



2020 IANPHI Annual Meeting

Summary of the session “Lessons learned from NPHIs’ response to COVID-19”

This session was part of the virtual IANPHI Annual Meeting 2020 on 2nd December. Its objective was to discuss the preliminary lessons learned from National Public Health Institutes (NPHIs) in their response to the COVID-19 pandemic since early 2020 and the role they played in supporting decision making and health system strengthening.

In the months prior to this session, the IANPHI regional networks identified through exchanges and web-seminars common challenges and opportunities, shared innovations and practices and selected some actions to be undertaken by IANPHI.

The meeting brought together 140 participants from 46 NPHIs and IANPHI’s partner organizations and guests (Africa CDC, ASPHER, ECDC, European Commission, Global Preparedness Monitoring Board, WHO).

The speakers’ presentations and the open discussions covered the following themes:

I – Relations with national and local authorities, public and private sector actors

From the beginning of the COVID-19 pandemic, a number NPHIs were involved in coordinating multi-sectoral responses. NPHIs were engaged in the response in many different ways. Some institutes lead research consortia to bring rapid reviews of COVID-19 knowledge to policy makers. Others coordinated logistical chains to supply health goods with the army, or were in charge of public health messaging. Relationship and management with multiple stakeholders at the country level, often for the first time, was a challenge for many.

To manage the wide-ranging impacts of the pandemic, many NPHIs were involved in high-level advisory committees that supported national decision makers. NPHIs have provided critical support to national and local responses, alongside representatives from academia, clinicians and other public health experts.

This multisectoral and multilevel (national, regional and local) approach allowed collecting quality and up-to-date data to advise decision-makers. NPHIs often developed partnerships with private companies or institutional organizations including some that usually do not work with the public sector.

Despite their institutional position to advise governments, some NPHIs experienced challenges in advocating responses to the pandemic based on their scientific expertise. Many advices and recommendations inevitably drew on social, political and economic considerations. This raised questions on the role and capacities of NPHI to support decision-making processes.

Other institutes faced challenges with the involvement of other partners in the decision-making process, such as academic institutions and experts that questioned the scientific evidence of NPHIs. Some participants also noted that these differences of analysis and opinions had sometimes led to some confusion for the public and decision makers.

Preliminary lessons learned:

- NPHIs should prioritize multisectoral, multilevel and collaborative approaches for a more comprehensive and robust response to health emergencies
- At this stage of the pandemic, NPHIs have a greater clarity on their roles and mandates in relation to other national actors
- Ensuring scientific advice, particularly through NPHIs, is integrated into national and local decision-making. However, it continues to be a challenge in the COVID-19 response
- There is a need for a clear interaction, and mutual understanding, between policy makers and NPHIs to respond to health emergencies?

II – Public health capacity, infrastructure and workforce

Speakers and attendees highlighted how building and strengthening public health capacity and infrastructure, as well as the workforce development, are a priority for a majority of NPHIs.

One of the major challenges was to increase laboratory capacity, as well as to access necessary supplies in time, as many health systems had insufficient resources to manage the increasing needs for testing, diagnosis and treatment. Some NPHIs managed to expand their national laboratory networks through partnerships established with other sectors. To counter the lack of goods and supplies, some NPHIs worked with international and specialized organizations such as the UN and Africa CDC, and private companies, while the military and third party logistic companies brought support to ensure distribution of material in the national territory.

In terms of the public health workforce, some NPHIs identified an increasing need for key expertise in the response to the pandemic, such as field epidemiologists and microbiologists. Other diverse specialists will also be more and more needed, such as data scientists, economists and specialists in social marketing, health behavior and communication. Some countries widened the workforce by mobilizing from the private sector, military service as well as personnel that returned from retirement.

Some institutes stated that it is important to further develop the core competencies for public health professionals, as well as to evaluate the competencies of the institutions themselves. Some of them are working with international associations of public health schools, such as ASPHER, or use exchange programs like the EPIET/EPHEUM ECDC Fellowship program to work on their workforce competencies.

Preliminary lessons learned:

- NPHIs should be able to scale up rapidly their workforce with diverse skills and competencies to respond to the multidimensional nature of health emergencies.
- There is a need to mobilize non-traditional experts and sectors in the response, such as data scientists and analysts
- Partnerships with multiple actors (public, private, international, etc.) can be developed to tackle the lack of supplies and weak laboratory capacity
- NPHIs can use international programs to develop their competencies (ASPHER, EPIET)

III – Risk communication

Developing clear, understandable and transparent communication regarding COVID-19 has been a day-to-day challenge at national and international levels.

Firstly, the management of information and misinformation has been a challenge due to the quantity of data influx. In addition to this “infodemic”, many NPHIs observed a loss of population’s trust in scientific information shared on COVID-19 in their countries. NPHIs’ experience shows that information

from official sources must be communicated in understandable terms for diverse sections of the population in order to tackle misinformation.

Participants also stated that communication must be adapted to different sectors and contexts, for example through the creation of specific guidelines for schools, workplaces, crowded spaces, family spaces, and risk assessment tools for borders and air travel.

Preliminary lessons learned:

- NPHIs have an important role and expertise to provide trusted science-based information within a clear coordinated whole-of-government communication strategy, adapted to the different sectors
- There is an opportunity for NPHIs to share good practices in how to communicate complex and changing scientific information to policy makers and the general public
- Strong relationships between NPHI and the media can fight the spread of misinformation
- Some NPHIs have built trust within the population for their scientific guidance by effectively communicating uncertainty

IV – Tackling social and regional health inequities

Many attendees stated that in the coming years, NPHIs and other actors involved in the response to COVID-19 and other health threat will have to focus much more on health promotion. Indeed, this area was too often set aside, considering the urgency of developing health surveillance systems and COVID-19 research.

However, the indirect impacts of COVID-19 on the populations' health and socioeconomic situation reveal and accentuate health inequalities, by affecting more importantly the most vulnerable groups, and call for prevention and health promotion specifically targeted to the most vulnerable. To address these issues, investment in behavioral and social sciences is needed in medium-term COVID responses and for future health emergencies. Health equity is also a key issue, as some members stated that it may have been not sufficiently taken into consideration in the response.

Some NPHIs have already started to measure and tackle health and social inequities, by for example carrying out surveys, modelling, assessments and reports on the impacts of COVID-19 on employment, home working, social distancing and mental wellbeing. Some of these studies, developed through partnerships with academia and other organizations, concluded that the indirect harms of COVID-19 could have a more significant impact on society than the actual effect of the disease.

Other institutes implemented direct actions developing partnerships with civil society and financially and technically supporting emergency actions for vulnerable populations through private donations.

Preliminary lessons learned:

- NPHIs and IANPHI should advocate for further public health investments in health promotion and education and health equity.
- NPHIs need to have a practical approach with different levels of action (local actions involving civil society, intersectional actions, etc).
- To develop scientifically and ethical health emergency responses, NPHIs should further develop their competencies in behavioral sciences and health promotion.

Annex

Presentations made by IANPHI members during the session

Discussion 1: Advising with the best scientific evidence available: contributions of NPHIs to national COVID-19 responses

- Martha Ospina, Director General, National Institute for Health, Colombia
- Haleema Ali Mohammed Alserehi, Director of Global Health, National Center for Disease Control, Saudi Arabia

Discussion 2: NPHI experiences in accessing, supplying and managing medical goods and human resources

- Elsie Ilori, Head of Department, Surveillance and Epidemiology, Nigeria Center for Disease Control
- Richard Gleave, Deputy Chief Executive and Chief Operating Officer, Public Health England

Discussion 3: Social and regional health inequities arising from COVID-19: what role for NPHIs?

- Paulo Buss, Professor-Emeritus & Felix Rosenberg, Director: Itaborai Fórum on Politics, Science and Culture in Health, Fundação Oswaldo Cruz
- Tracey Cooper, Chief Executive, Public Health Wales

Resources mentioned during the meeting

On public health professionals training:

- [EPIET/EPHEUM](#) ECDC Fellowship programme

On academia involvement in COVID-19 response:

- [COVID-19 Task Force of Public Health Schools](#), ASPHER

On COVID-19 and health equity:

- [From Risk to Resilience: An Equity Approach to COVID-19](#): Annual Report from Theresa Tam, Public Health Agency of Canada
- [New Dutch Public Health Foresight study in the light of COVID-19](#), Dutch Institute for Public Health and the Environment (RIVM)
- [COVID-19 International Horizon Scanning and Learning reports](#), Public Health Wales
- The [Public Health Wales Public Engagement Surveys](#)
- Report on [Economic Consequences of COVID-19 Pandemic Outbreak on Health Indicators and Health Service Use in Wales](#), Public Health Wales
- [A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic](#), Public Health Wales