

November 2020 ASPHER Newsletter



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MESSAGE FROM THE PRESIDENT

Part 1: ASPHER on the World Stage – Virtually

The World Congress of Public Health was held in Rome last month. Virtually. It was a tremendous event bringing together nearly 4000 people from all over the globe for four days of stimulating debate and fine demonstrations of the art and science of how we protect and improve the health of the public. ASPHER was strongly in evidence throughout the congress. Our This Is Public Health Europe #TIPHEurope meeting demonstrated the [efforts of fourteen of our schools involved in the eight European campaigns](#) over the past year. The pandemic may have appeared to be a set back for #TIPHEurope but most took the increased interest in public health as the opportunity to showcase their work and what we do, for example [Milan](#), and [Maastricht](#). We also celebrated the life-time of excellence in community health work by our [ASPHER Andrija Štampar medal award winner, Professor Selma Šogorić](#).

Selma's medal represents a homecoming for our most prestigious award – she is the first recipient to come from the long lineage of outstanding public health practitioners in the Balkans and is based in the Andrija Štampar School of Public Health in Zagreb. Our plenary, *Revolutionizing the public health workforce as agents for change* was master-minded and led by Professor Kasia Czabanowska from Maastricht. It featured contributors from five continents. The session recognised the vital need to rebuild and replenish the services and systems of public health in all countries. The pandemic had exposed weaknesses in preparedness and in capacity in public health services and led all of us to call for reinvestment and growth, and particularly in education and training. Practical difficulties were highlighted particularly in job opportunities for young professionals and making the profession attractive in status and in income terms when compared to other health professions. In this session we were also able to highlight ASPHER's commitments to professionalisation, workforce capacity and training. Our joint [WHO-ASPHER competencies for the public health workforce webinar](#) from September has now been put online by WHO. I commend it to you.

The congress was also the occasion for us to launch the [Global Network for Academic Public Health \(GNAPH\)](#). This new organisation brings together the public health schools of Europe, Africa, Latin and North America and South East Asia and Asia Pacific. This group will become of growing significance and influence in promoting the need for public health expertise and advocating for more and higher quality teaching and training in public health. We will also use it in support of global health organisations like the World Federation of Public Health Associations and [WHO](#).

My thanks and congratulations go to all the organisers of this truly inspirational event. I thank particularly our next President-elect Carlo Signorelli for his decisive leadership, with Walter Ricciardi, and making this event happen, from the potential despair of having to cancel the full event back in March this year. The Congress had been completely recast in the context of the COVID pandemic, as reflected in [the Rome statement](#), to which ASPHER is a signatory. It is our duty now to take forward the energy and excitement of public

health, make ourselves visible and heard, and most importantly save lives and improve health in the face of this terrible pandemic and other global health threats.

Part 2: From the ASPHER COVID-19 Task Force: Three Faces of COVID

On the pandemic front, ASPHER's task force continues to be active, coordinating and facilitating thinking, and supporting our members in their efforts, advising national governments and leading national efforts. A second wave by whatever name you wish to use, is affecting many countries now. I am forming a view that there are three emerging categories describing the epidemics and responses in different countries. There are what I would call 'good-staying good' or 'good-to-great': amongst these, we should celebrate the efforts of the well prepared and decisive public health systems of East Asia – Taiwan, Singapore, South Korea, Vietnam, and also New Zealand. Closer to home Norway, Finland, Slovenia continue to be vigilant and keep a lid on the pandemic. In addition there are the efforts of lesser celebrated countries – [Uruguay](#), [Rwanda](#), [Kerala](#) and the [southern states](#) of India, and now we must add [Mongolia](#), [Sri Lanka](#), [Ghana](#), [Trinidad and Tobago](#).

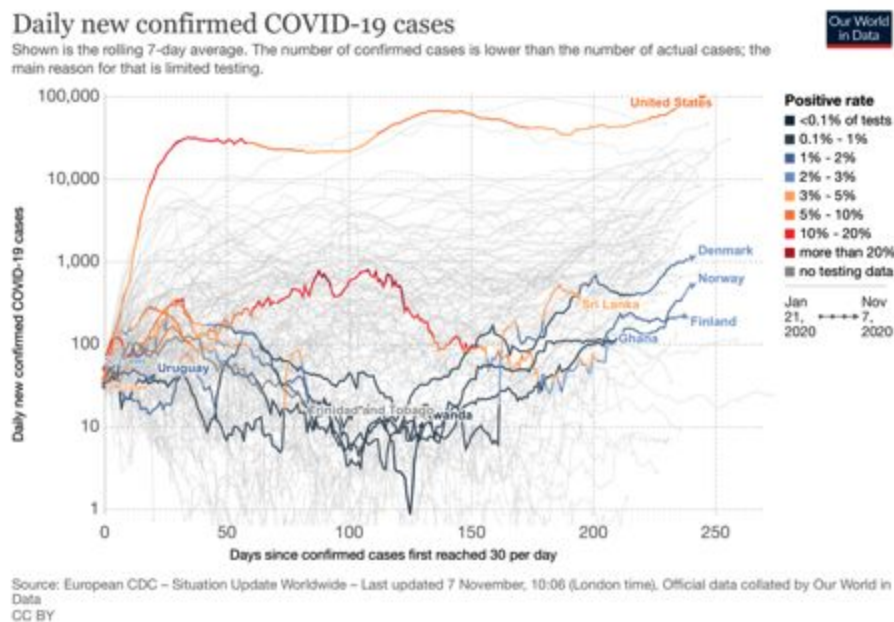


Figure: 'Good-to-great' nations (USA rates for comparisons); log scale

Then there are the 'good-to-not-so-good' or 'good-to-bad', the countries that took their eye off the ball, or relaxed too soon, or were looking the wrong way as the virus played on during the summer. Among these countries, Czechia is now badly hit. [The 'Charles Bridge party'](#) celebrated the end of the pandemic – not a good way to go. [Greece](#) also faces a new surge. [Israel](#), also. [Germany](#) is beginning to see a resurgence. [France](#), [Spain](#), [Italy](#) are badly hit.

And then there are the 'bad-to-worse'. Almost universally led by populist politicians, I count UK, USA, Brazil, India. They have been in denial, acted too little or too late, or made dangerous compromises trying to satisfy the needs of their economies over the health of their people.

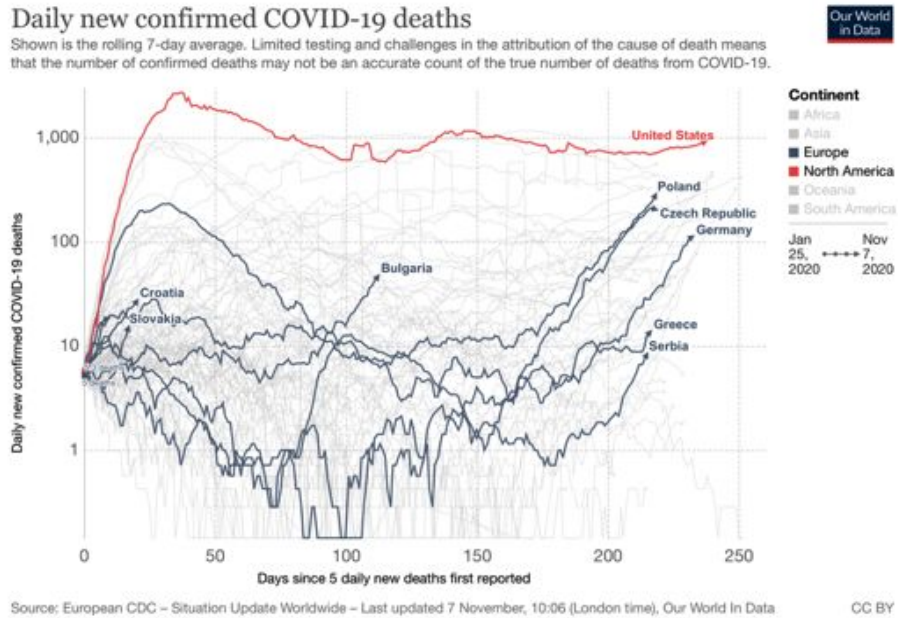


Figure: ‘Good-to-not-so-good’ (USA included for comparison); log scale

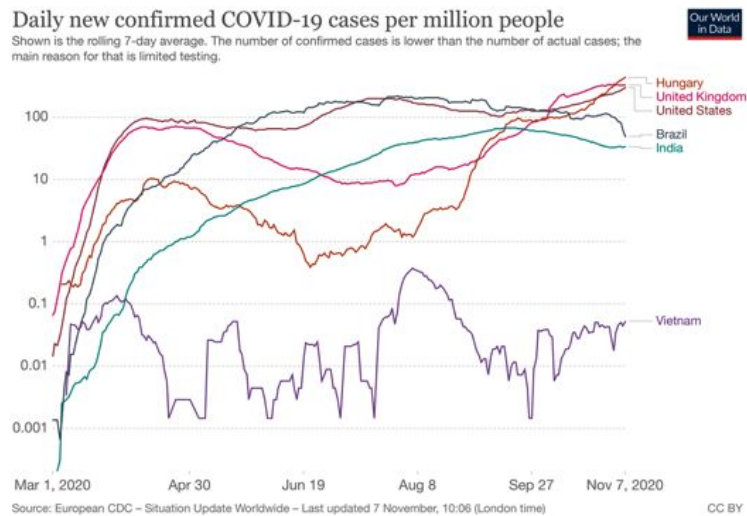


Figure: ‘Bad to worse’ – Cases in populist states (low Vietnam rates for comparison); log scale

The US and UK particularly have failed to recognise that you cannot recover your economy, [without successfully dealing with the virus](#). And this false dichotomy between the needs of health and the needs of economies is now being played out in the scientific world. The ‘[Great Barrington Declaration](#)’ last month asserted the need to protect the health of citizens by getting economies moving and protecting only the most vulnerable. It promotes the notion of herd immunity, that by exposing the whole population, most of whom will only suffer mild illness, we will get to an earlier burn out of the pandemic. In any outbreak, not everyone is affected – there may be such a thing as ‘pre-existing immunity’,

or natural resistance, or accidental non-exposure. Europeans discovered this in the Black Death in the 14th century, but only after 2/3rds of the entire population had perished. Are you feeling lucky?

In response, the Lancet published the [John Snow Memorandum](#), which has over 5000 signatories, including many ASPHER members. I have signed [on behalf of ASPHER](#). Our COVID-19 Task Force believes that herd immunity has yet to be demonstrated. The totemic [Manaus experience published in September](#) suggested that with 66% of the population showing evidence of previous infection, herd immunity had been achieved and the virus would not return. Within weeks the optimism, or hubris, had been dispelled. [COVID is back with a vengeance in Manaus](#) and authorities are grappling to deal with it again.

It is essential that epidemiologists continue to monitor sero-prevalence of COVID in our populations, but it is only a marker of previous exposure to the virus, we do not know yet if it equates to immunity in the population; and it cannot be used to determine policies on future pandemic control. It is also essential that we share and develop knowledge with different scientific disciplines, particularly in this case, with the immunologists. We need to be able to compare [new knowledge on T cell immune responses](#), for instance, with what is actually happening in population exposure to COVID infections. We need our collaborations to be extended with [economists, sociologists, ecologists and behavioural scientists](#). We also need a framework of law and ethics. We are not 'all in this together'. 'Herd immunity' is not a neutral policy; allowing the virus to 'rip through' the population so most of us can get it mildly means requiring poor people, black people, people in high risk occupations, overweight, vulnerable and ill people to take greater risk for us.

We need to bring scientists back together to debate these issues, grow and test plausible hypotheses. Unfortunately with the Great Barrington Declaration [science has been subverted to the interests of big business](#); credible scientists from lauded universities have been recruited to be their [merchants of doubt](#). This all has the effect of undermining science, and deflecting the blame for failure from where it rightly lies, with inept and inadequate politicians.

Part 3: UK Faculty of Public Health Emergency Brexit Webinar October 19th 2020

In other news, I was delighted that so many ASPHER members joined the UK Faculty of Public Health webinar on [the implications of a crash-out Brexit](#). Britain leaving the EU without a trade deal will be a disaster for the UK but will also have major impacts on EU nations. The major manufacturing nations will be hit directly and immediately, through cuts in sales, tariffs and disruption of component supply chains. Trade in food in both directions will be vulnerable with the unhappy prospect of food rotting in queues of trucks either side of the channel. Tariffs will also apply with instant 20% average increases in food prices for British customers and as high as 48% tariffs on meat and cheese exports from the UK to Europe. Countries reliant on tourism will also be impacted, more so in the longer term perhaps although the winter holidays are already crippled by COVID-19. In addition, [British government departments and exporters are unprepared](#) for the extraordinary

[excess of form filling](#) they will now be required to do (now that we are ‘free’ of EU bureaucracy!)

But if our manufacturers and farmers, importers and exporters are unprepared, road hauliers are bracing themselves for long waits at ports, long waits on improvised lorry parks on British roads – and no-one has thought till now about their [sanitary needs](#)! There is also little evidence to date that emergency planners are prepared for food shortage, even food riots and civil unrest, other component problems and energy disruption and shortage of medical supplies and equipment. Crash-out Brexit will really be the crest of the tsunami thrown up by [the perfect storm of pandemic, deep economic recession and cold winter pressures](#). But thank you my fellow Europeans for your moral support!

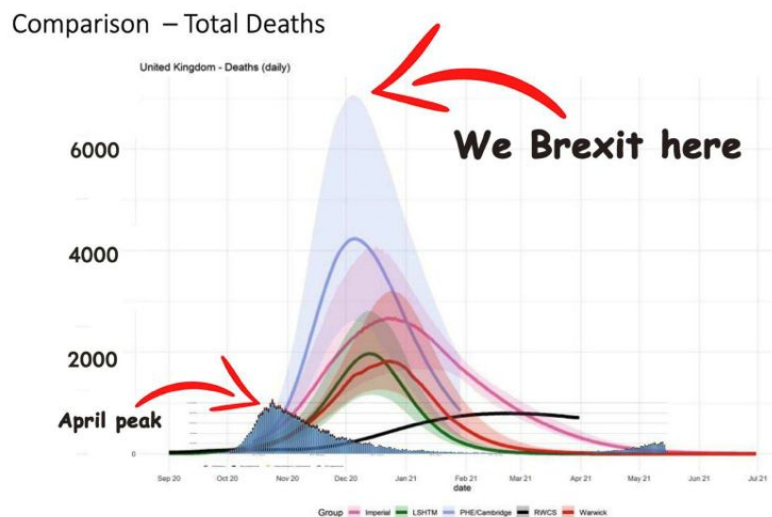


Figure: A twitter image of the perfect storm – the projections of UK deaths may all have been reduced – but the image still says it all

Part 4: The United States: At an Inflection Point

Lore Leighton and John Middleton

Things are looking brighter across the pond with Joseph R. Biden presumed to be the President-elect of the United States upon reaching over 270 electoral votes on Saturday 7th November. In his [acceptance speech](#), Biden has promised to ‘*marshal the forces of science in the [...] battle to control the [corona]virus, the battle to secure your family’s health care, the battle to achieve racial justice and root out systemic racism in this country, the battle to save the climate, the battle to restore decency...*’ This comes as welcome reassurance after the current administration’s failures of ‘astonishing magnitude’, which took ‘a crisis and turned it into a tragedy’ as denounced by the Editor’s of the New England Journal of Medicine in their [implied endorsement of Joe Biden](#). Within hours of the election being called and with more than two months to go before he takes office, Biden was making good on his promises by assembling his [Coronavirus Advisory Board](#) including among others, [Rick Bright](#) ousted by the Trump Administration for [alleging they ignored early warning signs of the pandemic](#). The public health community and the World also look forward to

Biden keeping his campaign promises to [reverse the Trump decision to leave the WHO](#) and to [rejoin the Paris Agreement](#) ‘on day one’ of his presidency.

President-elect Biden chose a [historic Vice President in Senator Kamala Harris](#), who will be both the first woman and the first person of color to hold the office. He intends to carry this further into [his cabinet appointments, vowing to seek a diverse leadership](#) that ‘look like America’. Doing so should serve him well in his plans to tackle systemic racism and [to advance racial equity](#). It will take hard work to heal the wounds inflicted over the past four years in the United States, but [Vice President-elect Harris’ words](#) bring hope when thanking Americans who, ‘*For four years, marched and organized for equality and justice for our lives and for our planet. Then you voted and you delivered a clear message. You chose hope and unity, decency, science, and, yes, truth.*’



My thanks as ever, this month, go to our tireless Secretariat Lore Leighton and Robert Otok for the great support they give me and ASPHER colleagues.

Yours in health,
John Middleton, President, ASPHER

MESSAGE FROM THE SECRETARIAT

ASPHER Secretariat hopes everyone in our Membership is well. This newsletter will find its way to you at a time when many European countries and beyond face various forms of lockdown to contain successive waves of COVID-19.

The November edition of the ASPHER newsletter features our [COVID-19 country report from the Medical University of Vienna, Austria](#) as well as specific news from Members in [Denmark](#) and the [United Arab Emirates](#). Meanwhile, the COVID-19 Task Force has released their [policy report on contact tracing apps](#) and how countries are putting them to use. The second phase of the [Task Force school reopening survey](#) is also underway at this time as they look to capture the changing dynamics of the epidemic and how it impacts the teaching and best practices at our Member schools. Please be sure to contribute to [the survey](#) and let the Secretariat know if you wish to join in the Task Force.

This month’s This Is Public Health (TIPH) European Campaign Feature highlights the initiative of the [Faculty of Public Health Kaunas, Lithuania](#) to reach out to high school (gymnasium) students. The [TIPH Campaign is now going Global](#) and all ASPHER Members are eligible to apply for a 2021 award. We hope you have found inspiration from the 2019-2020 Campaigns and encourage you to send a proposal to the Global Network for Academic Public Health.

The newsletter includes two surveys from Members/Partners on [International Online Collaboration Competencies](#) and [Best Practices in Advanced Public Health Training](#) that are particularly relevant to our membership. We ask that you kindly assist with your participation. There are several [webinars](#) announced as well both past (recorded) and

upcoming from Members and Partners. We hope you will find these beneficial and enriching for you and your students.

We'd also like to inform you about some special opportunities: [ECDC currently has job vacancies](#) they asked ASPHER to share with our network. Students should take note that the [EuroPubHealth+ Masters intake for 2021](#) is now open. And for something a little bit out of the ordinary, consider showing off your creativity with a submission to the [Culture, Health and Wellbeing International Conference 2021](#).

In recent European developments, ASPHER applauds the European Commission initiative to build a strong [European Health Union](#), 'in which all EU countries prepare and respond together to health crises, medical supplies are available, affordable and innovative, and countries work together to improve prevention, treatment and aftercare for diseases.' However we must continue to remain vigilant and remind and lobby the Commission to maintain appropriate funding for the research that goes into keeping Europe and the Planet Healthy. To this end, ASPHER has lent its endorsement to the [Rescue Horizon Europe Campaign](#).

The [ASPHER 2025 strategy](#) has a role to play in responding to the training and research needs for the European Agenda and the Executive Board met this month to advance on the transition from the 2020 to the 2025 programme as we enter the crucial period for devising the Association's 2021 work plan. We are also pleased to announce that the Board granted Provisional Membership to two new schools. You will learn more about them at the 2021 General Assembly, but in the meantime we congratulate the [Institute of Public Health and Professional Health of Karaganda Medical University, Kazakhstan](#) and the [School of Public Health, Mongolian National University of Medical Sciences](#) on joining the Association. We rely on our current Members to make them welcome.

Finally, we are very pleased to announce that an ASPHER led consortium has been awarded funding for an ERASMUS+ Capacity Building project in the Field of Higher Education. The ['SEEEPHI' proposal](#) will bring European education expertise in public health to Israel to enhance their public health workforce. ASPHER sees this as a great opportunity to pilot an initiative to build the professionalisation of the public health workforce in a particular country/region and will be looking for possibilities to repeat the work elsewhere.

Best wishes from the ASPHER Secretariat,
Robert Otok and Lore Leighton

Please don't forget to share your news, publications and announcements with lore.leighton@aspher.org to be included in the next regular issue of the Newsletter and on the [ASPHER website activity log](#). **We are now publishing more regular monthly newsletter reports which will better ensure timely release of your announcements to the ASPHER Membership!** Finally, we always appreciate any comments and/or suggestions for improvements for us to consider for the newsletter - let us know!

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COVID-19 NEWS

ASPHER COVID-19 Initiatives from our Members and Partners

Each month over the coming months, ASPHER will be featuring a more in depth look at COVID-19 actions taken by selected Member Schools. **This month we hear from the Medical University Vienna, Austria in our COVID-19 Feature article as well as specific country updates from Denmark and the United Arab Emirates.** If your school has an interesting initiative related to COVID-19 let Lore know at lore.leighton@aspher.org.

COVID-19 in Austria

Judit Simon, MD, BA, BSc, MSc, DPhil, FFPH

Professor of Health Economics/Head of Department/Deputy Head of Center
Department of Health Economics, Center for Public Health,
Medical University of Vienna, Austria
Member, ASPHER COVID-19 Task Force

By early afternoon on the 11 November 2020, when this report on the COVID-19 pandemic in Austria is getting finalized, Austria has carried out 2,537,179 COVID-19 tests, registered 172,380 confirmed cases and 1564 COVID-19 related deaths, 3719 patients are hospitalized with 536 cases in intensive care (Figure 1). We are after a very turbulent early November. In the international context, with a backdrop of the most controversial developments in the recent US elections, we just had news of the first effective COVID-19 vaccine, Obamacare (the Affordable Care Act) is challenged again in front of the US Supreme Court, the highest ever COVID-19 infection numbers are being reported in many countries, while Belgian doctors who tested positive for COVID-19 without major symptoms are called to work to tackle hospital staff shortage. At the other end of the COVID-19 pandemic spectrum, Australia recently recorded a few days with no new local COVID-19 cases. More and more European countries including neighboring countries such as Germany, Italy, Slovenia, some of the Swiss cantons, and most recently Hungary have been initiating so called ‘wave breaking’ lockdowns at different levels trying to tackle the second wave of the pandemic. Slovakia has also just completed its mass screening strategy with its impact still to be seen.

Figure 1: COVID-19 Status Quo in Austria (11.11.2020)

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
1	Austria	172,380	+7,514	1,564	+65	103,759	67,057	536	19,100	173	2,537,179	281,127	9,025,030
	Total:	51,950,727	+153,580	1,282,118	+3,579	36,491,764	14,176,845	95,125	6,664.8	164.5			

Source: <https://www.worldometers.info/coronavirus/> (11.11.2020)

Austria is in lockdown since the 3 November, the same night when a terrible terror attack happened in Vienna. Therefore, the first day of the public health lockdown was spent in the capital city by many (adults and children) at home in an unprecedented ‘terror lockdown’. Since 5 November, all nine Austrian states have been red in the national Corona Traffic

Light System ('Corona Ampel'), a system that was introduced in September for potential regional differentiation of the necessary public health measures and has been reset weekly by a dedicated expert committee since. Austria also registered its highest ever daily COVID-19 cases on the 7 November (8,241 cases, Figure 2) and the highest ever daily COVID-19 deaths on the 6 November (72 deaths, Figure 3).

Figure 2: Daily New Cases in Austria (11.11.2020)

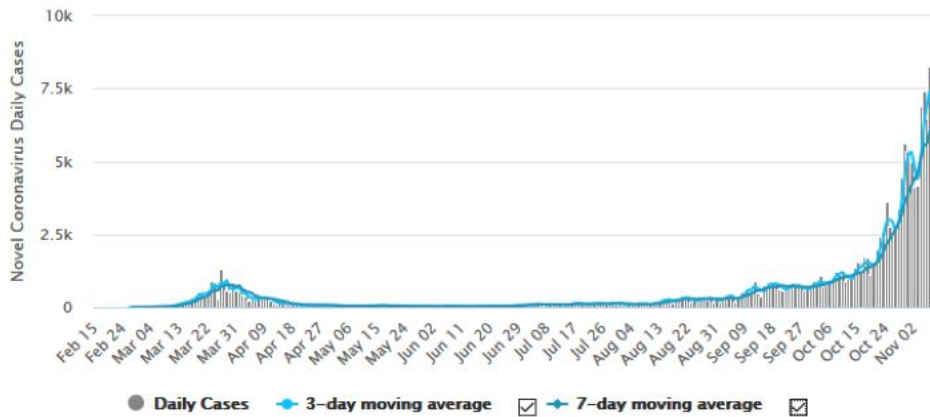
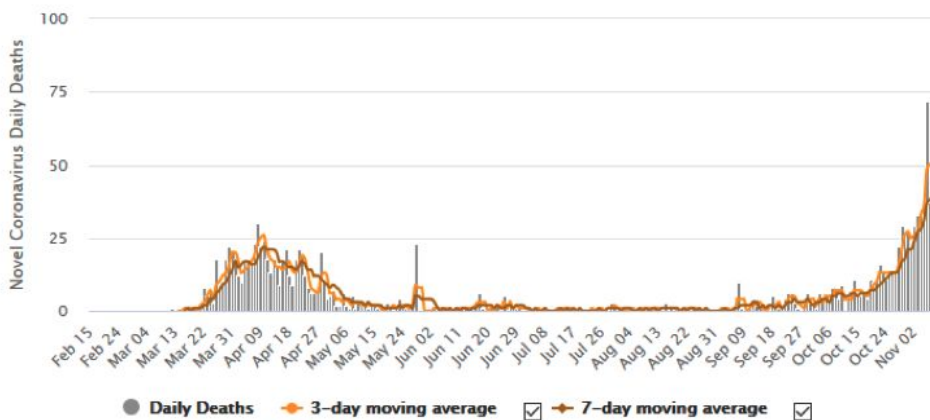


Figure 3: Daily New Deaths in Austria (11.11.2020)



Source: <https://www.worldometers.info/coronavirus/country/austria/> (11.11.2020)

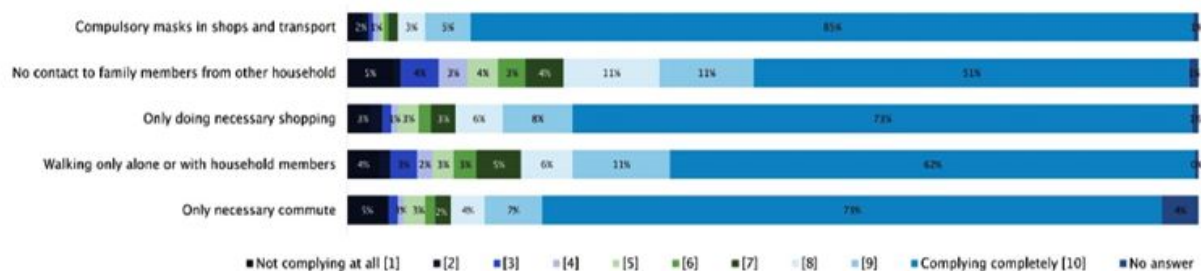
Austria registered its first SARS-Cov2 infection on 25 February 2020. The epicenter of the outbreak was in Ischgl in Tyrol, an internationally well-known and popular ski town. As opposed to the publicly criticized and legally scrutinized delay in regional public health measures which eventually put Ischgl and Sankt Anton under quarantine on the 13 March, Austria had a fairly quick national-level public health response to the COVID-19 outbreak. Firstly, wide-ranging travel restrictions were imposed and border controls were implemented. One of the first measures taken was the prohibition of large public events of over 100 people indoors and over 500 people outdoors on 11 March. Between 16 March and 14 April, the country went into its first national lockdown which included a general prohibition to enter public spaces including leaving homes unless for one of the five exceptions: immediate danger, going to work, shopping for essential goods, caring for

others, or exercise outdoors. A distance of 1m was to be kept between all who were not from the same household. Only essential shops remained open. In order to limit gatherings even further, universities and schools were closed and switched to distant learning. Home office arrangements were requested where and when feasible with relevant temporary social insurance arrangements in place. Doctor's offices were turned to only receive emergencies, e-prescriptions and medical certificates were provided following telephone consultation. Visitations in hospitals and care homes were also prohibited. On April 6, the Austrian government imposed obligatory mask use in supermarkets. Little over a week later, this was extended to public transport and other small shops which were reopened at that time.

The first results of a survey study conducted by the Department of Health Economics, Center for Public Health, Medical University of Vienna show that between 52-75% of the respondents found the public health measures necessary to a certain degree and only 7-17% completely unnecessary. Compliance with the measures was also high, with self-reported rates ranging from 85% considering mask wearing to 51% regarding no contact to family members who live in another household (Figure 4). The same study also found people with a history of mental health treatment as the most negatively impacted vulnerable group by the measures.

<https://healtheconomics.meduniwien.ac.at/science-research/projects/exploring-the-impact-of-covid-19-on-mental-health-and-wellbeing-in-austria-an-exploratory-study/>

Figure 4: Compliance with lockdown measures in Austria, March-April 2020



Source: Study Auswirkungen von COVID-19 auf die psychische Gesundheit und das Wohlbefinden in Österreich, n=560
 © Department of Health Economics, Center for Public Health, Medical University of Vienna, 2020

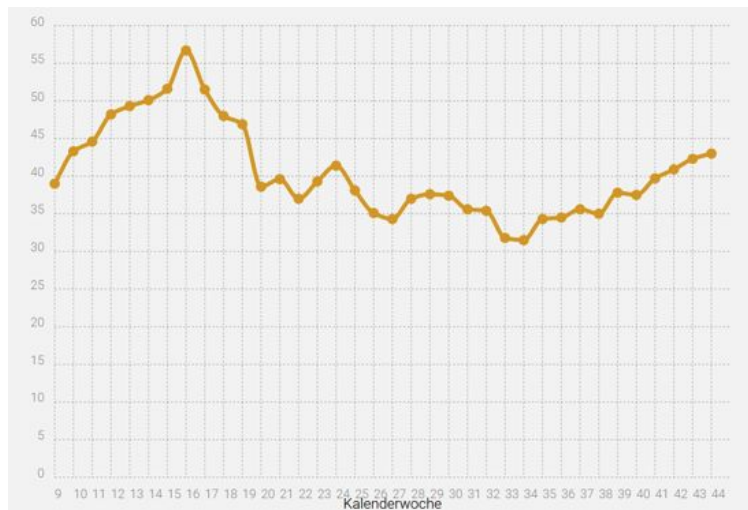
The spring lockdown was successful in flattening and eventually changing the epidemic curve after about two weeks and allowed the gradual reopening of shops, schools, restaurants from mid April onwards over May (Figure 2). Overall, Austria stood out as a nation that adopted aggressive and early control strategies and thereby saw a much smaller proportion of deaths from COVID-19 in the first wave compared to some other European countries.

After a summer with fairly low case numbers and life seemingly returning to post-COVID normality (e.g. mask wearing compulsory in public transport and in some essential shops, possibility for ongoing home office arrangements, mask wearing compulsory in common areas of schools), first concerns about a second wave of the pandemic surfaced by September with very rapid increase in case numbers since.

We are now in a second national COVID-19 lockdown in Austria. While all recreational, culture and indoor sport facilities had to close similar to the situation in spring, some public health measures are different this time. All shops remained open with max. 1 person per 10m² allowed. There is a night curfew between 8pm and 6am with an obligatory closing time at 7pm. In the gastronomy, only delivery or pick-up is allowed. Hotels can receive only business clients. Everywhere minimum 1 m distance between persons is to be kept together with compulsory mask wearing in all public indoor places and public transport. Events in general are prohibited, except professional sport events without spectators and funerals with max. 50 persons. Hobby sport is only allowed outdoors where all the distancing and hygienic measures can be adhered to (no contact or team sport). Care home visits are possible, but with major restrictions. Home office is recommended where feasible, but not compulsory. Teaching from 14 years onward and in universities are all online, but schools for younger children and kindergartens remained open as per a different 'Corona Ampel for Education' which is kept at orange level for the time being. This latter decision is also supported by the cluster analysis of AGES (Austrian Agency for Health and Food Safety) which shows that towards the end of October 52.6% of the cases were contracted in private households, 22.6% in recreational settings, 9.2% in health and social care facilities, and only 5.6% in educational settings.

Also the age distribution of the cases seem to differ between now and back in spring. While in April the average age peaked between 55-60 years, in August it was at its so far lowest between 30-35 years with a constant upward trend since to the current average age of 40-45 years. (Figure 5)

Figure 5: Average age of confirmed COVID-19 cases per calendar week in 2020 (11.11.2020)



Source: <https://www.ages.at/en/topics/pathogenic-organism/coronavirus/>

Testing in Austria has been mostly based on the gold standard PCR-test with 281,127 test per 1 million population carried out so far with active contact tracing in place from early on. Currently a free test may be done at home, in school or work following a suspected case or close contact reported to the health authorities via the 1450 hotline, via compulsory

weekly testing for employees in health care and social care facilities, optional testing in educational facilities, and upon own initiative via drive-in facilities. According to recent news, however, the follow-up of contacts is now only feasible for approximately 1:4 cases due to the exponentially increased case numbers with an R of 1.33 as the beginning of November. To allow faster and easier sample taking, a so called 'gargel test' (Gurgeltest) delivered by mobile bicycle carriers was introduced on 21 September for educational facilities. Recent analysis of these test results revealed an overall 3.52% positivity. To address the upcoming flu season, special container units will also start operating for the screening of self-registered symptomatic patients using the less precise but faster and cheaper antigen tests with an attempt to support fast differential diagnosis of respiratory infectious cases and keep these out of main health care facilities from tomorrow onwards.

The Austrian government's employment support policy implemented in the early stages of the pandemic included the introduction of a short-term working scheme to help retain jobs. While in 'Kurzarbeit', employees received 80% of their salary financed by the government allowing employers to retain staff. Businesses could also apply for direct financial support and tax relief. Despite these measures, the unemployment rate in Austria increased from 8.1% in February to 12.7% in April and eventually reduced back to 8.4% by September. During the recent lockdown, hotels and service providers required to close will be compensated with 80% of their turnover based on the same period from last year. In October only a slight increase in the unemployment rate to 8.7% could be observed (<https://www.statista.com/statistics/1116338/unemployment-rate-by-month-austria/>). In order to 'save' winter tourism and winter sports, all gondolas and lifts will also be closed for the time of the current lockdown and even if a reopening will become feasible in December, apres ski will be prohibited during the forthcoming winter season. In any case, the legal basis for home office arrangements is still missing in Austria and is not expected to be provided before early 2021 leaving a major grey area for all employers and employees under the current circumstances.

Regarding resources, although Austria has the second highest number of doctors and fifth highest number of hospital beds in the OECD relative to its population (5.2 practising doctors and 7.4 hospital beds per 1 000 people, OECD Health at a Glance 2019) and, therefore, is expected to be one of the most resilient European health care systems in terms of shortage of hospital beds or staff, recent predictions warn about intensive care capacity shortages already in November if the current lockdown measures do not work. Some regions, for example, Carinthia, have already indicated the highest level of hospital capacity usage and started postponing non-emergency care. There are also speculations about further national-level restrictive measures being implemented over the next few days. What the direct pandemic impact of the recent public health measures are, however, will only be evident in about another week, its long-term consequences only in the years to come.

Further information:

<https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Aktuelle-Ma%C3%9Fnahmen.html>

<https://www.ages.at/themen/krankheitserreger/coronavirus/>

<https://corona-ampel.gv.at/>

Coronavirus in Danish Mink

By Anders Foldspang

In September there were found Danish COVID-19 variants in mink in North Jutland, showing signs of decreased sensitivity to antibodies from persons, who have recovered from a COVID-19 infection. The new variant was found also in a few humans – 12 patients. If the new variant however spreads in human populations – possibly not only in a small part of Denmark but in the whole of Denmark and internationally – this will pose a risk to the development of effective vaccines against COVID-19. In other words, vaccine development so far could show to only cover part of the pandemic in the form, it will then express itself in the future. As communicated to the public, since September there have been found no more expressions of the new variant in Denmark, neither in mink, nor in humans.

As a consequence of these developments and considerations, Danish Prime Minister Mette Frederiksen on the 5th November, 2020, decided that all mink in Denmark – in- and outside North Jutland – shall be killed immediately and before the 16th November. Concurrently, a number of restrictions were decided for seven municipalities in North Jutland, from 9th November to 3rd December, e.g.:

- A ban on gatherings.
- Closure to the general public of establishments selling food, drinks or tobacco for on-site consumption.
- Closure of premises for sports, recreational and sports activities.
- Closure of cultural institutions, amusement parks, zoos etc.
- Persons who are not permanently resident in Denmark are not allowed to enter Denmark to stay or work in the seven municipalities
- All citizens resident in the affected municipalities are strongly encouraged only to cross municipal borders if this is warranted by important and urgent circumstances, including to carry out critical functions.
- All citizens resident outside the affected municipalities are strongly encouraged not to enter the affected municipalities unless this is warranted by important and urgent circumstances, including to carry out critical functions.
- Public passenger traffic, including buses, trains and ferries, in and out of the affected municipalities and across the municipalities will be shut down with the exception of school buses and the like.

All citizens resident in the affected municipalities are encouraged to take a test in the period in which the restrictions apply.

Denmark has got one of the largest productions of mink globally, and millions of mink are being killed by now. The decision by the government has been criticised for being late in

view of the time elapsed since the detection of the new variant and for not being based on a sufficient legal background as concerns un-infected minks outside the seven municipalities. Opponents claim, that the government cannot command such mink to be killed. Moreover, the rules for compensation are not clear, while mink farmers are themselves asked to destroy an entire industry – the result of the efforts of generations before them and of their own life’s work. All in all, this has started a parliamentary crisis, in which the opposition demands the retirement of the responsible minister, the minister of food.

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COVID-19 and the UAE Towards the Second Wave

The [WEQAYA Platform](#) is charged with ensuring the health and safety of every individual in the United Arab Emirates, as well as keeping the public updated with the latest news regarding health issues inside and outside the country. On 5 October it launched a [COVID-19 second wave awareness campaign](#): #BreakTheWave

[Read about what the UAE is doing to combat the second wave and how they are informing their public on ASPHER's blog.](#)

Contact Tracing Apps for COVID-19: An Overview of the European Region



The ASPHER COVID-19 Task Force has released the Policy report ‘Contact Tracing Apps for COVID-19 An Overview of the European Region’. The incidence of infections of COVID-19 is increasing again all over Europe as the colder season begins. As with the first wave, governments are struggling to contain the virus while avoiding severe social distancing measures. Contact Tracing Apps (CTA) are a promising option that could help to break the chain of infections.

In traditional contact tracing, trained healthcare professionals or contact tracers spend hours investigating infected individuals to attempt to identify their close contacts. However, SARS-COV-2 represents new challenges with its high reproductive rate outpacing manual efforts (1). The virus continues to spread amid delays between confirming a case and

manually finding a person's contacts. In response, many European countries have deployed CTA – with often meagre results. The take-up has been low, rarely reaching more than ten percent of the population. Privacy protection issues, technical faults, false positives, and disinformation have diminished public trust and confidence in the effectiveness of CTA. Understandably, the initial excitement over CTA has subsided. However, it may be too early to judge how effective CTA will be.

Therefore, it is well-timed to have a closer look at the deployment of CTA in the European Region. The aim of this policy report is to give public health professionals and students a cross-country overview of CTA, looking at basic technical, political, and public health aspects. The first part of this text serves as an introduction to fundamental technical concepts of CTA and their application in public health. The other part of this text is an attempt to map the European experience. It includes an overview of existing CTA in the European Region and a short analysis of patterns and differences. Furthermore, options for Pan-European cooperation will be discussed. Based on this information recommendations can be drawn for the application of CTA for COVID-19 in the coming months.

[Download Contact Tracing Apps for COVID-19 An Overview of the European Region here.](#)

COVID-19 Task Force Basic Terms Booklets

The ASPHER COVID-19 Task Force has produced three booklets of basic terms related to COVID-19 that we hope ASPHER Members use in their training. These include:

- [How to Count Illness: Basic Epidemiological Concepts for Understanding the COVID-19 Epidemic;](#)
- [What is Inequality? Basic Health Inequality Concepts for Understanding the COVID-19 Pandemic;](#) and
- [Contact Tracing Apps for COVID-19: Repository of Basic Technical Terms for Public Health Professionals.](#)

ASPHER has received some good feedback from members but also from practice and policy contexts pointing out the usefulness of these references.

The epidemiological terms booklet will be updated soon - watch for more on that in the next newsletter. Please email ASPHER Secretariat if you wish to contribute to the revision or have any feedback or comments on any of the booklets. We also welcome Members' input and assistance in possible translations.

ASPHER Survey: School Reopening

As promised, ASPHER is following up on our open-ended survey sent to a sampling of ASPHER Members in July about plans for Schools to reopen this autumn.

This survey is for all ASPHER Members to capture the current picture of school planning in a dynamic situation. The goal is to collect information regarding reopening procedures to

better understand how Schools are responding to COVID-19. The information will undergo a robust analysis and be disseminated as a report. The Report from the July survey is available here:

https://www.aspher.org/download/487/aspher_sph_reopening_july_report.pdf.

We kindly ask all Members to participate whether or not your School answered the first survey. This survey uses closed questions and should only take a few minutes of your time to complete. Please find the survey here: <https://forms.gle/kJMyfsBXS3KpYbAj9>.

ASPHER hopes this will increase the level of understanding and communication between Schools of Public Health about what policies and plans are in place and possible. Depending on the interest generated from the report, we will organise a webinar for ASPHER Members to discuss results and providing the opportunity to network and share good practices.

[Respond to the School Reopening Survey here.](#)

ASPHER Survey: COVID-19 Initiatives from Schools of Public Health

The ASPHER COVID-19 Task Force recently piloted a survey on COVID-19 Initiatives run by Schools and Programmes of Public Health. We will soon be sending the survey out to all our Members. The purpose will be to report on the extensive work of Public Health Programmes in the effort to combat COVID-19.

Based on feedback from the pilot study, the subgroup would like to ask each of our Members to delegate one person in advance who will answer the survey. The respondent should be well-placed within their programme to know and understand the breadth and scope of activities being undertaken at their school and would ideally take stock of the school's COVID-19 activities in Education, Research and Community Engagement prior to beginning the survey.

John Snow Memorandum



ASPHER has joined with several other leading organisations to [endorse](#) the [John Snow Memorandum](#). As excerpted from the Memorandum:

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected more than 35 million people globally, with more than 1 million deaths recorded by the World Health Organization as of Oct 12, 2020. As a second wave of COVID-19 affects Europe, and with winter approaching, we need clear communication about the risks posed by COVID-19 and

effective strategies to combat them. Here, we share our view of the current evidence-based consensus on COVID-19.

This has understandably led to widespread demoralisation and diminishing trust. The arrival of a second wave and the realisation of the challenges ahead has led to renewed interest in a so-called herd immunity approach, which suggests allowing a large uncontrolled outbreak in the low-risk population while protecting the vulnerable. Proponents suggest this would lead to the development of infection-acquired population immunity in the low-risk population, which will eventually protect the vulnerable. This is a dangerous fallacy unsupported by scientific evidence.

Any pandemic management strategy relying upon immunity from natural infections for COVID-19 is flawed. Uncontrolled transmission in younger people risks significant morbidity and mortality across the whole population. In addition to the human cost, this would impact the workforce as a whole and overwhelm the ability of healthcare systems to provide acute and routine care. Furthermore, there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection and the endemic transmission that would be the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future.

ASPHER encourages all Members to [sign the John Snow Memorandum](#).

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Call to join the ASPHER COVID-19 Task Force

The [ASPHER COVID-19 Task Force](#) is always open to new members and new ideas to help make a difference during the Pandemic. If you or a colleague at your School is interested to join the Task Force please let Robert know at robert.otok@aspher.org.

Selected ASPHER Member COVID-19 publications

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THIS IS PUBLIC HEALTH (TIPH) EUROPE CAMPAIGN



Each month for the ASPHER newsletter we will be featuring one of the This is Public Health (TIPH) European Campaign winners. We hope these features will be an inspiration to all our Members to draw upon for how your schools can make use of the TIPH Campaign and contribute to the recognition and visibility to public health and the work of SPHs.

This month we have a TIPH Campaign Feature from Kaunas Lithuania!

THIS IS PUBLIC HEALTH Lithuanian campaign: School-Children – Ambassadors of Public Health

The TIPH Lithuania Campaign launched in the Faculty of Public Health was aiming at various public health initiatives for school-children. The aim of the project was to enable school-children to become the ambassadors of public health to disseminate the ideas of public health among their school communities and families. In order to reach this purpose, the TIPH team of Faculty teachers and students in collaboration with partners from the Gymnasium of the Lithuanian University of Health Sciences and the Municipality Bureau of Public Health of Kaunas City prepared the activities package for implementation of the following objectives: to motivate school-children to disseminate the idea of public health to their families and communities by organizing a cycle of interactive lessons and activities. The pilot model of the TIPH project implementation in the Gymnasium of Lithuanian University of Health Sciences in a second stage of campaign was implemented in all schools and gymnasiums of Kaunas with help of specialists of the Municipality Bureau of Public Health.



The implementation of the pilot model was successful; we are very proud to have achieved such a high level of gymnasium community involvement in all organized events.

Contest: Together We Will Beat Antibiotic Resistance

The contest [“Together We Will Beat Antibiotic Resistance”](#) was the first proactive event of the campaign. Faculty lecturers and students organised trainings with gymnasium students on antibiotic resistance. During the final contest, the teams of gymnasium students, through various creative performances, demonstrated their understanding of what antibiotic resistance is. They were evaluated and awarded by Faculty members and the Management group of antibiotic resistance in the Kaunas region.



INFORMACIJA

Figure: Publication of the “Together we will beat antibiotic resistance” event in the local peer reviewed medical journal “Lithuanian General Practitioner”.

Health Education Day 2020

A large group of lecturers of the Faculty of Public Health were on hand at the LSMU Gymnasium celebration “[Health Education Day 2020](#)” to present important public health topics.

Figure: Lecturers at the LSMU Gymnasium Health Education Day 2020 celebration.

Physical Activity in my Gymnasium

The project “[Physical Activity in my Gymnasium](#)” during which pupils under coordination of the Faculty teachers and students promoted the ideas of physical activity during breaks in school time. Three teams of students worked on this and three different ideas of physical activity were prepared and presented in a Gymnasium assembly.



LSMU MEDICINOS AKADEMIJOS VISUOMENĖS SVEIKATOS FAKULTETO IR LSMU GIMNAZIJOS BENDRAS PROJEKTAS „KAIP SKATINTI FIZINĮ AKTYVUMĄ MANO GIMNAZIJoje PERTRAUKOS METU“

Europos visuomenės sveikatos mokymų asociacijos inicijuota kampanija „This is Public Health“, kurios tikslas skatinti visuomenės sveikatos žinias kasdien bendruomenėje, vis didėjančiu mastu išsibėgija per įvairias sveikatinamąsias veiklas, inicijuojamas LSMU MA Visuomenės sveikatos fakulteto dėstytojų „Sveikatos ugdymo diena 2020“ LSMU gimnazijos pirmųjų gimnazijos klasių mokiniams tapo tikru iššūkiu. Renginio metu gimnaziniai skylių atstovai LSMU Visuomenės sveikatos fakulteto Profiliškos medicinos katedros doc. Auksė Dornelienė ir dakt. Virginija Žekonytė parūpino projekto iššūki „Kaip skatinti fizinį aktyvumą mano gimnazijoje pertraukos metu“. Pagrindinė projekto idėja – būti fiziniai aktyvūs kasdien, apimkite gimnazijos bendruomenę. Nacionali sudarė projekto veiklos planą, skirtingi pareigūnai, kurias turės atlikti projekto metu, aprašė projekto technines išlaidas, analizavę projekto vertinimo procedūrą. Projekto organizavimo veiklose aktyviai dalyvauja ne tik mokiniai, bet ir LSMU gimnazijos sveikatos priežiūros specialistai Jurgita Čepelionienė ir Ilija gimnazijos klasių kuratorius Marius Dima. Projektui buvo pritaityti lėšos 2 d.



Figures: Publication in the LSMU Gymnasium Newspaper; Roll-up posters with the TIPH campaign statement in English and Lithuanian decorated the activity spaces.

These physical activities covered a whole month during breaks, changing each day. Examples of initiatives implemented by the teams of gymnasium students included sport stops in various spaces of the school, active dancing and a mini orienteering competition).

The pilot model of the This is Public Health Lithuania Campaign initiative was well implemented and prepared for further dissemination to all schools of the Kaunas region. However, it was impossible to fully achieve the broader implementation because of the

COVID-19 pandemic quarantine. As an alternative, two online workshops were organized in order to spread the experience of good practice in the pilot model of the TIPH Campaign.

THIS IS PUBLIC HEALTH Goes Global!



Building on the success of [TIPH Europe](#), the Global Network for Academic Public Health (Global Network) is expanding this effort with the new TIPH Global campaign. The goal of the Global Network, launched in 2020 by six regional associations that represent schools and programs of public health around the world, is to enhance academic public health worldwide through mutual learning and collaborations.

The Global Network, with the support of Dr. Richard and Mrs. Linda Riegelman, is pleased to issue this Request for Applications (RFA) for the TIPH Global: Grant Program.

The deadline to submit an application is Friday, December 4, 2020 at 11:59 PM ET (USA). The grant period runs from February 15, 2021 through February 14, 2022.

[Learn more and find out how to apply here.](#)

Make use of the TIPH label for your COVID-19 Actions and beyond!

What and who makes up Public Health is often not well understood by people outside of the field. We at ASPHER believe that the COVID-19 crisis has presented us with a unique moment in time for public health to make itself more visible and show the world what Public Health is really about and how action is taken to protect the health of the population.

If Public Health is to emerge stronger from this crisis, we must be able to have influence with decision makers, advocate for better funding for education and training, and recruit the best and the brightest of our young people to careers in Public Health. But in order to do so our actions must be recognized!

We therefore encourage our Member Schools to label their COVID-19 actions with the This is Public Health (TIPH) Europe brand.

Official TIPH campaign logos are available [here](#). And don't forget to use the hashtags: #ThisIsPublicHealth, #TIPHEurope, #ASPHERcampaign, #ASPPHgoesglobal

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ASPHER AND MEMBER NEWS

Andrija Štampar Medallist Professor Selma Šogorić Address to the World Congress on Public Health 2020

Each year, ASPHER awards the prestigious Andrija Štampar Medal to a distinguished person for excellence in the field of Public Health. The [2020 Medal was awarded to Selma Šogorić](#) on Thursday 15 October 2020 at the 16th World Congress on Public Health. Professor Šogorić addressed the Congress during ASPHER's celebration of the European This Is Public Health Campaigns.

[You may read her full address here.](#)

ASPHER Led Consortium Wins ERASMUS+ K2 Capacity Building in the Field of Higher Education

Sharing European Educational Experience in Public Health for Israel (SEEEPHI): Harmonization, Employability, Leadership and Outreach

The aim for the Sharing European Educational Experience in Public Health for Israel (SEEEPHI) project 2021-2023 is defined as Enhancement of the Public Health Workforce (PHW) in Israel through sharing European educational experience, including: HARMONIZATION, EMPLOYABILITY, LEADERSHIP and OUTREACH.

The Israel Council for Higher Education (CHE) recently carried out evaluations of Public Health (PH) Educational Programmes in Israel calling for changes in the approach to training PH students in Israel. European higher education institutions (HEIs) have made strides to modernize PH training while the EU PH community has developed tools to professionalize its PHW.

SEEEPHI brings together a consortium of EU Partners: ASPHER, University College, Cork (Ireland), University of Maastricht (Netherlands), Jagiellonian University (Poland), and Swedish Red Cross University College (Sweden), to share their expertise with a consortium of ASPHER Member Schools in Israel: Ashkelon Academic College; Ben Gurion University of the Negev; Braun School of Public Health, Hebrew University of Jerusalem; University of Haifa; and the Israel Association of Public Health Physicians (IAPHP).

The project objectives are to:

1. Analyze PH field qualifications as assessed by employers - with adaption of the WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region (CFPHW) tool.
2. Map the matching competencies provided by HEIs using ASPHER's European List of Core Competences for the Public Health Professional (ECCPHP) providing a pathway to HARMONIZE programmes between HEIs at all education levels and with employer needs.

3. Increase EMPLOYABILITY of graduates with the creation of an online platform for practical placement, employment and career development modeled on the European Public Health Reference Framework (EPHRF).
4. Empower student capacities by training of faculty on LEADERSHIP and problem based learning methodologies at a PH leadership academy modeled on Leaders for European Public Health (LEPHIE).
5. Valorize and professionalize the PHW through OUTREACH activities to PH system stakeholders and related health professions with awareness campaigns such as “I am PH”.

The consortium believes this to be an innovative approach to share European PHW professionalization experience desired in Israel, which will have lasting impact on the Israeli PHW. ASPHER expects that the project will serve as a model for similar efforts in other ASPHER Member Countries and Regions.

Rescue Horizon Europe!

ASPHER is joining with European Universities and other leading scientific organisations across Europe to [endorse the letter](#) addressed to the Von der Leyen administration: [Research in Europe - A Union that Strives for more](#).

“The drastic cuts to European research will have devastating effects on our ability to address major challenges of our times – including climate change, pandemics, quantum technology, artificial intelligence or personal medicine. It will inevitably lead to exodus of scientific excellence, technological dependencies, and diminished patient care. It will limit Europe’s ability to innovate and to develop a more prosperous and sustainable economy.”

A copy of this letter will be shared with Members of the European Parliament and the European Council along with collected letters from over 50 scientists in 17 different countries who wished to express their perspectives and concerns on the proposed reductions of the European research ('Horizon Europe') budget.

More than [1,200 scientists have now signed the letter](#) to the European Commission President and we encourage ASPHER Member programmes to endorse the letter and individuals to lend your signatures.

[Read the letter to Dr. Von der Leyen here.](#)

[Read more about the Rescue Horizon Europe proposals here.](#)

Bielefeld University calls for action against racism

Racism is increasingly recognised as a driving force of societal inequalities and a major public health threat. In the European Journal of Public Health and the Lancet, members of the School of Public Health at Bielefeld University, Germany, are calling for rigorous action against (systemic) racism in public health. This relates to the ways we critically engage with

racism in research on health inequalities as well as in internal structures within our institutions. First, to dismantle the structures of racism and health inequalities, the scientific community needs to put the spotlight on racialisation and racism, not race. If racialisation replaces race as a point of explanation, structural and institutional racism becomes the major issue to address and leaves race with little explanatory value. Second, public health schools as employers, education and research institutions and stakeholders with political responsibilities need to realise that they are not immune to racism and check how they themselves maintain racist structures in internal policies and actions.

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ASPHER Member Staff Appointments and Awards

SchHARR alumnus awarded British Empire Medal

Many congratulations to Dr Hareen De Silva, an MPH and SchHARR alumni student, for being awarded the [British Empire Medal in the Queen’s Birthday Honours List](#) for services to medicine during COVID-19. Dr De Silva is described as “one of the brightest young GPs in the country”. He worked at the Nightingale hospital in London, treating COVID-19 patients, between 18th April and 6th May 2020. Dr De Silva told SchHARR, “I feel humbled with the honour, but I now have public health skills and knowledge learnt at SchHARR which can’t be wasted”.

Neville Calleja, Head of Public Health, University of Malta

Associate Professor [Neville Calleja](#) has assumed the Head of the Department of Public Health at the University of Malta. Prof Calleja has fifteen years of experience lecturing medical statistics, epidemiology and public health to all health care professionals, together with ethical and scientific review of projects at local and international level. He is also active at European level in the field of Health Information for both the European Commission and WHO (Europe), as chair of the European Health Information Initiative within WHO(Europe). ASPHER congratulates Prof. Calleja, who has been a long standing collaborator at ASPHER and other related projects such as the [InfAct-Joint Action on Health Information](#).

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MEMBER AND PARTNER SURVEYS AND EVENTS

Maastricht University Survey: International Online Collaboration Competencies

The School of Health Professions Education at Maastricht University, The Netherlands is seeking expert panel members in a consensus study on International Online Collaboration Competencies (IOCC). The purpose of this study is to build consensus on the key competencies for International Online Collaboration, which gained importance specifically

during the COVID-19 pandemic, where global virtual teams were becoming increasingly important. We are interested in getting the perspective and experiences on IOCC from an expert panel which will consist of experts from the academic field as well as practice-based experts.

The iterative nature of a Delphi technique means that participants are anonymous to each other, but not to the researcher (quasi-anonymity). Your participation in the survey is voluntary. The survey will take about 20-30 minutes and can be interrupted at any time.

The first round is already completed and aimed at answering the question if the given competence domains are completely and accurately reflecting IOCC, and if a change of domain titles or wording is needed.

The second round (12th – 23rd of November 2020) aims at reaching consensus on the results of the first round, and you are asked about your opinion on a given set of competencies developed in a previous systematic review.

[Click here to start Delphi Round 2 on International Online Collaboration Competencies](#)

The third round (3rd - 13th of December 2020) aims at reaching consensus on the aligned competencies and your opinion on which competencies you consider as most relevant for evaluating IOCC.

The final outcome of this study will be an expert consensus on International Online Collaboration Competencies, which is important for training future workforce and for the continuous development of current workforce. The results will be of importance for higher education and the future workforce.

In case you have a colleague being interested in this topic or research, please feel free to forward this invitation for participating in our consensus study, thank you!

In case of questions, please contact: alexandra.kolm@fhstp.ac.at.

NÖG Survey: Best Practices in Advanced Public Health Training Programs

The German Network of Young Professionals in Public Health (NÖG) would kindly like to ask you to share your expertise on public health workforce training programs through an online survey.

In pursuit of NÖG's goal to support the development and reform of public health in Germany, one of NÖG's current research projects involves the examination of public health workforce training programs in different public health systems. Our study aims to identify transferable best practices in practical training programs that prepare candidates to work in public health fields after meeting academic qualification requirements.

As part of this research, we are conducting a survey of public health professionals in Europe. This brief survey seeks to familiarize researchers with national public health training infrastructure and practices across Europe. By polling health system personnel,

this survey is designed to inform targeted research, identify qualitative interview candidates, and support subsequent interviews. In order for our survey to be successful, we seek respondents and participation from across Europe.

The survey will remain open until November 30, 2020.

Survey link: <https://ec.europa.eu/eusurvey/runner/noeg-berufswege>

If you have any questions about the survey and project, contact: survey@noeg.org.

United Arab Emirates University:
This is Public Health Webinar Series



Wednesday November 18th 2020 at 7 PM (Abu Dhabi time), 4 PM (Brussels time)

The Institute of Public Health, College of Medicine, United Arab Emirates is organizing the next This is Public Health Webinar – *Nothing is true and everything is possible - Public health in a world of "fake news"*. The speaker will be Prof. Martin McKee from London School of Hygiene and Tropical Medicine.

The UAEU TIPH Webinars will be held on the third Wednesday of every month.

[For more information see the Webinar Flyer.](#)

[Zoom link to join the webinar.](#)

UMIT - University for Health Sciences:
HTADS Continuing Education



Introduction to Statistics - An Applied 3-Day Hands-On Workshop
17 - 19 November 2020

This interactive course gives an introduction on how to use the statistical software R. It is a "hands-on" workshop and contains both lectures and practical exercises. Participants learn about the structure of the language R, the creation of professional graphs and how to do basic introductory statistics. To overcome common challenges, a lot of practical advice is given.

Causal Inference for Assessing Effectiveness in Real World Data and Clinical Trials: A Practical Hands-on Workshop
25 - 29 January 2021

We are pleased to announce our 5-Day Certificate Course "Causal Inference for Assessing Effectiveness in Real World Data and Clinical Trials: A Practical Hands-on Workshop", to be held online. The workshop combines lectures, discussions, exercises, and hands-on computer lab sessions in the key elements and methods of Causal Inference

Early Booking Deadline until 7 December 2020

For further information, other planned courses and online booking see www.uit.at/htads or email htads@uit.at.

UK Faculty of Public Health: Brexit Campaign



**FACULTY OF
PUBLIC HEALTH**

Brexit is a watershed moment for public health: FPH is campaigning to ensure that a high standard of health is prioritised and protected at this crucial time as we negotiate our future relationship with the European Union. We're looking for the healthiest and safest Brexit programme, which protects public health in the short term and enables public health improvement in the long-term in the UK and internationally.

Many ASPHER Members attended the recent UKFPH webinar Brexit and public health; policy, planning and preparedness. It included presentations on legal implications, public health implications, food implications and environmental health. If you missed it live, you can find a recorded version on their [Campaign Page](#).

[Direct link to the webinar available here.](#)

European Course on Health Information was a success. Second edition is already in preparation



The 1st edition of the European School on Health Information has come to an end. This course involved participants from 20 European countries and speakers from 16 Public Health Institutes, different universities and research centers, as well as from supranational entities such as Eurostat or WHO Europe.

The initiative was centered on strategies for the effective implementation of the European health survey, from the collection of data to its use to design health policies and the translation of knowledge, very important in COVID-19 times. The preparation and coordination of the work was guaranteed by a team from IHMT (Universidade Nova de Lisboa), DGS (Ministry of Health) and the Finnish Institute of Health and Welfare (THL), under the project [InfAct-Joint Action on Health Information](#), funded by the European Union.

On behalf of the organization, Luís Lapão, professor at IHMT, highlights the interest and commitment of the participants in the 25 theoretical and practical sessions, which took place online, underlining the added value of the work carried out around fundamental themes for the future of public health in Europe, such as health information systems, the analysis and interpretation of data and their use in the definition of policies and clinical

activity, the interoperability of systems and records and ethical aspects associated with the collection, treatment, use and protection of data, namely the challenges posed by the GDPR.

In the closing session, the participants evaluated the initiative very positively, pointing out the relevance of the themes, the possibility of establishing a close dialogue between professionals from different countries, sharing experiences and strengthening networks with specialists in Public Health, academics and researchers from different sectors, generations and institutional affiliations.

If you missed this year's course, don't worry, the great success has motivated the organization to prepare a 2nd edition next year.

EuroHealthNet Webinar: Skills for Health: Up- and re-skilling for a sustainable recovery

Thursday, 3rd December 9:30 - 12:45 (Simultaneous translation English - German)

The COVID-19 crisis has hit Europe during a period of significant transitions, including technological and digital, environmental, economic, demographic and social change. 'Building back better' from the crisis will require new and more equitable approaches to these other challenges as well. A focus on skills will be key.



Confirmed Speakers include:

- Nicolas Schmit European Commissioner for Jobs and Social Rights
- **Katarzyna Czabanowska, Associate professor at the International Health Department, Maastricht University, and Past President of the Association of Schools of Public Health in the European Region (ASPHER)**
- Prof Dr Wolfram Herrmann, Professor of General Practice, Institute of General Practice, Charité - Berlin University of Medicine
- Katarina Ivanković-Knežević, Director for Social Affairs, Directorate General for Employment, Social Affairs and Inclusion (DG EMPL), European Commission
- Maria Jepsen, Deputy Director, Eurofound
- Jan de Maeseneer, Chair of the Expert Panel on Effective Ways of Investing in Health and Head of the WHO Collaborating Centre for Family Medicine and Primary Health Care, Ghent University

[Click here for more information and free registration.](#)

European Observatory on Health Systems and Policies Webinar: The health workforce and COVID-19: Protecting health workers while maintaining surge capacity

Tuesday 17 November 2020 from 12:00-13:00 CET



Countries are again being confronted with a surge in COVID-19 infections and hospitalizations. Scaling up health workforce capacity for COVID-19 patients is therefore of utmost importance. Increasing workloads, rapid redeployment and emotional

distress, however, may affect the mental health of workers and the ability of health systems to handle the pandemic. Measures to ensure adequate staffing levels and to support the wellbeing of the health workforce are therefore crucial for there to be an effective crisis response. What can be learned from the first pandemic wave when health systems protected health workers while maintaining surge capacity? Join us in this webinar to learn more about the experience in different countries and what lessons we might learn.

Speakers

- Gemma Williams, European Observatory on Health Systems and Policies (keynote)
- Juliane Winkelmann, Technical University of Berlin, Germany
- Sandra Buttigieg, University of Malta, Malta
- Discussant: Gabrielle Jacob, WHO Europe

[Click here to register.](#) Early registrations are encouraged to allow the presenters to better tailor the session according to the attendees. Registration will remain open until just before the webinar.

OPPORTUNITIES

ECDC is hiring!

Scientific Coordinator

ECDC has extended deadline for submitting applications for the ECDC [vacancy notice for the recruitment of Scientific Coordinator](#) within the MediPIET programme until 23d November 2020 at 23:59 Stockholm time.



Instructional Designer

[Vacancy notice for the recruitment of Instructional Designer](#) within the MediPIET programme, with the deadline of 23 Nov 2020 23:59 Stockholm time.

Seconded National Experts

ECDC has recently launched a [call for expressions of interest for Seconded National Experts](#). There are several areas, but we hope to attract candidates interested in public health training, and in particular for these areas of work:

- research on public health workforce capacity, training resources and training needs;
- network activities;
- guidelines to the countries when developing their strategies for workforce development, including design and implementation of national field epidemiology training programmes (FETP) and
- support activities related to the quality improvement of the ECDC fellowship programme.

The closing date for the submission of National Expert applications is 11 December 2020 at 23:59 Stockholm time. Applications should be sent by e-mail to: secondment@ecdc.europa.eu.

Other Vacancies

ECDC is looking to fill further positions. Consult their [vacancy notices here](#).

Applications open: EuroPubHealth+ European Public Health Master

Applications for the 2021 EuroPubHealth+ European Public Health Master intake open on 14 October 2020.



Deadlines:

- For all candidates applying for an Erasmus Mundus excellence scholarship: 13. January 2021(23:00pm CET)
- For Non-European self-funded candidates applying for the University of Liege for the 1st academic year: 3. March 2021 (23:00pm CET)
- For all candidates applying as self-funded students: 11. May 2021 (23:00pm CET)

Applications must be submitted on <https://emundus.izp.cm-uj.krakow.pl/>.

[Visit the EuroPubHealth+ website for more information.](#)

Culture, Health and Wellbeing International Conference 2021

During the global crisis, the arts and creativity have helped us navigate uncertainty and been agents of hope. The conference will provide a space for exploring our individual and collective experiences and articulating a



vision for the future. We will showcase inspiring work from across the globe and encourage lively debates informed by different perspectives spanning policy, research and practice, placing lived experience and co-production at the heart of the programme.

The [Culture, Health and Wellbeing International Conference 2021](#) is welcoming proposals for digital presentations, workshops, films and performances. Submissions should have a clear focus on arts, culture, creativity, health and wellbeing. We want to hear about new ways of researching, conceptualising and creating, question assumptions and share different approaches to current issues and areas of practice and research.

Join the organisers [on 23rd November 3-5pm](#) to find out more about submitting a proposal for the conference and to meet each other.

The Conference will be held digitally 21, 22, 23 June 2021.

Deadline for [submissions](#) is 30th November 2020.

Share the ASPHER newsletter!



[READ MORE ON OUR WEBSITE](#)

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