [Removal of mask requirements](#) on flights has come back to bite an industry desperate to make up lost income but foolishly throwing away one of the protections

which recent flyers benefitted from. If I was flying, I would want my airline to require [masks of all its customers](#): just ‘recommending customers use them’ is not enough.

The [ASPHER Covid-19 task force](#) has always expressed the view that Omicron is ‘mild’ only because of vaccination. We have only now to look at the wave of Omicron in [China](#) – [in Hongkong](#) and [Shanghai](#) especially, to see that this is the case. Hong Kong has had a severe spike in mortality (figure 6) – attributed to the [lack of vaccine coverage in older adults](#).

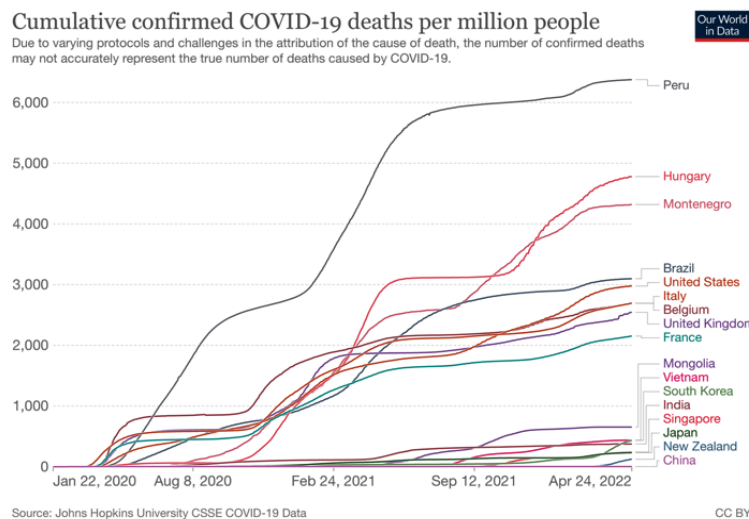
There has been a degree of [smug observation](#) of the wave of Omicron ripping through Hong Kong, China and South Korea. Even New Zealand has now experienced an Omicron wave and a rise of mortality. For all these countries the rise in death rates is much greater than they have previously experienced, but with the [exception of Hong Kong](#), much less than wealthy Western vaccinated countries are still seeing.

Figure 6. Selected countries recent mortality from Omicron



The East Asian countries cumulative death rates are unlikely ever to pass those of countries like the UK, France, and Italy, afflicted from the first wave. The countries which pursued Zero-COVID suppression strategy public health programmes bought time, before vaccination could be put in place. The Omicron wave has overwhelmed even China’s ability to [provide isolation facilities](#) – the ‘[fangcang](#)’ hospitals that served in earlier waves. The speed of spread of Omicron has challenged New Zealand, Norway and Finland similarly; but still not as fatally as has been the case in the UK, Hungary and elsewhere in Europe (Figure 7)...

Figure 7.



It is shameful that western leaders observe with misplaced, schadenfreude the terrible failure of 'zero COVID' East Asian health administrations. 39 deaths in Shanghai attracted the attention of the British press on 25th April (Figure 8), when 600 UK deaths did not get a mention.

Figure 8. From [ROYA news](#)



AFP Shanghai reported 39 Covid deaths Sunday, its highest daily toll despite weeks of lockdowns, while China's capital Beijing warned of a "grim" situation with rising infections.

Continued COVID nationalism is threatening global health and the economy. The rich western wealthy world has squandered the protection of the heroic, scientific vaccine collaboration. The absence of commitment to global health approaches is killing large numbers of people never recorded as dying from COVID, whether for example, in [India](#), or [Zambia](#). The [dreadful experience in Shanghai](#) will have global economic impact as one of the world's major financial centres is heavily compromised, and severe

privation and food shortage affect its 26 million people.

These are global disasters requiring geopolitical commitment. And while we fail to act collectively, the virus continues to mutate. It has not even needed a new variant of concern to cause havoc across the globe; [new members of the Omicron family](#) are enough for the present. If we fail to follow a [vaccine plus approach](#), all our communities will continue to be factories for new variant production. We will continue in a state of perpetual COVID. We will not be 'living with it' we will be dying with and disabled by it. And there is a [new form of childhood hepatitis](#) appearing in many countries now, of unknown origin, and unknown significance. It would be nice if our collective knowledge was to be applied to identification and prevention. It is just another example of why we need much better global health systems than those we have. The [pandemic treaty must succeed](#). There must be a [Vaccine TRIPs waiver](#) and commitment to mass vaccine production worldwide. There must be real investment in global public health responses and [global public health training and capacity](#).

Professor John Middleton
President ASPHER, April 25th 2022.

President's Spring 2022 message – Part 3

Since ASPHER's last newsletter, there has been a seismic shift in the health, economic and social condition of the people of Europe. Russia ceased its posturing and war games and invaded Ukraine without a cause – illegally, immorally, cruelly and brutally. As [UN Secretary General Antonio Guterres has said](#) 'war in Ukraine is morally unacceptable, politically indefensible and militarily nonsensical'. You can read my thoughts on war in Ukraine, in Europe, and the global consequences in [part 1 of my spring message here](#).

ASPHER marked the [second anniversary of the COVID-19 pandemic](#), by a big thank you to its members for all their hard work and endurance over the two years. We were pleased also to be able to do this with our partners [the European Public Health Association](#). The pandemic still

continues and the public health community must stand firm in its message to politicians and the public that it is not going away, just because, they have had enough, and wish it isn't here. My thoughts on the [current COVID situation are here](#).

In other business:

With the World Health Organization

Towards an international treaty on pandemics

COVID-19 has caused millions of deaths worldwide. The socio-economic impact has been just as extreme, having brought world economies to a near standstill during most of 2020.

Viruses do not recognise borders. No government or institution can address the threat of future pandemics alone.



ASPHER has been working with WHO global and the Global Network for Academic Public Health to prepare a landmark paper on Public Health Workforce Development and Competence. It is expected this will support moves towards the [Global Pandemic Preparedness Treaty](#) to be agreed by the world's leaders in 2024. The European Council recently endorsed the World Health Assembly proposal for the Global Pandemic Preparedness Treaty. They have produced [a useful infographic on the issues](#).

WHO Regional Office for Europe, with ASPHER has recently published the [Road Map to professionalising the public health workforce in the European Region](#). This was reported in the last newsletter – but the document continues to be a central resource for us, taking forward the strengthening of European public health, but also being freely available to others for global public health development.

The other key resource ASPHER has been involved with, that is informing thinking behind WHO Global public health workforce development is the GNAPH statement on the vital role of schools of public health,

With the European Centre for Disease Prevention and Control: core competencies in applied infectious disease epidemiology

European Centre for Disease Prevention and Control, ECDC have published the [Core competencies in applied infectious disease epidemiology in Europe](#). Stockholm: ECDC; 2022. This document and set of tools and resources was commissioned from ASPHER's team of experts led by Professor Mary Codd and her team in University College Dublin.

I am grateful to all of the contributors to this key set of resources for strengthening public health expertise in applied epidemiology of infectious disease. Well done everyone!



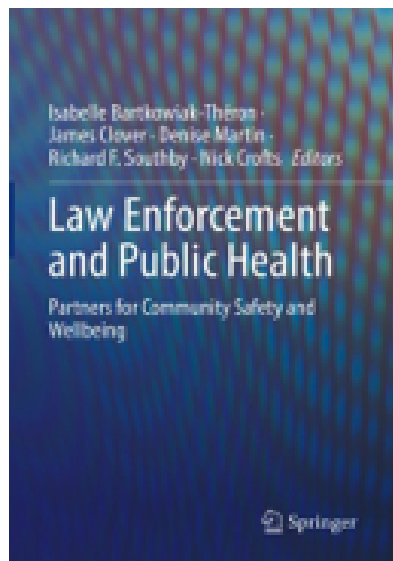
With the European Union Health Policy Platform: climate change and health education

ASPHER has developed a statement for the European Union Health Policy Platform [“Moving towards the right to ‘health for all’ by training the public health and wider health workforce on climate change and health”](#). The statement has been endorsed by over 75 schools of public health and partner health organisations in Europe and across the world. I will be launching it in Brussels on May 5th 2022. The real work though has been done by Tara Chen and Rana Orhan our ASPHER Fellows, and I am most grateful to them for their amazing efforts.

Recently, the [Intergovernmental panel on climate change](#) issued another dire warning that we have to make real progress on reducing fossil fuel usage – with a positive message that we can yet halve emissions by 2030. The [dreadful heatwave in India](#) now (see photo) is just another example showing us Climate breakdown is here – not a remote possibility for the future. Some areas of [the world may just become too hot to live in](#). Cities are approaching halfway to boiling. Governments [and industries](#) must act.



Recent publications from the President



[Law Enforcement and Public Health](#): Partners for Community Safety and Wellbeing

Editors Isabelle Bartkowiak-Théron, James Clover, Denise Martin, Richard F. Southby, Nick Crofts. This is the first comprehensive collection on law enforcement and public health (LEPH) by world leading authors and is required reading for those studying, researching, or working in fields where intersectoral partnership can exist. It incorporates real-life examples and experiences from law enforcement and public health, including a chapter by me, covering 30 years in crime and violence prevention and [community safety partnerships](#).

Ref: Middleton, J. (2022). The Historical Public Health and Social Work Role of the Police. In: Bartkowiak-Théron, I., Clover, J., Martin, D., Southby, R.F., Crofts, N. (eds) Law Enforcement and Public Health. Springer, Cham: https://doi.org/10.1007/978-3-030-83913-0_2

[Drug foods](#): Some of you may be interested in this paper. Is it relevant in other national administrations? Cooper K, Parle J, Middleton J. VAT: a precise mechanism to identify drug-food companies, Journal of Public Health, 2022; fdac030: <https://doi.org/10.1093/pubmed/fdac030>

[Throwing away the protections](#). Middleton J. We can live with covid, but that doesn't have to mean living with avoidable deaths and disability. BMJ 2022; 376: <https://doi.org/10.1136/bmj.o638>

And finally

Thank you to all of you for your good wishes and messages, following my time out for surgery! Much appreciated. Thank you as ever, to our wonderful secretariat, Robert, Lore and Tatiana for not only keeping things going, but taking ASPHER's activities to a new level. Thank you.

Professor John Middleton
President, ASPHER, April 27th 2022.

MESSAGE FROM THE SECRETARIAT

It is hard to believe it, but ASPHER office has been even busier than usual this spring! We hope it shows through in this packed edition of the newsletter.

First off, we would like to remind you to save the dates for the [ASPHER General Assembly](#) (online) on Tuesday 7 May and the [ASPHER Deans' & Directors' Retreat](#) (hybrid: online and in Sofia, Bulgaria) on Friday and Saturday 14 & 15 October. We are very much looking forward to catching up with as many of you in person in Sofia as possible!

The [ASPHER Covid-19 Task Force](#) continues its work and recently came together for its **100th meeting**. The group has shown exceptional dedication continuing on well past the time we imagined when it was first convened. Read about their most recent work, including [reflections on two years of Covid-19 pandemic](#) and the contributions of schools of public health and the public health workforce, including a thank you to everyone for your efforts. Also, please take note that the [phase 3 survey of school reopening](#) under Covid will close soon - be sure to answer by 15 May.

We have now also inaugurated an [ASPHER Task Force on War](#). It will consider how SPHs can respond to the war in Ukraine in terms of scientific advice both in country and in neighboring countries as well as what and how to address war and public health issues in SPH curricula. ASPHER published an official [statement on the war in Ukraine and the role of SPHs](#) which is available in 14 languages - we encourage you to share it widely. The task force has also produced a [statement regarding food security](#). A [meeting on Public Health and the War is planned for 20 May in Gdansk](#) and a [webinar series with Bielefeld University on Public Health in Times of War](#) will launch on 18 May. Contact ASPHER Secretariat if anyone from your institution would like to join either task force.

We have several fast approaching events with ASPHER partnering for the Kick Off event and Day 1 of [European Public Health Week](#) on Monday 16 May. ASPHER will be involved with events throughout the week including some featuring work on our [SEEEPHI](#) and [VxTrain](#) projects. We will be sending a dedicated e-mail with the full schedule of ASPHER events - keep an eye on your inbox and check back to [aspher.org](#).

We will also have 10 exceptional young researchers ready to present on 9 June for the [Young Researchers Forum](#) at the International Conference hosted by ASPHER member school Angela Boskin online and in Bled, Slovenia. More Young Professional happenings will be coming up with

the ASSETS 2022 summer school session and YRF in person in Berlin at the EPH Conference. And of course much more is planned from ASPHER for EPH as we prepare for autumn's live meetings!

ASPHER is also excited to see advancement on our public health professionalisation agenda and will soon kick off a professionalisation task force to move forward on [work with the WHO Europe](#). Meanwhile, the agenda is moving up to the WHO headquarters level with plans to launch the [Roadmap for strengthening the public health and emergency workforce](#) on May 18 prior to the upcoming World Health Assembly. It is great to see the momentum pushing this agenda forward and elevating ASPHER's and our members' position in the process.

With the tremendous efforts of our ASPHER Fellows Rana Orhan and Tara Chen, the ASPHER led [joint statement on climate and health](#) launches on 5 May with 76 endorsements. We will be able to accept further endorsement (institutional only) until the end of May. Tara will also speak at the upcoming [green track conference](#): Protecting nature and biodiversity to protect our health – The youth voice on 12 May.

The culmination of work from the UCCAIDE project has now been published by ECDC: [Core competencies in applied infectious disease epidemiology in Europe](#): facilitating collaboration and the use of a common language among professionals. This will feed into the ASPHER competency agenda as we look ahead to revising the ASPHER core competences list.

And as always, don't miss out on news and developments from [ASPHER Members](#) and [Partners](#). Including some exciting [opportunities](#)!

You can expect more updates to follow soon with another newsletter edition prior to the General Assembly on 7 June.

All our best,

ASPHER Secretariat

Please don't forget to share your news, publications, comments & suggestions with Lore at lore.leighton@aspher.org to be included in the next regular issue of the [newsletter](#) and on the ASPHER website [activity log](#).

ASPHER COVID-19 NEWS

2nd Anniversary of Covid statement and thank you

11 March 2022 marked two years since the World Health Organization (WHO) declared the COVID-19 Pandemic after having recognised it as a public health emergency of international concern on 30 January. ASPHER has considerable reasons to be proud of the work of our members to combat the COVID-19 pandemic. Many of you pushed through long hours to respond, setting up critical response units in hospitals, supporting vulnerable communities, advising your governments, directing call centres for contact testing – to name just a few. You answered as well to the ASPHER call to join the ASPHER COVID-19 Task Force, which has

brought together your collective knowledge and expertise from across the European Region and beyond to produce a truly remarkable body of work speaking from schools' perspective to different public health aspects that emerged from the pandemic. The Task Force was greatly supported and would not be what it is today without a highly motivated cadre of ASPHER Young Professionals (YPs) who also chose to step up and contribute their time and energy.

Together with the European Public Health Association (EUPHA), ASPHER would like to express its gratitude to everyone in the public health community who tirelessly committed time and energy to combat COVID-19 lessening its impact on the population and saving innumerable lives. The work of the public health community over the course of the past two years has been exceptional and inspiring. ASPHER and EUPHA are proud to represent and stand with you all!

We encourage you to read the full [ASPHER statement marking two years of the COVID-19 pandemic](#) and the [ASPHER and EUPHA thank the public health community statement](#).

Leo & Giulia on Vaccines

With ASPHER support, [the animated cartoon series "Leo&Giulia"](#) is back to explain vaccines to children! After the success of the first episode, released in 2020, the popular animated cartoon series "Leo and Giulia: us just like you!" is back. If the goal of the first episode of the saga was to make primary school children understand the scientific rationale of COVID-19 containment measures, including lock-downs and school closures, [in this second chapter](#) brother and sister discover together how vaccines work, what is meant by



“herd immunity” and why vaccines are so important to protect population health.

Leo&Giulia is an innovative project of health education targeting primary school-aged children. Developed from an idea of [Anna Odone](#), Director of the School of Public Health at the University of Pavia in Italy, in collaboration with the Italian Ministry of Health and the National Institute of Health, it aims at conveying scientific content and key public health principles to young generations in a fun and effective way. The chapter on vaccines is released during World Immunization Week 2022 to contribute to promote the use of vaccines to protect people of all ages against disease.

Survey Closing: School Reopening Survey, Phase 3

Building upon the surveys sent to ASPHER members in July 2020 and January 2021, this survey will complete the three-survey school reopening project. Reports from the first two surveys can be found here ([Phase 1 report](#) and [Phase 2 report](#))

We thank everyone who filled out the first two surveys and request that all members take the time to fill out the final survey. The goal is to collect information regarding campus reopening procedures to better understand how schools of public health (SPHs) and programmes offering public health education and training are responding to COVID-19. The current survey is divided into three parts: a retrospective capture of the spring/summer 2021 semester, key lessons learned from the first full academic year under pandemic conditions (2020-2021), and plans made for the 2021-2022 academic year.

The information will be disseminated as a report, and will seek to increase the level of understanding and communication between SPHs about what policies and plans are in place and possible.

The Phase 3 Survey will soon close. Please respond by 15 May!

[Take the school reopening survey here.](#)

COVID-19 Task Force Country Situation Reporting

For the past year, the ASPHER COVID-19 Task Force has been producing weekly [European country situation reports](#). The reports take a snapshot of what is happening in terms of the pandemic across regions of Europe and how governments are responding. It has proved most useful in Task Force discussions to stimulate conversation and timely response on the most pressing issues arising from the pandemic.

ASPHER Associate Fellow [Rok Hrzic](#) has taken over responsibility for the weekly reports streamlining the content. [Don't miss the latest report and check in for updates each week here.](#)

Further COVID-19 Reading

Middleton J. We can live with covid, but that doesn't have to mean living with avoidable deaths and disability, *BMJ* 2022;376:o638

DOI: <https://www.bmj.com/content/376/bmj.o638>

Nittas V, Gao M, West E A., Ballouz T, Menges D, Wulf Hanson S, Puhan Milo A. Long COVID Through a Public Health Lens: An Umbrella Review. *Public Health Reviews*, Volume 43, 15 March 2022

DOI: <https://doi.org/10.3389/phrs.2022.1604501>

Fadda M, Camerini A L, Fiordelli M, Corna L, Levati S, Amati R, Piumatti G, Crivelli L, Suggs L S, Albanese E. Why Vaccinate Against COVID-19? A Population-Based Survey in Switzerland. *International Journal of Public Health*, Volume 67, 23 March 2022

DOI: <https://doi.org/10.3389/ijph.2022.1604226>

Bucchi M, Fattorini E, Saracino B. Public Perception of COVID-19 Vaccination in Italy: The Role of Trust and Experts' Communication. *International Journal of Public Health*, Volume 67, 16 March 2022

DOI: <https://doi.org/10.3389/ijph.2022.1604222>

White TM, Cash-Gibson L, Martin-Moreno JM, Matesanz R, Crespo J, Alfonso-Sanchez JL, Villapol S, El-Mohandes A, Lazarus JV. COVID-SCORE Spain: public perceptions of key government COVID-19

control measures. European Journal of Public Health, Volume 31, Issue 5, October 2021, Pages 1095–1102.

DOI: <https://doi.org/10.1093/eurpub/ckab066>

Alfonso-Sanchez JL, Agurto-Ramirez A, Chong-Valbuena MA, De-Jesús-María I, Julián-Pacheco P, López-Cerrillo L, Piedrahita-Valdés H, Giménez-Azagra M, Martín-Moreno JM. The Influence of Infection and Colonization on Outcomes in Inpatients With COVID-19: Are We Forgetting Something? *Frontiers in Public Health*, 10 November 2021.

DOI: <https://doi.org/10.3389/fpubh.2021.747791>

ASPHER TASK FORCE ON WAR

In response to the war in Ukraine, ASPHER has convened a [Task Force on War](#). The Task Force will focus on three key areas: 1) Scientific advisement; 2) Neighboring countries and refugee context; 3) Training and broader academic context.

Contact Robert at robert.otok@aspher.org if a representative from your institution would like to participate.

The Role of Europe’s Schools of Public Health in Times of War: ASPHER Statement on the War Against Ukraine

‘War has devastating impacts on the health of populations. The consequences of war are multidimensional, affecting social life and health infrastructure, as well as environmental health. Along with immediate and long-term effects on the physical and mental health of all those involved, the consequences of war have the greatest impacts on vulnerable and marginalised groups. In addition, war and armed conflicts forcibly displace people, creating additional public health problems throughout the displacement, flight and/or migration trajectory. The Association of Schools of Public Health in the European Region (ASPHER) reminds the attacking military of their obligation to the United Nations’ Humanitarian Law and WHO Resolution on Attacks on Health Care that aims at ensuring that essential life-saving health services, including public health, are provided to emergency-affected populations unhindered by any form of violence or obstruction.’

For full statement, please see the citation below:

Wandschneider L, Namer Yt, Davidovitch N, Nitzan D, Otok R, Leighton L, Signorelli C, Middleton J, Martín-Moreno J M, Chambaud L, Lopes H, Razum O. The Role of Europe’s Schools of Public Health in Times of War: ASPHER Statement on the War Against Ukraine. *Public Health Reviews*, Volume 43, 16 March 2022

DOI: <https://doi.org/10.3389/phrs.2022.1604880>

The statement has been translated into 13 other languages, which can be downloaded [here](#)..

ASPHER Statement: 5 + 5 + 5 points for improving food security in the context of the Russia-Ukraine war. An opportunity arising from the disaster?

The situation triggered by the war initiated by Russia in Ukraine, in addition to the widely known impacts that it has directly on the affected populations, has consequences that affect almost the entire world population. The effects are verified either through increases in the reference prices of commodities, or by occasional ruptures in the supply chains, all of which contribute to the worsening of the economic and social conditions of most of the people. One of the sectors with predictably the greatest impact is food, through multiple mechanisms that end up having the same end result: the worsening of the quantity of food produced on the planet and potentially the decrease of diets quality. We should now promote food education programs among populations around the world to reduce the amount of food commodities needed to provide the same final amount of food, reduce costs per final kilogram and improve the diet provided to each person, thereby promoting better health.

Read more about the education and public policies actions required to improve food security [here](#).

Seminar Series: Public Health in Times of War

The Bielefeld School of Public Health and the PH-LENS research group, in association with the Association of Schools of Public Health in the European Region (ASPHER) are launching a series of short seminars on the topic of 'Public Health in Times of War'. These seminars aim to fill the gaps in public health curricula, which became obvious since the start of the war in Ukraine, by assessing health risks, drawing parallels to relevant public health challenges in other world regions and also to relevant non-war settings. The lectures will take place on **Wednesdays between 18:00 and 19:00 (CEST) via Zoom**. Below is a short overview of the dates and topics of the seminars. For more information, please see [here](#).

- May 18: How do we approach health in twenty-first century wars?
- May 25: Challenges of accommodating Ukrainian refugees in Germany
- June 1: Joint international emergency response to humanitarian crises
- June 15: Mental health in crisis situations
- June 22: Public Health work is peace work

The participation is free of charge, but registration is mandatory. Please register by following [this link](#).

Meeting: War in Ukraine and Public Health

09:00 - 15:30 CEST, Friday 20 May 2022, Gdansk, Poland and online

On 20 May, the Department of Public Health and Social Medicine, Medical University of Gdansk and ASPHER will hold a special meeting on the War in Ukraine and Public Health. Speakers will

include university colleagues from Ukraine, members of the ASPHER Task Force on War and organisers from the Medical University of Gdansk.

We welcome you to join us for the meeting in Gdansk or online. We will be in touch with more details of the full schedule of speakers and on how to register. Check back to aspher.org and your email. Please contact Robert at robert.otok@aspher.org if you are interested in attending onsite.

Meeting agenda outline:

09:00 - 09:15 Welcome & Introduction

09:15 - 11:15 War impact on public health

Public health needs in Ukraine and what support is possible
Needs of SPHs in Ukraine and what ASPHER can do to support them

PH challenges in European countries and world-wide due to the war
How SPHs need to adapt to the new challenges

11:45 - 12:30 Public Health Curriculum adaptations: good practices & ASPHER plans

12:30 - 12:45 Next steps & Concluding remarks (both morning sessions)

14:00-15:30 Workshop on public health curriculum adjustments

ASPHER NEWS & EVENTS

ASPHER General Assembly

The ASPHER General Assembly will be held online **Tuesday 7 June 13:00 - 16:30 CEST (Brussels time) via Zoom**. Further details and the meeting agenda will be posted at the [GA webpage](#) in the lead up to the meeting and in the next newsletter.

ASPHER Deans' & Directors' Retreat

Save the date! The 2022 ASPHER Deans' & Directors' Retreat is planned as a hybrid event in **Sofia, Bulgaria and on Zoom from Friday - Sunday, 14 - 16 October**. We hope we will see many of you in person for the 2020 Retreat this autumn!

ASPHER Partnership: European Public Health Week Kick Off

09:00 - 10:00 CEST, Monday 16 May 2022

ASPHER is the official partner for Day 1 of this year's [EUPHW](#). We will kick off the week with an **opening ceremony on Monday 16 May from 09:00 - 10:00 CEST (Brussels time)**. Please be sure to join us!



We are happy to see that many members will be contributing and ASPHER will be active throughout the week. We will send you a full schedule of ASPHER events by email next week and always check back to aspher.org.

Be sure to send us your EUPHW events so we may include them in the ASPHER schedule.

And don't forget to **submit your event to EUPHA by the 6th of May 2022** to ensure that it will feature on the [official EUPHW events list](#).

To be added to the EUPHW mailing list, please email euphacommunications@eupha.org with the subject "subscribe EUPHW".

Launch of the thematic network statement on climate-health education

ASPHER launches the [thematic network statement on climate-health education](#), led by ASPHER Climate and Health Fellow Rana Orhan's proposal with the EU Health Policy Platform. The Thematic Networks are temporary networks of stakeholder organisations created in the EU Health Policy Platform. Their purpose is to prepare stakeholder - led and - owned Joint Statements on important EU health issues, summarising the common position of the co-signing organisations.

After several webinars and months of input, our fellows Rana and Tara are happy to present the final version of the joint statement titled "[Moving towards the right to 'health for all' by training the public health and wider health workforce on climate change and health](#)". The Joint Statement by the ASPHER led EU Health Policy Platform's thematic network on "Climate action through public health education and training" will launch on Thursday 5 May at the [EU Health Policy Platform annual meeting](#) with 76 endorsements. ASPHER President John Middleton will be at the meeting to present the statement. He will be joined by ASPHER Director Robert Otok.

We thank the many ASPHER Members and Partners who have already endorsed the statement.

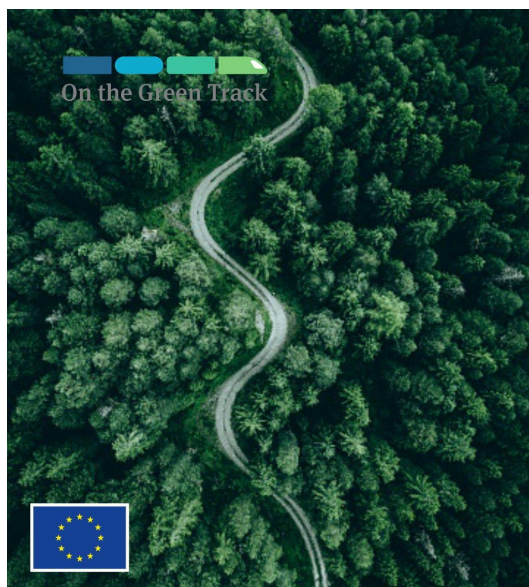
Further institutional endorsements may be made until the end of May. Please contact Rana at rana.orhan@aspher.org or Tara at tara.tchen@gmail.com about the statement.

The green track conference: Protecting nature and biodiversity to protect our health – The youth voice

14:00 - 16:00 CEST, Thursday 12 May 2022

The COVID-19 pandemic highlighted the role of humans on damaging nature and biodiversity. Not only did we see a quick positive impact of the few weeks of lockdown and the slowing of human activities on air quality for instance, but we also discovered that destroying nature can lead to the development of zoonotic diseases – such as COVID, potentially.

Youth is particularly impacted by such issues, because they are inheriting this planet and all damages to it will last for centuries. Situations such as pandemics will also have long-lasting consequences on societies, that young generations will have to pay for



Green Track Stop

Join us to

Protecting Nature and Biodiversity to Protect our Health

The Youth Voice

ONLINE WORKSHOP

Date

12 May 2022
14.00 – 15.30 CET

#TheGreenTrack

[This event](#) aims at providing information on the concrete impact of climate change on our societies, and what actions can and should be taken through a design thinking workshop. Youth involvement will be central in taking concrete actions, which is why it is important to involve everyone in these discussions.

ASPHER Fellow Tara Chen will speak on Climate and Health competencies for Public Health (14:35 CEST). Please find the [link to the agenda of the event](#) and the [registration link](#).

ASPHER Young Researchers' Forum

The 2022 ASPHER Young Researchers Forum (YRF) will be held on 9 June as part of the 15th International Scientific Conference: Digitalisation and Education in Health Sciences hosted by Angela Boskin Faculty of Health Care.

We congratulate the 10 ASPHER Young Researchers who have been selected to present their work: **Bohee Lee**, Centre for Population Health Sciences, Usher Institute, Asthma UK Centre for Applied Research, University of Edinburgh, UK; **Brian Li Han Wong**, Department of International Health, Care and Public Health Research Institute, Maastricht University, the Netherlands; **Dennis Wienand**, Department of Health Economics, Center for Public Health, Medical University of Vienna, Vienna, Austria; **Emma Schlegel**, School of Public Health, University Bielefeld, Germany; **Philippa White**, Department of Public Health, HSE-South, St Finbarr's Hospital, Cork, Ireland; **Prerna Krishan**, Usher Network for COVID-19 Evidence Reviews, University of Edinburgh, UK; **Sharmi Haque**, Faculty of Health, Medicine and Life Sciences, Maastricht University, the Netherlands; **Sylvia Agarici**, Department of International Health, CAPHRI, Faculty of Health, Medicine, and Life Sciences, Maastricht University, the

Netherlands; **Tobias Schiffler**, Medical University of Vienna, Austria; **Vasileios Nittas**, Department of Health Sciences and Technology, ETH Zurich, Switzerland

This will be a hybrid event on Zoom and in Bled, Slovenia. [See more information and contact for registration here.](#)

Maastricht University & ASPHER Fireplace Talk

Association of Public Schools in the European Region, in partnership with the Maastricht University Campus Brussels, organised a Fireplace Talk event on 15 March on the topic 'Public Health beyond the Pandemic'. The discussion focused on the functions of public health, the challenges it faces, especially in light of the pandemic, and what is the future of public health after the pandemic.

The event featured **Katarzyna Czabanowska**, Professor in Public Health Leadership and Workforce Development at Maastricht University, **Nadav Davidovitch**, Head of Ben-Gurion University of the Negev's School of Public Health, **Andrzej Rys**, Director for Public Health and Risk Assessment at the Directorate-General for Health and Consumers, European Commission and **José María Martín Moreno**, Professor of Medicine and Public Health at University of Valencia. The recording of the discussion is available [here as a podcast episode.](#)

Core competencies in applied infectious disease epidemiology in Europe: facilitating collaboration and the use of a common language among professionals

European Centre for Disease Prevention and Control & ASPHER

ECDC has published a [technical report](#) which contains the results of an ASPHER-led review and update of the core competencies in applied infectious disease epidemiology for mid-career applied epidemiologists.

Harmonising the competencies used in applied infectious disease epidemiology will facilitate collaboration and enhance the use of a common language among professionals who tackle cross-border health threats in Europe.

The [competency framework](#) contains a list of 157 competencies grouped in six subject areas:

- Essential methods for applied infectious disease epidemiology
- Preparedness, surveillance and response to infectious disease outbreaks
- Communication and advocacy
- Practice of infectious disease epidemiology
- Contextual influences on infectious disease management
- Leadership and management

The potential uses for this competency set include: training needs assessments in public health institutions; individual assessments; writing of vacancy notices; professional development planning. To facilitate the use of the competency set, the ECDC has also developed a

[self-assessment tool](#), which aims at helping individual professionals analyse their competency level in each domain and identify relevant resources provided by ECDC and its stakeholders. Case studies that show the use of the competency set will also be made available in the near future.

SEEEPHI at the IAPHP Conference

14:30 CEST, Monday 16 May 2022, Ashkelon, Israel and online



Co-funded by the
Erasmus+ Programme
of the European Union

The [Sharing European Educational Experience in Public Health for Israel \(SEEEPHI\)](#) ERASMUS+ CBHE project will hold workshop meetings at the upcoming conference of the Israel Association of Public Health Physicians at member school Ashkelon Academic College in Ashkelon, Israel. Many partners and ASPHER office will be onsite. **The first hour of the workshop at 14:30 CEST (15:30 Israel time) on Monday 16 May will be open for all to join as part of the EUPHW activities.**

Stay tuned - more information will be made available on how to register when we send out the ASPHER EUPHW schedule next week.

VxTrain Project update: ECDC training in the area of vaccination and vaccine acceptance

ASPHER kicked off work on Monday 2 May to create content for the ECDC training course on vaccination acceptance communication for frontline healthcare workers. The ASPHER Covid-19 Task Force subgroup on vaccination is planning an event for Day 2 of the EUPHW which is dedicated to Vaccination as a key prevention strategy. We hope to be able to give you a teaser of what is in store for the training course during the event.

You will learn more details when we email with the ASPHER EUPHW schedule next week.

Andrija Štampar Award Ceremony Video

On Tuesday 22 March 16:00-17:00 CET, **Dr Michael J Ryan**, Executive Director of the WHO Health Emergencies Programme was presented with the ASPHER Andrija Štampar Medal for excellence in the field of public health. The ceremony included a laudation of his achievements by ASPHER Executive Board Member, Prof Mary Codd.

It was truly an inspiring event! If you were unable to join us live, we encourage you to [watch the recorded version available here](#).



ERASMUS+ Project for the Harmonization for the Future of Public Health Education in Europe and Beyond.

The project will be submitted for Erasmus+ funding in response to the current challenges faced by Public Health Education across Europe - non-standardized training and diversified curricula in terms of scope, context and duration.

The project will aim to:

- Map the field of public health education in Europe and beyond.
- Propose an updated framework for the content of Public Health curricula.
- Produce indicative training material.
- Issue a guide on the continuous, life-long training of public health experts.

The project is an initiative of ASPHER and the Department of Public and One Health, Thessaly University. ASPHER still welcomes input and contributions from members on this project.

Contact Polychronis Kostoulas and Robert Otok if you wish to be involved pkost@vet.uth.gr and robert.otok@aspher.org.

Integrating diversity in public health education – call to review the curriculum

Diverse social identities – e.g., sex/gender, ethnicity, ability, sexual orientation – and their intersections shape health inequalities in societies. Yet, a systematic, critical integration into public health curricula is lacking, especially in the European region. To address this gap, we developed a curriculum on social identities and their importance for public health.

The curriculum enables students to identify mechanisms of privilege and oppression related to diverse social identities, to learn how to determine biases within public health structures, and to self-reflect on these structures. Moreover, it equips them with tools and skills to address and change biases in their practices to ultimately reduce health inequities.

We conceptualized the curriculum in an iterative and participatory process in a group of students, young professionals and senior researchers from different countries in Western Europe and North America. The curriculum covers three core elements: 1) the introduction of concepts and terminology on diversity, equity and social identities in relation to health inequalities, 2) the reflection on the role of public health professionals and their responsibility within this system; and 3) spotlights on specific social identities, e.g., sex/gender or social class. In addition, it provides guidance on teaching methods to empower a broad range of public health professionals to engage with the course materials more easily.

To review the curriculum material, ASPHER is inviting members with expertise in health inequalities, diversity, decolonization, public health teaching or curriculum development.

The review process is ongoing. It will include a careful revision of the material provided (or parts of it) and eventually a workshop with the working group and the review board members. Your contribution will be recognized in the final product.

Please contact Lisa Wandschneider at Bielefeld SPH (lisa.wandschneider@uni-bielefeld.de) to indicate your interest to become part of the review board.

Member Database and Social Media Accounts

The ASPHER Secretariat continues to improve its infrastructure to serve members better. Currently we are working on updating the member database and linking members' social media handles to their dedicated pages on ASPHER website. The Secretariat encourages all members to set up social media accounts (if you have not done so yet) and send us relevant details so we may link up with you and amplify your communications. We also encourage members to take advantage of the ASPHER blog if you have any items or reporting from your country or institution that you wish to share in more detail.

The Secretariat will ensure to screen ASPHER members' social media accounts on a regular basis for any news which can be published in the monthly newsletters and shared within the network. **Therefore, share the handles of your social media accounts with the Secretariat, if you have not done so already or follow us on social media platforms. If you are posting content, which might be of interest for the ASPHER community, feel free to tag us on Twitter: @ASPHERoffice and LinkedIn: @ASPHER.**

You are always welcome to share your news, publications, comments & suggestions with Lore at lore.leighton@aspher.org to be included in the next regular issue of the newsletter and on the ASPHER website activity log.

MEMBER NEWS & EVENTS

Greece and Europe lost a friend of public health: Marietta Giannakou 1951-2022

By Jeffrey Levett

Public health in Greece and in Europe has lost one of its true friends, Marietta Giannakou, Hellenic Minister of Health and Greek MEP. She was trained in neurology and psychiatry and a proven support for the Athens School of Public Health (1929-2019). She was one of the few politicians who recognized its achievements and important contributions to Greece, especially the passport to the league of progressive nations. She held ASPHER in high esteem and participated on occasion



in its Brussels held activities. The 15th General Assembly held in Athens 1992 left a number of headaches for the School, which she and her assistant helped resolve. As a professor at the Athens School of Health (1984) I had the privilege to work in the ESST (Europe, Society, Science, Technology) with her support as Minister and through the good services of Demos Agrafiotis, Professor of Sociology. I recall her ban on smoking on airplanes and her much later law that enabled senior faculty to continue serving the university after retirement. The Minister and MEP was well aware of the need to conserve expertise and talent as young people leave for greener pastures and to strengthen mental health services. She knew well the wise words on the parchment of the first diploma of the Athens School (1932) without health, life suffers and the value of international corporation. As a member of the Hellenic Parliament and over the past two years she has participated in the standing Committee on support for victims of violence and terrorism.

I met her more than 3 decades ago at the Ministry of Health, having parachuted into a very different Greece from the one I left, almost 60 years ago. Several months ago I wrote that many things have changed but not all. I was referring to Marrieta's courage, dedication and progressive nature. Marrieta suffered with dignity and with great resilience. Even as she suffered she remained productive and helpful. Good luck on your ongoing journey and thank you for all of your support.

Jeffrey Levett,
ASPHER Past President

CaRe Days 2022: Illusion or Reality - the influence of our mind on research and practice

11-12 May 2022, Eindhoven, the Netherlands

Would you like to meet other young and/or early-career researchers from other Dutch public health and care research institutes and present your own work in an informal setting? Join the CaRe Days on 11 and 12 May in Eindhoven!



Research school CaRe is a collaboration between four research institutes: Amsterdam Public Health, Nivel in Utrecht, Radboud Institute for Health Sciences in Nijmegen and **CAPHRI**. The mission of CaRe is to contribute to better health and better healthcare through high-quality research, training of young researchers in the field, and multidisciplinary cooperation between the four research institutes to develop and implement relevant scientific knowledge. A core activity for PhD candidates within the CaRe institutes, concerns the annual 'CaRe Days' event. Here, you have the opportunity to meet other young and/or early-career researchers from the different institutes and present your own work in an informal setting. Moreover, the event hosts inspiring (senior) speakers and offers parallel sessions on wide-ranging topics.

To view full programme and to register, please visit the [website](#)

International Summer School of Bordeaux School of Public Health: Methods in Public Health

30 May - 23 June 2022
Bordeaux, France



Bordeaux School of Public Health (Isped) is organising an international summer school on the topic - 'Methods in Public Health'. The objective is to provide up-to-date knowledge of the main methods and techniques applied in epidemiology, in both developed and developing countries, to address major public health challenges. The summer school is intended to provide a range of training courses for health professionals.

For more information and to register, please visit their [website](#)

SSPH+ Summer School in Public Health Policy, Economics, and Management

22-27 August 2022
Location: Lugano, Switzerland & Online



At the **SSPH+** Summer School in Public Health Policy, Economics, and Management in Lugano, practitioners, researchers, and graduate students come together from all over the world for a unique learning experience focused on public health impact. The education obtained and networks created serve as an opportunity to reduce and prevent the gap between public health theory and practice.

This year courses are offered online and/or on-site, and take place from 22 to 27 August. There are also 2 pre-courses mid-August.

If you would like to find out more about the courses and to register, please visit their [website](#). The deadline for enrollment is 17 July 2022.

Online Course: Introduction to Systematic Reviews and Meta-Analysis

20-22 October 2022, Online

The International HTADS Continuing Education Program developed by the Institute of Public Health, Medical Decision Making and Health Technology Assessment, Department of Public Health and Health Technology Assessment at UMIT TIROL is organising an online 3-day Certificate University Course "Introduction to Systematic Reviews and Meta-Analysis".



This 3-day virtual hands-on workshop provides an introduction to conducting systematic reviews, evidence synthesis and meta-analyses. It will cover how to formulate an answerable research question, perform a literature search, extract data, assess study quality and risk of

bias, perform a meta-analysis and report results. The course will be interactive and practical, with a mixture of lectures, hands-on tutorials and computer exercises.

Topics covered in this course: Formulate an answerable research question along the PICO (Population, Intervention, Comparator, Outcome) framework; Perform a systematic literature review, including selection of databases, development of a search code, defining inclusion and exclusion criteria, data extraction and quality & bias assessment; Develop and implement an analysis plan, including determining the interventions, the outcomes and effect measure to be used; Understand the principles of fixed and random effects models and their differences; Critically assess study quality and risk of bias; Identify and explain heterogeneity; Program specific software to perform a meta-analysis; Report and interpret the results of meta-analyses; Understand the role of meta-analysis in clinical guideline development, health technology assessment and decision making. For more information on the course, registration process and available discounts, please [click here](#).

Selected ASPHER Member Publications

Albuquerque G, Lança de Morais I, Gelormini M, Sousa S, Casal S, Pinho O, Damasceno A, Moreira P, Breda J, Lunet N, Padrão P. Availability and Nutritional Composition of Street Food in Urban Central Asia: Findings From Almaty, Kazakhstan. *International Journal of Public Health*, Volume 67, 25 April 2022

DOI: <https://doi.org/10.3389/ijph.2022.1604558>

Castro A, Rööslü M, de Hoogh K, Kappeler R, Kutlar JM, Vienneau D, Künzli N. Methods Matter: A Comparative Review of Health Risk Assessments for Ambient Air Pollution in Switzerland. *Public Health Reviews*, Volume 43, 06 April 2022

DOI: <https://doi.org/10.3389/phrs.2022.1604431>

Helldén D, Weitz N, Nilsson M, Alfvén T. Situating Health Within the 2030 Agenda—A Practical Application of the Sustainable Development Goals Synergies Approach. *Public Health Reviews*, Volume 43, 07 April 2022.

DOI: <https://doi.org/10.3389/phrs.2022.1604350>

Kinnunen J M, Paakkari L, Rimpelä A H, Kulmala M, Richter M, Kuipers M A G, Kunst A E, Lindfors P L. The role of health literacy in the association between academic performance and substance use. *European Journal of Public Health*, Volume 32, Issue 2, April 2022, Pages 182–187 DOI: <https://doi.org/10.1093/eurpub/ckab213>

Mariani M, Sisti L G, Isonne C, Nardi A, Mete R, Ricciardi W, Villari P, De Vito C, Damiani G. Impact of hospital mergers: a systematic review focusing on healthcare quality measures. *European Journal of Public Health*, Volume 32, Issue 2, April 2022, Pages 191–199

DOI: <https://doi.org/10.1093/eurpub/ckac002>

Naum A, Toçi E, Toçi D, Burazeri G, van Kessel R, Czabanowska K. Correlates of level of satisfaction among primary health care workers in Albania. *South Eastern European Journal of Public Health (SEEJPH)*, 22 March 2022.

DOI: <https://doi.org/10.11576/seejph-5346>

PARTNER NEWS & EVENTS

Call for papers: The 30th Anniversary of the Maastricht Treaty

Studio Europa Maastricht | Deadline for abstract submission: 1 June 2022



Maastricht University and Studio Europa Maastricht are organising an interdisciplinary academic conference to discuss the Maastricht Treaty through a European socioeconomic perspective. **The conference will be held 27-29 September.**

The aim of the conference is to facilitate critical, but constructive, academic dialogue on the Maastricht Treaty's legacy. In line with the spirit of unity in diversity, forward-looking scholars from all backgrounds are welcome; the only requirement is a willingness to work with others to reach a consensus on making Europe a better place through the commemoration of this paramount milestone of European collaboration.

This call is open to all, however, the selection process will be competitive due to limited places. **Abstracts may be submitted until 1 June 2022. Applicants should send their abstract (maximum of 300 words) to Ivan Rubinić (i.rubinic@maastrichtuniversity.nl).**

Participation in the conference is free of charge.
For more information, please visit Studio Europa's [website](#)

Revised e-learning course for front-line managers on COVID-19 prevention and response to vulnerable populations is now published.

This e-learning course is designed for front-line managers of institutions hosting or serving people who are medically or socially vulnerable to the impact of COVID-19, in different settings, within the EU, during the COVID-19 pandemic.

The course has been revised by ECDC and includes sections on vaccination as well as revised Infection Prevention and Control measures.

For more information on the course and to register [here](#)



European Health Information Portal

INFACT, PHIRI, DIPOH

On 31 May 2021 the [European Health Information Portal](#) was officially launched. The European Health Information Portal is a one-stop shop facilitating access to population health and health care data, information and expertise in Europe.

The Health Information Portal is developed in The Joint Action on Health Information (JA InfAct) and the PHIRI Project (Population Health Information Research Infrastructure). Please note that this Portal is a work in progress: in PHIRI we expand, update and improve the Portal.

The aim of the Health Information Portal is to provide access to population health and healthcare data across Europe. The portal is the gateway for potential users to make use of the services of the Research Infrastructure on population health that was ideated in InfAct and that will be implemented in PHIRI and DIPOH.

The Health Information Portal contains catalogues for Health Information (HI) sources, National and European projects, Research Infrastructure, capacity building activities, and COVID-19 related resources that will help researchers to find and access population health information in a timely manner. An overview of the data model of the Health Information Portal and metadata elements of specific modules of the Health Information Portal can be accessed [here](#).

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OPPORTUNITIES

ISPUP PhD Studentship Grants

The Institute of Public Health of the University of Porto opened a call to award 3 PhD Studentship Grants in the area of Public Health Sciences.

The studentships, financed by the Portuguese Foundation for Science and Technology (FCT), are intended to fund research activities leading to a doctoral degree at the Epidemiology Research Unit (EPIUnit) of ISPUP.

Calls are open until May 31, 2022.

[More information on how to apply is available here.](#)

Palacký University seeks Postdoctoral Researchers

Science and Research Centre, Faculty of Health Sciences, Palacký University Olomouc

Science and Research Centre, Faculty of Health Sciences, Palacký University Olomouc is seeking talented and ambitious Postdoctoral Researchers to jointly submit proposals for the European and Global Marie Skłodowska-Curie postdoctoral fellowships MSCA-PF.

The Multidisciplinary approach for Infectious Diseases “Appofis” topic is reaction on global epidemiological situation. Managing large-scale epidemics or pandemics goes far beyond epidemiology and, in its complexity and difficult predictability and management, is a challenge for both research and society (as demonstrated by COVID-19 pandemic). Although this problem is primarily epidemiological, the cooperation of other disciplines is absolutely necessary and natural, not only from a medical perspective.

The fellowship is designed to help young researchers to launch successful academic careers by gaining valuable research experience aiming at top rated publications while making influential contacts.

Potential candidates need to hold a doctoral degree (Ph.D.) not longer than 8 years and have not resided in the Czech Republic for more than 12 months during the last 3 years, at the time of the deadline. More details about eligibility can be found at [Marie Skłodowska-Curie dedicated website and in MSCA Work Programme 2021 – 2027](#).

Particular interest for researcher in the following research areas: Public Health; Epidemiology of Infectious Diseases; Environmental epidemiology; Social Anthropology; Health policy.

Submit an application including a CV and a separate list with 5 most important publications of the 5 last years to: ondrej.holy@upol.cz. Letters of recommendation will be requested on the second selection round. Screening of applicants will start immediately.

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