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# January/February 2021 ASPHER Newsletter



Pictured: Wooden Swabian-Alemannic Carnival Masks (Source: Pixabay)

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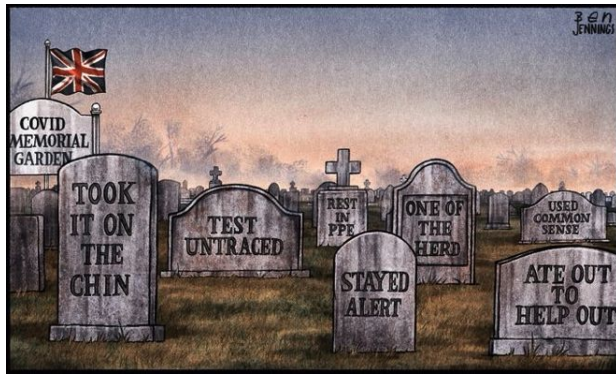
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## MESSAGE FROM THE PRESIDENT

Greetings to all our members in 2021. The first month of 2021 has been disastrous for the health of Europeans and for health globally. I wrote before Christmas warning we would pay for Christmas COVID fun. I wrote before the new variant B.1.1.1.7, 'Kent' or 'British



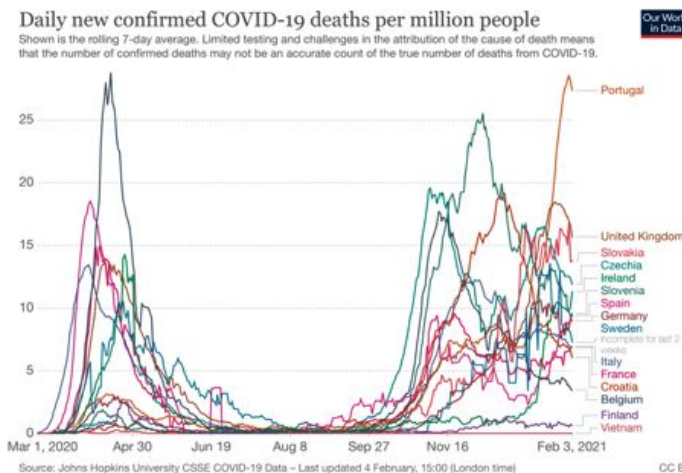
variant' became known to the world. January has seen the arrival of the unwanted Christmas present most public health experts predicted.



The United Kingdom passed the [100,000 deaths mark](#).

[Prime minister Johnson](#) is very sorry. Head of National Health Protection elect Dido Harding says '[mutations couldn't have been predicted](#)'. Transport Minister Grant Shapps says '[we are an island and can't close our borders like Australia](#)'. Portugal has seen [an explosive tragedy unfold](#) with the Kent variant accounting for an accelerating

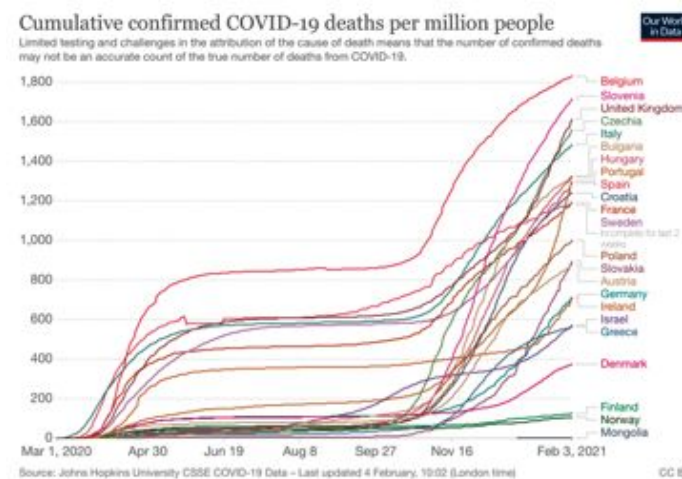
number of cases, hospitalisations and deaths with intensive care units overwhelmed. The death and disease toll in [Czechia](#) remains high. Countries which had done well in the early stages of the pandemic have taken their eye off the ball – Slovakia, Slovenia, Bulgaria and Ireland have all seen marked second waves, as shown in the figure. All of Europe has paid for its Christmas relaxations – the virus parties on...



**Figure 1.** Deaths per million population, 7 day rolling average, selected European countries and Vietnam for comparison

Cumulative deaths show Belgium and Slovenia ahead of the UK. Other European countries are catching up in this unwelcome race in the second phase of the pandemic. But there are differences in the recording of COVID as a cause of death. The picture is one of an extreme and continuing tragedy, written large across Europe. Our

governments have individually and collectively failed.

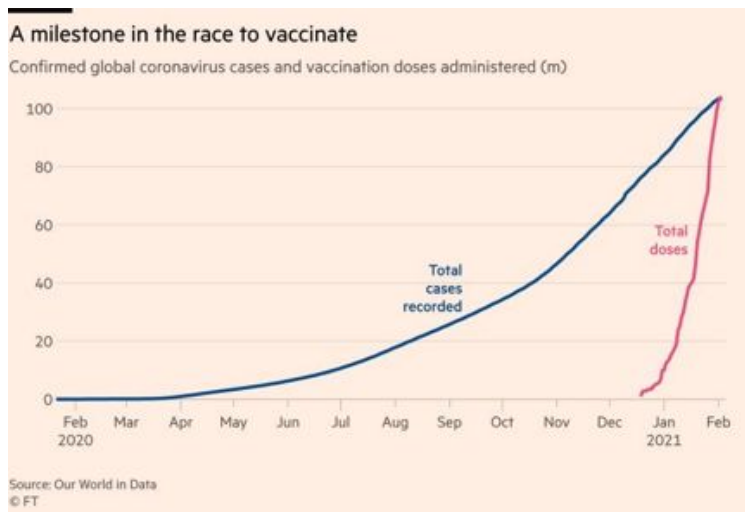


**Figure 2.** Cumulative deaths per million population, selected European Countries, Mongolia for comparison

[More evidence from Manaus, Brazil](#) has shown us what an unmitigated outbreak of COVID-19 does – very high levels of infection have now provided the conditions for a new strain of virus to emerge. The prospects for herd immunity are dead and buried alongside so many victims.

On January 25<sup>th</sup>, Oxfam launched its [Inequality Virus report](#) demonstrating how the world's richest men have profited by the pandemic. They have earned enough extra to pay for a COVID job for every citizen of the planet. Jeff Bezos of Amazon has had a windfall from which every Amazon employee could have had a \$105k bonus. Any wonder that Wealth taxes are being proposed around the globe to pay for the pandemic and its long-term miseries.

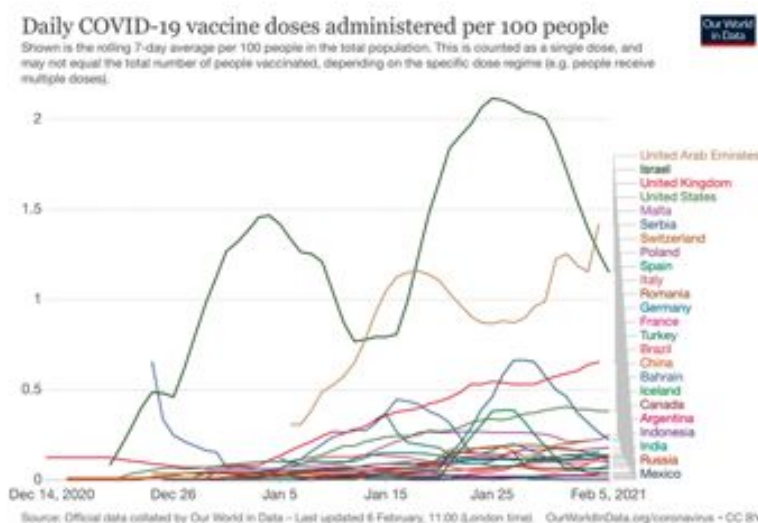
But the New Year has brought also optimism – vaccination programmes have started to roll out. It took a year to [reach 100 million confirmed cases](#) worldwide. It's taken six weeks to give out 100 million doses of the vaccine.



**Figure 3.** Illustration by John Burn Murdoch of the Financial Times, January 25<sup>th</sup> 2021.

For some, the optimism means pushing a [lightening of lockdown restrictions](#). The virus though persists at high levels. There is no end to the need for non-pharmaceutical measures, [including masks](#) yet. And as our efforts to control the virus step up, so the virus changes its lines of attack – new variants, some of

which will be vaccine resistant; new age groups to attack. As fast as our optimism grows, so a new challenge arises. New [children's ICU facilities needed in Israel](#) now, alongside news of [reducing infection rates in older people](#).



**Figure 4.** Daily COVID-19 vaccine doses administered in a selection of countries

Israel leads the charge to vaccinate its citizens, followed some distance behind by the UAE and the UK (Figure 4). The wealthiest countries in the World, with 16% of the World's population, hold over [65% of current vaccine supplies](#) – the largest hoarders being Canada, UK, and EU.

## Which countries have got the vaccines?

Total reported vaccine doses administered per 100 people



Note: Total vaccinations refers to the number of doses given, not necessarily the number of people vaccinated

Source: Our World in Data, 25 Jan 0900 GMT with latest available data

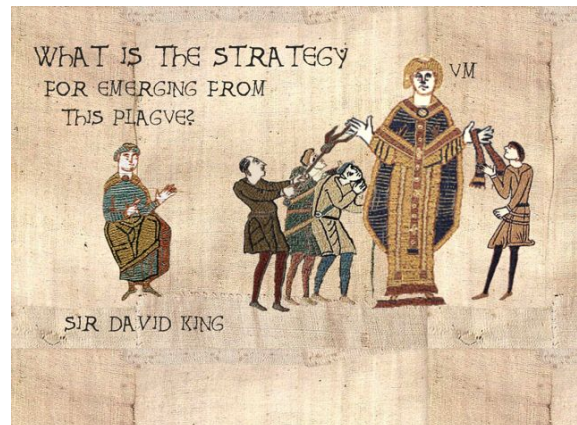


**Figure 5.** World map of total reported vaccine doses administered.

Ugly and dangerous spats have arisen between the [EU, vaccine makers and the UK](#). These have served no-one – except Mr SARS-CoV-2. The WHO Secretary General has called for a [global effort for vaccination](#). It is not just about fairness – it is about preventing new virus mutations arising that will condemn us to perpetual COVID. ASPHER has joined this call. It is clear we need a

new global effort and strategy on vaccines – not just donations of money and occasional crumbs from the table. But this is not the whole picture. There remains no substitute for the pursuit of a [COVID elimination strategy](#). This month the Global, [ICAN Treaty outlawing nuclear weapons](#) came into force. This is a great example of the need and commitment of countries to work together to make the world safer. We need renewed global vision to address the pandemic. We will not be free of the virus until we are all free.

John Middleton  
President, ASPHER



## MESSAGE FROM THE SECRETARIAT

ASPHER Secretariat hopes everyone is finding their footing in the New Year, which is continuing to present the public health community with exceptional challenges. We have already been anecdotally aware of the many ways in which Member Schools have been stepping up to combat the COVID-19 pandemic, but we are now able to provide our membership with concrete evidence of the many roles schools have been playing with the ASPHER Survey Report: The Role of European Schools and University Departments of Public Health in the 2020 Covid-19 Response. You will find [ASPHER President John Middleton's Preface to the Report](#) here in the newsletter and the [full report is available to download](#). The Secretariat applauds the efforts of our Membership – you are doing us proud!



This newsletter also provides you with the findings from the [second phase of the ASPHER School Reopening Survey](#). The situation is continuing to remain dynamic and we are looking toward a third phase survey to see what develops as vaccination campaigns and new variants of the virus change the landscape.

The ASPHER COVID-19 Task Force has been extremely productive since the winter holidays as you will see in the [COVID-19 News](#) section below. We encourage all our members to use and share the Task Force materials, including when communicating with policymakers and [media](#). We know from results of the ASPHER Schools' Response to COVID-19 Survey that many of our Members are engaged with work advising their country officials and we hope the Task Force statements and reports assist our Members in that capacity.

Meanwhile, the start of the year has been very intense as ASPHER and University College Dublin (UCD) enter a critical period for the ongoing UCCAIDE (Updating Core Competencies in Applied Infectious Disease Epidemiology) contract. We have also begun work with the Kick-off of the ERASMUS+ Capacity Building project, SEEPHI (Sharing European Educational Experience in Public Health for Israel), which involves our four Israeli Member Schools and four of our EU Member Schools. We will report back to you in more detail on recent and upcoming meetings and developments from both these projects in the next newsletter.

The Secretariat is thrilled to be working with three highly motivated Young Professionals this year. We will feature each of them in future newsletters, but for a brief introduction we have: Former ASPHER Intern, **Rana Orhan** is working with us as our 2021 ASPHER Fellow. Her report on Climate Change Action in Schools of Public Health was recently published and you can [read more about that here](#). As ASPHER Fellow, she will continue to work on climate health issues working in collaboration with the [Global Consortium on Climate and Health Education](#). **Ines Siepmann** continues to coordinate the ASPHER Young Professionals group, which she is representing during our review of ASPHER Governance as part of the [ASPHER 2025 Strategy](#). **Tobias Weitzel** is our Young Professional Group liaison with Partners, including the [European Observatory Health System Response Monitor](#). He is also working closely with the Secretariat to make a fresh update to the [ASPHER website](#).

We hope the website update will improve your experience with navigating the site. The website statistics indicate that the site is seeing more activity than ever before and we expect to unveil the new look by the time of the online ASPHER General Assembly in June (final dates TBC). We will be getting back to you in March with more details about planning for the GA and the ASPHER Deans' & Directors' Retreat.

Please be sure to read about what else our [Members](#) and [Partners](#) are getting up to, including a [webinar with ASPHER President at UAEU](#) and don't forget to share your news, publications, comments & suggestions with [lore.leighton@aspher.org](mailto:lore.leighton@aspher.org) to be included in the next regular issue of the newsletter and on the [ASPHER website activity log](#).

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## ASPHER COVID-19 TASK FORCE

The [ASPHER COVID-19 Task Force](#) and Young Professionals kept busy over the holidays and they have a flurry (some may say a blizzard!) of new materials. Please be sure to take advantage of their work in your schools and disseminate them widely.

### ASPHER Survey Report: The Role of European Schools and University Departments of Public Health in the 2020 Covid-19 Response

#### **Preface to the Report, by ASPHER President John Middleton**

This survey is the first to look at the crucial work of schools of public health in addressing the pandemic of COVID-19. The pandemic has had a catastrophic impact across the world and continues to do so. The vital need for public health expertise has been brought front and centre, in stark relief. There is huge interest from all our citizens, in what public health professionals do, and what terms like ‘epidemiology’ mean. The health of the public should be everybody’s business. It has always required the involvement of many different disciplines, from sanitary engineers to climatologists. It has often been driven by health professionals, but also by lawyers, politicians, industrialists. It has always required the active involvement and consent of the public themselves. But it also requires the expertise of the public health profession - the people who seek to understand how health and disease are caused in whole populations, who test the best ways to treat disease, from individual illnesses to pandemics, and who implement and monitor the results of our interventions. Public health expertise has never been more necessary, and never has it had to operate under more difficult and demanding circumstances.

This report highlights the extraordinary work of ASPHER’s members in addressing the needs of their people during the first part of the pandemic. Our members have been at the forefront of the pandemic response in many countries - in teaching, research and in practical on-the-ground interventions like outbreak response and contact tracing. They have advocated for the health of minorities and people in high-risk occupations. They have critically analysed the value of proposed medicines. They have advised governments on policy formulation and action. They have acted frequently with distinction, selflessness and courage. Over a third of our schools have direct input to national policy advice. But it must also be said that they have frequently been crying in the wilderness, faced with hostile or indifferent political leadership and trying to mount a pandemic response with services which have been run down over many years of political neglect. We must also ask ourselves, why only one third of schools report their expertise as influencing national decision making? In ASPHER’s companion work, we are charting the erosion of public health services and expertise over many years before the pandemic.

This current report celebrates the actions of our members. It is clear that we must advocate for more investment and commitment, and more understanding of the imperative for better public health training, capacity and services. There is no health without public health. And no one nation can make its separate peace with COVID-19. Until we are all free

across the globe, we will none of us be free. We call for global solidarity. Let us plan for an outbreak of health.

[Read the Full Survey Report on the role of schools in response to COVID-19 here.](#)

## ASPHER Survey Report: Reopening of Schools of Public Health

### **Phase 2 Report, January 2021**

The COVID-19 pandemic has significantly altered the education environment. Institutions have been tasked with implementing rapid responses that allow for a continuity of education, effective course provision, and ongoing support services for students, all while keeping students, faculty, and staff healthy and safe. The ever-changing health environment makes this increasingly difficult, necessitating the constant modification of health and safety protocols. This is exacerbated by the lack of available research on best practices. Schools continue to receive regularly changing guidelines, and many institutions have gone through iterations of opening and closing to varying degrees. As the pandemic enters its second year, its toll is becoming clearer, with a multitude of adverse effects impeding the continuity of quality education. Therefore, ASPHER is committed to reinforce and coordinate the efforts of our over 100 member schools of public health across the European region and beyond.

This study was initiated in the summer of 2020, approximately six months into the pandemic. The goal of the study was, and remains, to gather information about the planning and preparedness of schools of public health in the European Region for reopening campuses after closure due to the COVID-19 pandemic. As the pandemic enters its second year schools of public health remain in similar situations as they were in the summer of 2020. They are waiting on further government guidelines and thus have been unable to implement long-term strategy plans. This lack of national guidance has the potential to perpetuate inequalities among students with varying levels of access, international students, and students who find digital learning difficult. It also has the potential to - and is negatively impacting faculty and staff.

Governments must do more to ensure that schools receive adequate guidance and support. They must begin to incorporate the opinions of educational institutions, students, faculty, and staff into their guidance. Only by addressing our needs, governments can ensure the continuity of quality education and research without any further disruptions. With the promise of widespread vaccination in many European countries during the upcoming months, schools will again face new demands and challenges, and undoubtedly, plans will continue to change. ASPHER will continue to support schools and provide a platform for communication and collaboration surrounding best practices.

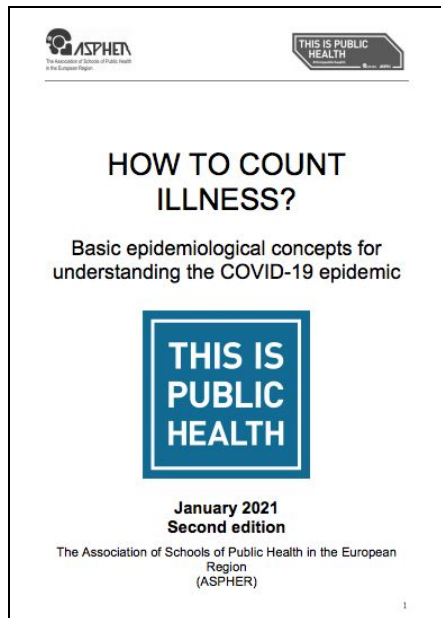
[Read the full School Reopening Survey Report - Phase 2 here.](#)

[The Phase 1 Survey Report is also available here.](#)



# How to Count Illness?

## Second Edition



ASPHER's handbook of basic epidemiological terms, *How to Count Illness? Basic epidemiological concepts for understanding the COVID-19 epidemic* has now been released in its [Second Edition](#).

It is necessary for us all to understand what we mean by these terms. This compendium will hopefully help journalists, business consultants, other stakeholders and also members of the general public to develop their knowledge and expand the power of citizen science. We are all citizens of the world now, and we must all play our part in controlling and preventing the further spread of this pandemic.

The new edition includes additional definitions, updated graphics and further clarifications.

## New Translations

Meanwhile, we now also have translations of the First Edition of *How to Count Illness* available in [Spanish](#) and [Romanian](#). Translations to Arabic, French, Georgian, German, Hebrew, Italian and Portuguese are also available from the [How to Count Illness webpage](#).

## Vaccination

### **BMJ Opinion: We need an equitable and coordinated global approach to covid-19 vaccination**

This month, Tedros Adhanom Ghebreyesus, Director General of the World Health Organization (WHO), repeated his concerns about the [ugly face of vaccine nationalism](#). "Vaccine nationalism hurts us all and is self-defeating.... Remember, ending this pandemic is one of humanities great races, and whether we like it or not, we will win or lose this race together." Failure to address structural and systemic inequalities in the acquisition and delivery of vaccinations is an ethical and moral issue of fairness, between and within all countries. But beyond the profound ethical dimension, no region or nation can truly be free of the pandemic until all nations are free of it. With this in mind, equity is a [practical and pragmatic concern for all](#).

Read the full Vaccination Subgroup article: [We need an equitable and coordinated global approach to covid-19 vaccination](#) in BMJ Opinion.

Middleton J, Wong BLH, Green MS, Reid J, Martin-Moreno JM. We need an equitable and coordinated global approach to covid-19 vaccination. Thebmjopinion. 2021. URL: <https://blogs.bmj.com/bmj/2021/01/28/we-need-an-equitable-and-coordinated-global-approach-to-covid-19-vaccination/>

### **ASPHER Statement: Towards ‘vaccine internationalism’ an ASPHER statement on the need for an equitable and coordinated global vaccination approach to effectively combat COVID-19**

ASPHER believes that the achievement of (vaccine-derived) herd immunity worldwide as soon as possible should be the core aim of all COVID-19 vaccination programmes. This would thereby minimize the spread of the virus both between and within countries. Failure to address structural and systemic inequalities in the acquisition and delivery of vaccinations is a fundamental ethical and moral issue of fairness, between and within all countries. There is also a strategic imperative with pragmatic consequences in ensuring other vital goals of comprehensive global vaccination. These include: supporting sustainable economic development, allowing international travel and movement, and restoring and further building adequate and accessible health and social care systems for all our populations worldwide. Moreover, beyond the profound ethical dimension, no region or nation can truly be free of the pandemic until all nations are free of it.

ASPHER is deeply concerned about the potential for chaotic differences in vaccination policies both between and within countries which threaten our collective ability to control and suppress the virus worldwide. Given the potential for further virus mutations, some of which may be vaccine-resistant, the need for a coordinated global approach to vaccination through the lens of equity has never been more evident. We need to overcome the ugly face of ‘vaccine nationalism’ and replace it with ‘vaccine internationalism’ if we are to address the major challenges in ensuring global access to COVID-19 vaccines (production, affordability, allocation, and deployment).

[Read the full ASPHER Statement on ‘Vaccine Internationalism’ here.](#)

### **ASPHER statement on the need for a coordinated, professional approach to policy and planning for COVID-19 vaccination roll-out**

ASPHER considers that the core aim of the COVID-19 vaccination programmes should be to achieve vaccine-derived herd immunity worldwide as soon as possible, thereby minimising the spread of the virus between countries and within countries. The overall morbidity and mortality from the disease has been the worst since the 1918 Spanish flu pandemic and more than that experienced during the 1968 influenza pandemic, despite massive restrictions on travel and movement within countries. COVID-19 has disproportionately affected sub-populations, such as the elderly who tend to suffer from more severe disease, minority groups, and workers in selected occupations who are at an increased risk of exposure to the virus. In addition, owners of small businesses, children of school-going age,

and their parents have suffered significantly from the consequences of lockdown measures. Vaccine policy, when carefully and sensitively implemented, provides an overarching opportunity to help redress and alleviate the inequalities due to the COVID-19 pandemic.

The vaccination campaigns are likely to be complex with serious challenges at every step. The most important issue will clearly be supplies of vaccines. However, priorities, planning and execution of the vaccination campaigns will entail multiple tasks, each requiring expertise and resources. A carefully planned vaccination campaign with adequate allocation of resources is essential to achieve optimal results in the shortest possible time. The rapidly changing epidemiological factors will require flexibility in the face of an increasingly complex pandemic. There are still many unanswered questions which will require accelerated research. Strong international collaboration, with the active involvement of the World Health Organisation is essential to meeting the varying challenges. Finally, we need to use the lessons learned from the COVID-19 pandemic to prepare for the next pandemic.

[Read the full ASPHER Statement on policy and planning for vaccination roll-out here.](#)

### **ASPHER Statement: The Right to COVID-19 Vaccination must be extended to Palestinians**

Israel's COVID-19 vaccination policy is mostly being run in an inspirational manner. Particularly notable is the acknowledgement of everyone's right to be vaccinated against SARS-CoV-2 – whether they are house-bound senior citizens, refugees, asylum seekers, or foreign workers. However, Palestinians in the West Bank and the Gaza Strip, which also include senior citizens and at-risk populations, are not granted the same rights and are excluded from Israel's vaccination program. The dire consequences of this are that there will be higher rates of morbidity and mortality among Palestinian Authority residents. It is therefore necessary that the State of Israel together with the Palestinian Authority and the WHO work together to find sustainable solutions to ensure that all Palestinian Authority residents are vaccinated. This process should emerge from principles of solidarity and for the benefit of the region.

Read the ASPHER Statement: *The Right to COVID-19 Vaccination must be extended to Palestinians* [here](#).

## Masks

### **ASPHER Statement on the New Recommendations for the use of Masks Following the Spread of SARS-CoV-2 Variants**

With the rise in circulation of new SARS-CoV-2 variants, there has been an escalation by several countries in recommended and legislated use of masks. The response has been varied and inconsistent, from recommendations to use several mask layers, to



requirements for higher filtering capacity FFP2/3 respirators in place of simple surgical or cloth masks.

ASPHER is concerned that these new instructions to the public in a number of European countries are not based in evidence, are not affordable for the public, and not sustainable for the environment. We are deeply concerned that this will also create a scarcity of masks where they are needed most – by workers in the health and social care frontline.

In response, the ASPHER COVID-19 Task Force has drafted a *Statement on the New Recommendations for the use of Masks Following the Spread of SARS-CoV-2 Variants*, which questions the assumptions informing current decisions, highlights risks associated with requiring more sophisticated respirator materials, and recommendations for improving compliance with and proper implementation of already existing masking orders and other non-pharmaceutical measures to prevent the spread of SARS-CoV-2.

Read the *Statement on the New Recommendations for the use of Masks Following the Spread of SARS-CoV-2 Variants* [here](#).

## COVID-19 and the Use of Masks by Children

The joint statement 'COVID-19 and the Use of Masks by Children' from ASPHER and the European Academy of Paediatrics has now been published in *Frontiers in Pediatrics*. It provides recommendations on the size of the mask, the material and ergonomics of children's masks. The authors also discuss the psychological dimension of children when they are asked to wear a mask. Moreover, they tackle the difficulties of children with disabilities.

Lopes H, Middleton J, De Guchtenaere A, Hadjipanayis A. COVID-19 and the Use of Masks by Children. Statement From the Association of Schools of Public Health in the European Region and the European Academy of Paediatrics. *Frontiers in Pediatrics*. 2021:9.

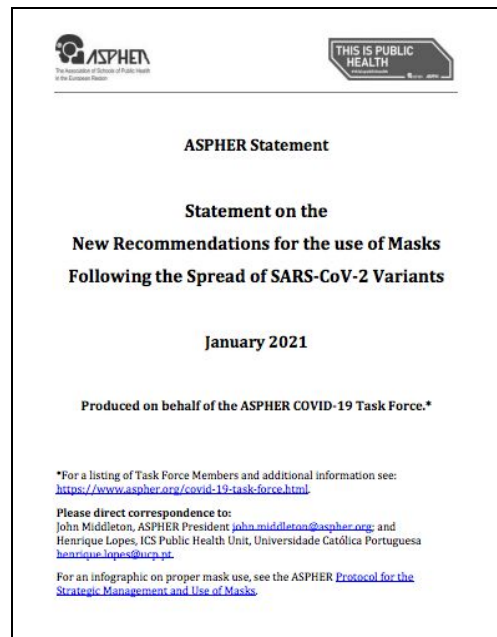
URL: <https://www.frontiersin.org/article/10.3389/fped.2021.580150>

## Testing

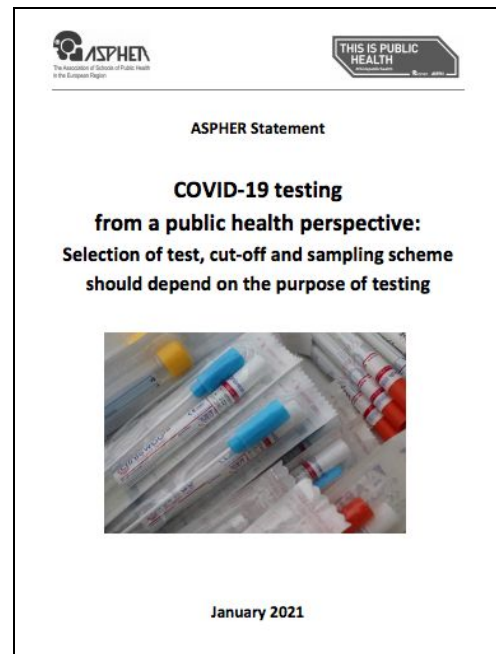
### ASPHER Statement: COVID-19 testing from a public health perspective

*Selection of test, cut-off and sampling scheme should depend on the purpose of testing*

The available COVID-19 tests are of high to absolute specificity (Sp) but lack in sensitivity (Se), especially for the detection of asymptomatic and early infected individuals. This



hampers control efforts. A purpose-specific approach to the selection of tests and cut-offs and/or repeated testing schemes could be used for the effective control of the pandemic with these tests. To assess the efficiency of control programs valid estimates of COVID-19 prevalence/incidence are needed. Such estimates must be based on a proper sampling scheme that will ensure the representativeness of the target population. However, current estimates of COVID-19 incidence/prevalence are based on passive surveillance and are thus subject to bias. They cannot be compared among countries, regions, or even among different time periods within the same country/region. Finally, incidence /prevalence must adjust for the imperfect  $Se/Sp$  of the diagnostic process. Diagnostic  $Se$  and  $Sp$  are population-specific and must be relevant to – if not obtained from – the target population.  $Se$  and  $Sp$  estimates from a clinical setting or populations that have a different mixture of the various infection stages should not be naively extrapolated to dissimilar settings.



Read the ASPHER Statement on COVID-19 testing from a public health perspective: Selection of test, cut-off and sampling scheme should depend on the purpose of testing [here](#).

### Educational Video: Fixed cut-off? Think again...



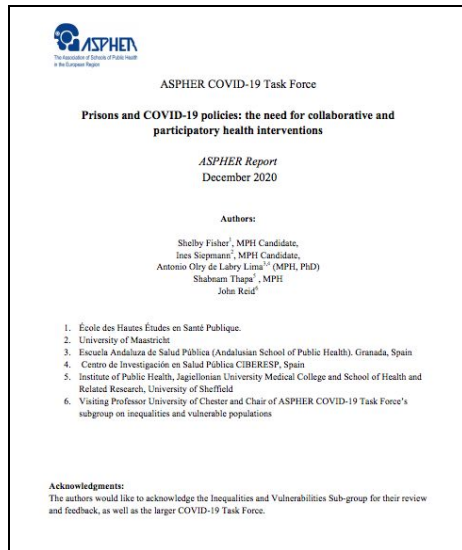
Task Force Member, Polychronis Kostoulas of the University of Thessaly has put together an educational video to explain testing threshold cut-offs in under five minutes. The underlying biomarker of any test is measured on a quantitative (or semi-quantitative) scale. Positive or negative results are based on predecided cut-offs. Should these cut-offs be fixed?

Polychronis has already added subtitled translations into more than 10 languages. If you could provide an additional translation, please let Robert know at [robert.otok@aspher.org](mailto:robert.otok@aspher.org).

Watch the video Fixed cut-off? Think again... [here](#).

# Inequalities and Vulnerable Populations

## Report: Prisons and COVID-19 policies: the need for collaborative and participatory health interventions



In the initial phases of the coronavirus disease 2019 (COVID-19) pandemic, prisons became some of the first epicentres and clusters for COVID-19 around the world. Prisons often embody ideal environments for disease spread as overcrowding, centralized provision of services, inadequate hygiene, high proportions of inmates with co-morbidities, and limited healthcare options are common in many prison facilities. Such facility conditions combined with the daily inflow and outflow of prisoners, staff, and visitors make prisons highly susceptible to the introduction and reintroduction of the virus. Consequently, prisons are also at risk of spreading the virus back into surrounding communities.

As Europe struggles with a second wave of COVID-195, better protocols and interventions in prisons should be integral aspects across the continent's current virus containment plans. From the first wave we now have better insights into which response measures are most (and least) effective, and most importantly, better understand the necessity of meaningfully incorporating prisoners into prevention strategies.

Prisoners typically have low choice and ability to take independent action to change their living conditions and environment. However, a limited number of systems have taken a more participatory approach and have encouraged active prisoner participation in prevention and control measures. These examples of integrative strategies have seen positive outcomes relative to the containment of COVID-19 and the minimization of suffering in the general prison population and surrounding communities. Thus, we recommend that prisons systems embrace more participatory approaches with prisoners, staff groups, visitors, and other stakeholders in order to maximise collaboration, implementation, and efficacy.

Read the full report *Prisons and COVID-19 policies: the need for collaborative and participatory health interventions* [here](#).

## COVID-19 Situation Reporting Across Europe

### Weekly European Situation Reports

Since the beginning of the COVID-19 pandemic, the rapid spread of the SARS-CoV-2 in almost all countries has resulted in considerable disruption of public health at a global



level. The pandemic has curbed thousands of lives up to the moment, and the total number of confirmed COVID-19 cases as of the end of January 2021 has surpassed 98 million with the highest number in the Americas (43,456,972) followed by Europe (32,848,998) and South-East Asia region (12,656,504) according to the WHO epidemiological report.

It is important to raise awareness of developments across the countries of the European Region. The ASPHER COVID-19 Task Force and ASPHER Young Professional, Pallavi Chatarajupalli of HAW Hamburg are now producing weekly COVID-19 Situation Reporting across Europe.

New updates will be added to [the webpage](#) each week on Friday.

The first reports for the week of [25 January](#) (with special focus on Portugal), [8 February](#) and [15 February](#) (with special focus on Czechia) are already available.

### **Country Comparison of Lockdown Rules**

See the [COVID-19 lockdown rules in selected European countries \(30.12.2020\)](#) for a table comparing lockdown rules (including meeting indoors, meeting outdoors, pubs and bars, restaurants, entertainment, close contact retail, non-essential shops, universities, schools, public services, work places, travel in and out, wedding/funeral, places of worship, vaccination) across selected countries.

The table will be updated on a regular basis.

See here to [download the excel spreadsheet](#) or the [pdf version](#).

## **COVID-19 Health Systems Response Monitor Cross Country Analysis Report**

### **What has been the role of makeshift and mobile health care facilities across Europe during COVID-19?**

Intensive care units (ICUs) and emergency rooms (ERs) across Europe are under pressure due to the increased volume of patients affected by COVID-19.

To increase their surge capacity, several countries have been making use of makeshift and mobile health care facilities to provide medical care to infected patients.

Makeshift health care facilities are temporary hospitals or treatment centres. They may include rapidly constructed modular buildings or converted existing venues, such as schools, rehabilitation centres, malls, or conference centres. Mobile health care facilities are medical tents, containers, or vehicles equipped with the necessary equipment to deliver specific care to patients. Depending on the respective needs, these facilities have been used to provide three functions during the pandemic: (i) isolation and hospital care for patients with mild to moderate COVID-19 symptoms, including patients requiring

nursing care or oxygen, (ii) patient triage, and (iii) acute care for severely ill COVID-19 patients, such as those needing intensive monitoring on a ventilator.

This policy snapshot from the ASPHER COVID-19 Task Force, outlines the role of these facilities for COVID-19 patients across Europe.

Ndayishimiye C, Weitzel T, Middleton J. What has been the role of makeshift and mobile health care facilities across Europe during COVID-19? COVID-19 Health Systems Response Monitor. 16 February 2021. Available from URL:

<https://analysis.covid19healthsystem.org/index.php/2021/02/16/what-has-been-the-role-of-makeshift-and-mobile-health-care-facilities-across-europe-during-covid-19/>

## ASPHER COVID-19 Task Force in the Media

ASPHER encourages all our members to put the Task Force materials to use and share them widely. This importantly includes engagement with popular press and media.

Some recent examples came to us from future ASPHER Executive Board Member Nadav Davidovitch, Head of the Ben Gurion University School of Public Health, who engaged in interviews with BBC News where he discussed the COVID vaccination campaign in Israel, how the country was able to quickly organize, combating fake news, the ethics of transferring data to Pfizer and promising early data returns from the campaign. In both interviews he also referenced the troubling lack of vaccine supplies for Palestinians, the fight against 'vaccine nationalism' and the need for continued pressure on the Israeli government to supply vaccines to the Palestinian Authority as called for in the [ASPHER Statement on extending the Right to Vaccination to Palestinians](#).

You can listen to the BBC interviews with Nadav from [19 January](#) and [4 February](#) (starting from minute 6 in both recordings)

Meanwhile, Task Force Member Manfred Green from Haifa University School of Public Health was interviewed for the Portuguese Magazine, VISÃO. He encouraged international cooperation in vaccine development and vaccination campaigns, including his trust in the soundness of the Russian made Sputnik V vaccine, the benefits of all countries joining the COVAX initiative, while emphasizing the need for the continuation of non-pharmaceutical measures.

You can [read the VISÃO interview with Manfred here](#) (in Portuguese).

## 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](mailto:robert.otok@aspher.org).**

## Selected ASPHER Member COVID-19 Publications

Chawłowska E, et al. Student Volunteering as a Solution for Undergraduate Health Professions Education: Lessons From the COVID-19 Pandemic. *Frontiers in Public Health*. 2021. DOI: <https://doi.org/10.3389/fpubh.2020.633888>

Klimiuk K, Czoska A, Biernacka K, Balwicki Ł. Vaccine misinformation on social media – topic-based content and sentiment analysis of Polish vaccine-deniers’ comments on Facebook/ *Human Vaccines & Immunotherapeutics*. 2021. DOI: [10.1080/21645515.2020.1850072](https://doi.org/10.1080/21645515.2020.1850072)

Priesemann V, et al. An action plan for pan-European defence against new SARS-CoV-2 variants. *Lancet*. 2021;397(10273):469-470. DOI: [https://doi.org/10.1016/S0140-6736\(21\)00150-1](https://doi.org/10.1016/S0140-6736(21)00150-1)

Waitzberg R, Davidovitch N. Israel’s vaccination rollout: short term success, but questions for the long run. *BMJ Opinion*. 2021. URL: <https://blogs.bmj.com/bmj/2021/02/05/israels-vaccination-rollout-short-term-success-but-questions-for-the-long-run/>

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## ASPHER AND MEMBER NEWS & EVENTS

### Climate Action at Public Health Schools

Climate change is putting the achievement of all Sustainable Development Goals at risk and leads to negative impacts on human health and well-being. Consequently, tremendous social responsibility lies with public health professionals and their associations. Therefore, we asked our membership the following question: “*How can the ASPHER best support the goals of the European Green Deal through its network of public health schools and departments?*”

This study looked at the implementation of climate education in public health schools in the European region and climate action taken by these public health schools. An online survey among ASPHER members showed that 64% of the responding schools provide climate-health educational offerings, while 63% consider these for the future. Additionally, most climate actions taken by the schools were ad hoc actions.

The findings show that a systematic approach is missing, and there is a general lack of strategy in most schools. We consequently recommend that schools invest in climate and health education in their curricula and become exemplars for climate action to actively contribute to the achievement of Europe’s climate goals.

The report ‘Climate Action at Public Health Schools’ from ASPHER Fellow Rana Orhan, John Middleton, Thomas Krafft and Kasia Czabanowska is published in the *International Journal of Environmental Research and Public Health*.



Orhan R, Middleton J, Krafft T, Czabanowska K. Climate Action at Public Health Schools in the European Region. International Journal of Environmental Research and Public Health. 2021; 18(4):1518. <https://doi.org/10.3390/ijerph18041518>

## APHEA Stakeholders Forum

**Thursday 4th March 15:00-16:30 CET**



The Agency for Public Health Education Accreditation (APHEA) will be holding a Stakeholder Forum Thursday 4th March from 15:00-16:30 CET. The Forum will be an opportunity to learn more about available accreditation services and benefits to ASPHER members.

[For more information on the event see the announcement here.](#) If you wish to attend the APHEA Stakeholders Forum please contact [office@aspher.org](mailto:office@aspher.org) and [office@aphea.be](mailto:office@aphea.be).

## UAEU This is Public Health Webinar Series

**Planning for an Outbreak of Health: Tuesday 23 February 16:00 CET (19:00 UAE)**



United Arab Emirates University is continuing its TIPH public health webinar lecture series on **Tuesday 23 February at 16:00 CET (19:00 UAE) with ASPHER President John Middleton discussing Planning for an Outbreak of Health: Lessons from the pandemic for the health of the public and the public health service.**

For more information including the free webinar link, [see the announcement here](#) or contact [IPH@uaeu.ac.ae](mailto:IPH@uaeu.ac.ae).

## Bullying Challenges and Solutions

As a part of The Institute of Public Health mission to raise community awareness and to engage with stakeholders, United Arab Emirates University is conducting a webinar series directed to the community (in Arabic) addressing different public health topics. The first

webinar was held on the 9<sup>th</sup> of February 2021 and covered the topic of [Bullying Challenges and Solutions](#). The webinar speakers, Dr. Faisal Al Bakri (Ministry of Education) and Mr Esam Ali (UNICEF) are involved in policy making and in conducting anti-bullying interventions.



The series of activities are conducted in collaboration with ASPHER under the "This is Public Health campaign". UAEU undergraduate medical students are assisting in planning and coordination and the activities are backed up by the public health authorities in the country.

## SSPH+/ETHZ Online Lecture Series "This Is Public Health"

**Starting 24 February on Wednesdays, 18:15-19:15 CET**



TIPH lectures for 2021 at the Swiss School of Public Health (SSPH+) are restarting on 24 February with [Fabrizio Mazzonna](#), professor in economics at USI, presenting on "Happy pills? Mental health effects of the dramatic increase of antidepressant use". Each lecture is approximately 30 min followed by a student-led discussion.

Information on the lecture series, reading material and a link to join the webinar are [available here](#). The flyer announcing the lecture series is [available here for download](#).

## Angela Boškin Faculty of Health Care: 14th International Scientific Conference



Integrating health care sciences through theory and practice in line with the scientific and professional development and the promotion of user's well-being

Hotel Astoria Bled  
**June 10th, 2021**

[Angela Boškin Faculty of Health Care](#) invites you to the 14th International Scientific Conference integrating health care sciences through theory and practice in line with the scientific and professional development and the promotion of user's well-being. The

conference aims to present the current research and development work in the fields of nursing, health promotion, physiotherapy, and other healthcare professions. The goal is to integrate healthcare professions in practice and disseminate proposed improvements. This will establish a knowledge triangle between the academic and clinical environment for user's well-being.

For more information see the [full announcement here](#) and the [conference webpage](#) here.

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## PARTNER NEWS AND EVENTS

### Manifesto for a European Health Union



**EUROPEAN  
HEALTH  
UNION**

The [Manifesto for a European Health Union](#) addresses three issues:

It calls on the political leaders of Europe in the framework of the Conference on the Future of Europe to commit to creating a European Health Union (EHU).

It invites the people of Europe to engage in building a health policy that contributes to the long-term sustainable development of the European Union (EU). Commitment to progress should not be framed just by the necessity to fight COVID-19 within the framework created by existing European Treaties. Rather it should be framed by the necessity to show the people of Europe that our Union is there to protect us all. The pandemic has created a window of opportunity to take strong public action to build a Union where the lives and health of everyone matters.

The Manifesto sets out a vision of a EHU (with goals, policies, measures, principles) developed by the signatories of the Manifesto. We need to build a EHU where all people are as healthy as they can be throughout their lives.

ASPHER is a [supporting organisation](#) of the Manifesto for a European Health Union and we encourage our members to sign.

Read the [explanatory Memorandum here](#), and head over to [europeanhealthunion.eu](#) to sign the Manifesto or [get in touch to support the initiative as an organisation](#).

### WHO Call to Action: Vaccine Equity Declaration



*"The world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world's poorest countries." – Dr Tedros Adhanom Ghebreyesus, WHO Director-General, 18 January 2021*

In January 2021, WHO issued a call to all countries to work together in solidarity – and in each of their best interests – to ensure that within the first 100 days of the year, vaccination of health workers and older people was underway in all countries. This call to action is at the heart of WHO's campaign for #VaccinEquity.

ASPHER has been approached to join and promote the Vaccine Equity declaration and call to action for all countries and companies to ensure that by the time World Health Day arrives on 7 April, COVID-19 vaccines are being administered in every country, as a symbol of hope for overcoming both the pandemic and the inequalities that lie at the root of so many global health challenges.

This call to action can be fulfilled through supporting [COVAX](#) and the [ACT Accelerator](#) to equitably distribute vaccines, treatments and diagnostics globally.

ASPHER encourages our Members to sign the Vaccine Equity Declaration, which is [available to read here](#).

## Health Inequalities Portal



What are health inequalities? How do different countries experience and address them? What policies and practices affect health equity? What does research tell us? The health inequalities portal can help answer these questions.

A new online portal for information and resources on health inequalities in Europe, [health-inequalities.eu](http://health-inequalities.eu) has been launched by EuroHealthNet. It is a platform for international exchange including information, policies, research, and initiatives on health inequalities, for anyone who has a role in the COVID-19 recovery and building a more sustainable and fair future.

Political, economic, and practical choices that effect health inequalities are now being made. This portal is for public health professionals to exchange ideas and experiences, and for civil servants, educators, and people working on environment, social, and employment issues to find resources to help address inequalities in their fields. The Health Inequalities Portal also includes the e-Guide for Financing Health Promoting Services including case studies, approaches and latest developments to inspire and inform users.

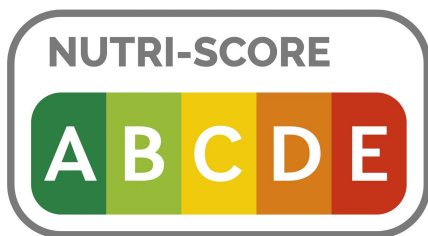
The Portal's resource database provides nearly 600 examples of initiatives, policies, research, and publications at European levels and on the ground. It can serve as an aid for policy makers and practitioners to compare and learn from each other. Users are able to submit their own work that is in line with specific eligibility criteria in order to contribute to the growing knowledge base on how to invest in measures that address health inequalities.



An interactive map allows users to compare the level of health inequalities within and between different countries in Europe, and find out more about national organisations working on health equity. Users can also discover the roles of the EU institutions in reducing health inequalities, and what action has already been taken in and by the EU.

*"While EU budgets and national recovery plans are being planned and decided on, we need to stand ready with examples of how we can address health inequalities. With this Portal, EuroHealthNet aims to bring together new insights, resources, and information in one place and make it easier to reach. The Portal includes machine translation so to facilitate access in different languages. We hope that the Portal also helps to bridge public health and other sectors, which will improve action to reduce health inequalities and contribute to a better way out of the crisis and to a more sustainable and healthy Europe"* said Caroline Costongs, EuroHealthNet Director.

## Call to defend Nutri-Score



The European Commission (EC) announced in May 2020, as part of its « Farm to Fork strategy », that a harmonised and mandatory Front-of-Pack nutrition label would be adopted for Europe by the end of 2022.

Based on its scientific background, Nutri-Score has already been adopted by several European states (France, Belgium, Germany, Spain, Luxembourg, the Netherlands and Switzerland) and has been at the heart of the EC discussions for several months.

However, powerful lobbies relayed by some member states use totally untruthful statements to discredit and block the choice of Nutri-Score. In addition to fake news, they support a monochrome label alternative aiming to be «neutral» (the « NutrInform battery system »), without any scientific substrate and whose principle and graphic representation are very close to the GDA/RIs set up by food companies in the 2000s (and demonstrated by many studies to be totally ineffective). Totally rejected by consumer associations, it represents an unacceptable threat of backtracking.

Given the will of lobbies to block the EC decision-making process for the establishment of a single nutritional label useful for European consumers, and to counteract unfounded attacks against Nutri-Score, it is necessary that the scientific community must mobilize to emphasize that only science must guide the political decision in the field of public health and that the choice of the model of the harmonised nutrition label for Europe must respond to this alone requirement, and not to the interests of economic operators or the states that defend them.

That is why we invite you to join the signatories of this call to defend science and public health against lobbies and to remind the EC that Nutri-Score has been the subject of

numerous studies following a rigorous scientific process justifying its adoption. A scientific text associated with the Call includes all the scientific work concerning Nutri-Score.

If you agree to sign this call and join the group of European scientists supporting the implementation of the Nutri-Score in Europe, please let me know by return email by telling me the name and affiliation you would like to see appearing on the list. And we thank you for forwarding this information to all colleagues who may be interested in supporting this initiative and sign the call.

Pr Serge Hercberg,  
Professeur de Nutrition Émérite, Université Sorbonne Paris-Nord  
Equipe de Recherche en Epidémiologie Nutritionnelle (EREN)  
[hercberg@uren.smbh.univ-paris13.fr](mailto:hercberg@uren.smbh.univ-paris13.fr)

## European Citizens' Initiative: No Profit on Pandemic.eu

Having regard to the Treaty on the Functioning of the European Union and in particular articles 114, 118 and 168 thereof, the European Citizens' Initiative: 'No Profit on Pandemic.eu' asks the European Commission to propose all legislation to

- ensure that intellectual property rights, including patents, do not hamper the accessibility or availability of any future Covid-19 vaccine or treatment;
- ensure that EU-legislation on data and market exclusivity does not limit the immediate effectiveness of compulsory licenses issued by Member States;
- introduce legal obligations for beneficiaries from EU-funds to share COVID-19 health technology related knowledge, intellectual property and/or data in a technology or patent pool;
- introduce legal obligations for beneficiaries from EU-funds regarding transparency on public contributions, production costs, as well as accessibility and affordability clauses combined with non-exclusive licenses.

[Sign the petition here.](#)

## Semester Course: Vaccines Against Bacterial and Viral Infections Including COVID-19



The School of Public Health, Sackler Faculty of Medicine of Tel Aviv University is offering a course on Vaccines Against Bacterial and Viral Infections Including COVID-19. The semester

course will be offered online in English, with 13 classes held weekly on Wednesdays (11:15-13:00 CET) beginning 3 March 2021. For more information, see the [course details here](#) and more about the [course lecturers here](#).

## European Observatory: COVID-19 Health Systems Response Monitor



[The Health System Response Monitor \(HSRM\)](#) has been designed in response to the COVID-19 outbreak to collect and organize up-to-date information on how countries are responding to the crisis. It focuses primarily on the responses of health systems but also captures wider public health initiatives. This is a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies.

Click [here](#) for policy recommendations and technical guidance from the WHO Regional Office for Europe on how to strengthen the health systems response to COVID-19 and click [here](#) for the EU coronavirus response in the area of public health.

### IHME Executive COVID-19 Briefings for the European Union



The [Institute for Health Metrics and Evaluation](#) would like to inform the ASPHER Membership that IHME has started producing weekly *Executive COVID-19 Briefing Summaries for the European region* to best support decision-makers, hospital associations, researchers, and any other relevant organizations working towards the COVID-19 response in their country. [Both regional and country updates are available.](#)

Those interested in receiving regular, weekly updates and policy-relevant summaries on the COVID-19 trends and projections for their countries/regions can [sign up for the mailing list](#).

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## OPPORTUNITIES

### Call for Papers: Special Section "Women in Health Leadership"

#### **South Eastern European Journal of Public Health (SEEJPH)**

Section Editor Kasia Czabanowska and Assistant Section Editor Ines Siepman are organizing a Special Section on “Women in Health Leadership” in SEEJPH that will welcome case studies, book recommendations or short biographies and narratives of transformational female leaders who have made a strong impact on the improvement of health at individual, community or system level. We would especially like to encourage the contributions from low and middle-income countries, conflict zones and low resource

areas. Since the Special Section is a part of the South Eastern European Journal of Public Health naturally, it will be a perfect venue for female researchers from the Balkan countries to publish their scholarship on health leadership.

The Covid-19 pandemic brought to the light the depth of social and economic inequalities across the globe. It has been striking how the blend of evidence-based practice with empathy and sensitivity to inequalities often manifested by women leaders proved to be a successful approach in fighting the pandemic. This Special Section will support the advancement of the theory and practice of female leadership in health. It will welcome research and theory development on gender, gender bias, beliefs, diverse leadership in health, stereotypes, and how to overcome them as well as hindrances and facilitators to women leadership, leadership governance models and transformational leadership. It also aims to be a home for research on organisational and gender hierarchies, new frameworks of career development for women leaders in health as well policy formulation and policy change. This Special Section aims to bring together evidence and narratives on these issues to generate solutions that will contribute to attaining equality in leadership roles irrespective of complex contextual barriers.

We hope that this section will contribute to advancing women leadership styles and approaches in relation to health in different cultures and contexts for the future. The open call is on a rolling basis and contributions are accepted at any time. Manuscripts which have passed the review process will be published in continuous sequence as part of the spring and autumn volumes of SEEJPH. For original articles a reduced fee of 100 EURO will be requested before publication and for review articles 50 EURO; all other formats are free of charge.

[See the announcement at SEEJPH for more details and how to submit.](#)

Share the ASPHER newsletter!



[READ MORE ON OUR WEBSITE](#)

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