

Summary of the IANPHI-Europe meeting on lessons learned from NPHI responses to COVID-19

Context

This network meeting was convened and chaired by IANPHI-Europe Chair, 5.1.2e 5.1.2e, on 5 November 2020 to discuss preliminary lessons learned from NPHIs' responses to COVID-19. The discussion took place in the context of the IANPHI initiative to develop and share lessons learned across the membership regarding COVID-19. All four regional networks have been arranging discussions around specific guiding questions identified by the Secretariat and IANPHI members. The summaries of these discussions will be used for a session during IANPHI's annual meeting, 2 December.

46 people registered for the event, representing 22 IANPHI member institutes from 18 different countries and WHO EURO as a participating guest. [See below](#) for a list of participating institutions.

Following a number of presentations ([see below](#)) from IANPHI members, the discussions covered the following themes:

1. Challenges to the mandates and functions of NPHIs in responding to COVID-19

Summary of discussion points:

The roles of NPHIs at country level vary somewhat within the IANPHI-Europe network. Overall, NPHIs have been key actors in national responses to COVID-19. NPHI activities have included; virological and epidemiological surveillance, support or direction of contact tracing systems, analysing and producing research, managing strategic stocks of medical equipment, developing and disseminating health promotion communication strategies and providing advice to various levels of government and society. Indeed, many institutes were members of national scientific councils or advisory boards where their work was directly supporting governments' decision making.

Where roles were not previously defined amongst institutional actors, many institutes proactively built systems and processes to support national efforts. Both on the front line and sometimes without the necessary experience or resources to quickly develop responses to COVID-19, institutes found themselves under increased scrutiny from governments, legal institutions, media and the general public. Responding to such scrutiny required additional resources that may have been more efficiently used to prepare national health systems for subsequent transmission waves.

For many IANPHI members, mandates and functions were tested beyond the scale of past experience and available resources. For instance, whilst some institutes were officially responsible for managing stocks of medical equipment, they were not prepared to lead the coordination of global supply chains with public and private actors.

Additionally, a number of NPHIs had to rapidly develop new data systems to cope with the unprecedented demands generated from COVID-19. Many digital surveillance systems were not designed to track the real time release of indicators from multiple sources at national, regional and local levels.

One impact of this challenge to NPHIs' mandates and functions was the significant stress placed on staff who may have been seconded to different national response teams or newly recruited to

increase human resource capacity. Training and integrating new staff into teams within very short timescales are significant challenges in times of crises.

Main lessons learned:

- COVID-19 has been the primary focus of all NPHIs this year. Many institutes had to adapt their work programmes to concentrate resources towards COVID-19;
- At a national level, there must be clear distinctions and clarifications of the roles and responsibilities of NPHIs within the health system and particularly in times of crisis;
- To support national systems, NPHIs have had to act beyond their mandates and the scope of their functions and resources to tackle COVID-19;
- Despite not being equipped with sufficient resources, experience or mandates, NPHIs developed systems and programmes to tackle the unprecedented challenges of COVID-19;
- There are significant collaboration opportunities to learn from how other NPHIs have tackled unprecedented leadership and technical challenges.

2. Developing sustainable contact tracing systems

Summary of discussion points:

Contact tracing systems have been a critical element of national COVID-19 responses across the world. NPHIs and a number of actors have been involved in the process of identifying primary and secondary contacts of positive cases through human or digital tracing systems, providing contacts with testing information and relaying results. Overall, NPHIs have been directly involved in producing contact tracing guidelines for local levels, training and supporting the recruitment of contact tracers.

Within institutes, special units have been set up to coordinate contact tracing systems at local levels. In some contexts, pre-existing networks of physicians have been mobilised and coordinated by NPHIs to implement contact tracing strategies at local levels.

Building contact tracing systems with local networks at the beginning of the pandemic has been a challenge some institutes have had to tackle. In addition, it has been crucial for institutes to develop or establish links with other institutions involved in contact tracing systems to ensure that data is collected at a national scale. Where long-lasting relationships previously existed, contact tracing systems have arguably experienced stronger national coordination.

In most NPHIs, preexisting systems used for contact tracing were not prepared for the scale required for responding to COVID-19. Indeed, for many NPHIs, contact tracing systems were overwhelmed at certain points of the pandemic with the result that local outbreaks may not have been well controlled.

Main lessons learned:

- Many institutes in the European region were involved in and led the development of contact tracing systems at an unprecedented scale. Despite stretching their mandates and resources, NPHIs played critical roles in contact tracing systems;
- Strong links with local actors to manage contact tracing systems with national-level guidelines are important success factors. Cultures of cooperation between national and local health systems should be built over time to prepare for crises;

- Sustainable contact tracing approaches, that take full advantage of technology, must be developed to ensure local outbreaks do not overwhelm testing and health care systems;
- Some NPHIs used contact tracing performance as an indicator for overall regional and national response to the COVID-19 crisis.

3. Communicating with government

Summary of discussion points:

NPHIs have provided critical advice to governments at technical and political levels. Institutes have produced and interpreted data and evidence including the outputs of international sources, for example, ECDC and other organisations across the world, in order to optimise national strategies. In some countries, governments have positioned NPHIs at the forefront to provide data and rationale to public bodies.

Communication with governments has for some institutes added additional pressure to the resources of NPHIs. Government requests for NPHI advice may be ad hoc, required at very short notice, uncoordinated and fall outside of structured high-level dialogues between the institute and government. Many NPHI staff have been put under significant pressure to respond to multiple requests from government over a prolonged period of time. Tasked with supporting the national COVID-19 response, many institutes reported significant concerns about staff fatigue (physical and psychological).

Whilst NPHI advice is a key element of national responses to COVID-19, economic and political considerations also guide government decision making. Health perspectives and NPHI advice has arguably been more impactful where NPHI have built strong relationships with government and cross-sectoral alliances. The level of communication and trust between NPHIs and governments appears to be linked with the length of collaboration prior to COVID-19.

Many NPHIs have also been at the forefront of public criticism from government and media groups. Arguably as a result of acting in the absence of clear mandates or institutional roles, NPHIs have been criticised for actions which are not under their responsibility and for decisions made at the highest levels of government. It is important that decisions are adopted by the whole of government and that accountability for actions are clarified.

Main lessons learned from this theme:

- Fluid communication and strong relationships between NPHIs and government is essential for efficiently producing data and guidance to support COVID-19 responses;
- Long-standing links and communication channels between NPHIs and other government bodies built up over time have been important in coordinating national responses to COVID-19;
- Structuring requests and dialogues between the NPHI and government is an important factor in avoiding staff fatigue and in ensuring that quality advice is produced;
- All government bodies should communicate collectively on COVID-19 measures and health promotion guidelines. Ultimately, governments are accountable for approved communications to the general public. Ensuring that messages are coherent across government and that clear lines of accountability are established would increase levels of trust in communications around the response to COVID-19.

4. Communicating with the general public

Summary of discussion points:

NPHIs have seen their direct communication with the general public significantly increase as a result of the COVID-19 pandemic. People have sought information directly from NPHIs for many areas of the COVID-19 response, including health promotion guidelines, surveillance data dashboards and research. In some countries, NPHIs have played a leading role in giving updates to the population alongside high-level politicians.

During the response to COVID-19, it has become increasingly important to accompany the measures decided by governments with clear rationale. NPHIs have played an important role in providing the general public with the transparent data and evidence that has supported decision making. This includes regular information updates on epidemiological and testing data, case definitions and stocks of medical equipment. Providing transparent data is an important factor for increasing the acceptance of COVID-19 measures by the general public.

Before the COVID-19 pandemic, many NPHIs have been responsible for producing and distributing health promotion communications to the general public. This particular function was reinforced and scaled up quickly at a national level in a number of member institutes. Videos, infographics, leaflets, FAQs, etc. have been produced by NPHIs to give guidance to the general public, the health care sectors and specific social groups on how to prevent infection and maintain overall healthy lifestyles.

Health promotion messages have been developed in close coordination with other departments within NPHIs and between NPHIs and public health institutions at a national level. NPHIs have also been active in regularly surveying the population on their health status and the integration of measures in everyday life and expect to be involved in future communications about vaccines. Many NPHIs have been involved in developing behavioural science units to better inform government communications, and response strategies for COVID-19 and non-COVID-19 health impacts on populations.

In many cases, the public's perception of the NPHI and the functions they provide has been impacted by the overall communications of the government. Communication to the public should be consistent across government to improve levels of trust and acceptance. Moreover, some NPHIs have faced challenges in approving their communication strategies at government levels where approaches differ. Quantitative and qualitative data from population surveys are important tools in supporting NPHI communication strategies.

Main lessons learned from this theme:

- Managing media relations has represented a significant part of NPHI resources in responding to COVID-19. This has included providing transparent explanations to the press and defending NPHI and national response strategies. Often, NPHIs have received a disproportionate amount of media attention where institutional accountability has not been clarified;
- Regular population surveys are a useful tool to understand population behaviour and acceptance of measures. In some contexts, media reports may not be representative of wider society over time;
- Despite transparent data provided by NPHIs, public perception of NPHIs can be affected by the clarity of overall government communications. Public trust and acceptance of COVID-19

response strategies depends in large part on the consistency of communications from all government bodies:

- Moving forward, it will be important to raise the population's awareness of vaccine strategies and the inter-pandemic phase.

5. Advising as data and knowledge develops

Summary of discussion points:

Since the beginning of the pandemic, most NPHIs have been involved in developing rapid reviews of COVID-19 research. These activities have been critical in managing and producing the best scientific evidence available. There have been many areas of research with very little existing work available. With NPHIs' role as scientific advisors for policy decisions, the quality, availability and developing nature of evidence posed challenges for COVID-19 responses.

As governments continue to implement measures to suppress COVID-19, focus is shifting to ensuring population compliance over the medium term. NPHIs' assessments on the effectiveness of measures taken so far are important elements of national decision making to respond to subsequent COVID-19 waves.

However, where knowledge is developing over time and in the absence of definitive evidence, NPHI guidance can be challenged by government and wider society. Moreover, there is a diversity of approaches across the world and within the European region on the effectiveness of various non-pharmaceutical interventions.

International collaboration amongst NPHIs through IANPHI is an important means to share approaches and leadership experiences that can support national decision making.

As national responses to COVID-19 have developed over time, NPHIs have incorporated further health and social impacts of the pandemic into their activities. A number of IANPHI members are directly involved in tackling the impacts of COVID-19 on mental health and social inequities.

Main lessons learned from this theme:

- In response to the COVID-19 infodemic, NPHIs have played critical roles in developing rapid reviews of studies and developing their own research. This work has been important in providing credible advice to governments and the general public;
- Due to knowledge developing over the course of the pandemic and the absence in some cases of definitive evidence, NPHIs' role as science-based organisations has come under stress from government and the general public;
- Further developing behavioural science functions in NPHIs can support evaluations of the effectiveness of measures at a population level;
- International collaboration, coupled with a practical understanding of national contexts, can be an important tool to develop guidance on the effectiveness of anti-COVID-19 measures.

Annex

Presentations made on 5 November by IANPHI-Europe members

Italy ISS (5.1.2e 5.1.2e - 5.1.2e)

- What role did the institute play in providing strategic and operational planning advice to national government and local and regional organisations?

Estonian National Institute for Health Development (5.1.2e 5.1.2e - 5.1.2e)

- What role did the institute play in providing strategic and operational planning advice to national government and local and regional organisations?

Public Health Wales (5.1.2e 5.1.2e - 5.1.2e)

- To what extent was the institute asked to operate outside of its mandate and why?

Israel CDC 5.1.2e

- Was the institute considered a trusted advisor by the authorities? What were the main difficulties encountered by the institute to maintain a high level of trust? Was there any breach in that trust and why? What actions were undertaken to solve this? What could have been improved?

Santé publique France (5.1.2e 5.1.2e - 5.1.2e)

- How has the institute managed to scale up resources to deal with COVID-19 (internal reorganization, cancellation of other activities, extra staff, external support, information systems?)

BZgA Germany 5.1.2e

- Has the institute communicated guidance directly to the general public? If so, what was the process for messages to be developed, approved and disseminated?

List of participating institutions

Countries and NPHIs

Albania

Department of Public Health

Armenia

National CDC, Armenia

Austria

GÖG - Austrian National Public Health Institute

Canada

Institut national de santé publique du Québec

Public Health Agency of Canada

Czech Republic

Nat. Inst. Public Health (Czech Republic)

Enland

Public Health England

Estonia

National Institute for Health Development
Finland
THL
France
Santé publique France
Germany
Federal Institution for Health Education Robert Koch Institute
Israel
The Israel center for Disease Control
Italy
Istituto Superiore di Sanità
Netherlands
RIVM - Netherlands
North Macedonia
Institute of public health of Republic of North Macedonia
Norway
Norwegian Institute of Public Health
Portugal
Instituto de Higiene e Medicina Tropical National Institut of Health Dr. Ricardo Jorge
Serbia
IPH of Serbia Dr Milan Jovanovic Batut
Wales
Public Health Wales
WHO
WHO/Europe
IANPHI
IANPHI Secretariat
Total: 46 registrants, 22 IANPHI member institutes from 18 different countries